A SAFE AND INCLUSIVE HOME FOR OUR YOUTH

Design of small-scale residential youth care buildings

Research Plan
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This document describes the research plan for the Dwelling graduation studio: Designing for Care in an Inclusive Environment, with the purpose to define a problem statement followed by research questions and the methodology. The output of this research will be developed into a design proposal for small-scale residential youth care.

Keywords: *small-scale residential youth care, mental health care, facility design, autonomy, social integration*

CONTENT

1. INTRODUCTION

2015 was a year of big changes in the social domain of the Netherlands. Municipalities took over certain services that had been the responsibility of the government for a long time. One of those decentralisations concerned youth care (Rijksoverheid, 2019).

Decentralisation was intended to both economize and improve youth care by assigning responsibility to those who were closer to the children (Rekenkamer Den Haag, 2014). However, in 2019, media started to report about unsatisfactory and insufficient functioning of youth protection services and juvenile probation services. Shortly after, the Inspectie Gezondheidszorg en Jeugd (IGJ) published a destructive report which concluded that the quality of care for children with severe mental disorders in particular was inadequate and harmful to both the children and caretakers (IGJ & IJenV, 2019). Although the Minister of Health, Welfare and Sport announced a funding allocation along with the restructuring of the youth care system in late 2019, the problems still appear to be present (De Jonge & Dekker, 2019; NOS, 2022).

In fact, the calls for help coming from the field itself are louder than ever. Due to the high workload and staff shortage, professionals are unable to give children the time and care they require, which ultimately results in even bigger mental problems and costs (NOS, 2022).

One of the areas within youth care that experiences many difficulties is secure residential youth care. Secure residential youth care, also called JeugdzorgPlus, treats children that are considered to be a danger to themselves and/or are endangered by others (Jeugdzorg Nederland, 2022). Research shows that secure residence is often chosen because there are no alternatives available in other types of youth care. Secure residential youth care is therefore being used as a last resort, while instead, a decision should be made based on the best type of care for a child (Bhugwandass et al., 2022).

The fact that not the child, but the unavailability of the right care is often the reason for closed treatment, is even more tragic since research shows that secure residential youth care often provides children with unsafe and even damaging surroundings. Data shows that many children deal with violence between group members and children are still being fixated on a daily basis (to be restrained or pushed onto the ground by caretakers). Moreover, most children (84%) do not receive the right type of treatment. These conditions often worsen their mental health (Stichting Het Vergeten Kind, 2022).

In February 2022, three young adults that experienced the malfunctioning of closed youth care themselves, wrote the position paper 'Stop Closed Youth Care' (Bhugwandass et al., 2022), in order to convince the government to close these facilities. According to them, a number of criteria must be met in order for this transition to succeed. The most significant is the development of new alternatives for specialised care.

Currently, youth care organisations are already creating new living concepts as an alternative for secure facilities. This often comes down to small-scale residential concepts. But what does that mean? Van Schie et al. (2020) provide the following definition:

> "a 24/7 residency within a closed or open residential youth care institution, situated on institutional grounds or in a residential area, for a maximum of six, preferably four children/young adults between the age of eight and twenty three years old. These persons should be guided by the same team of caretakers with a minimum ratio of one to four, and should receive intensive, individual and/or customized treatment, for as long as they need. The treatment should focus on dwelling, care and education/labour during and/or after their stay".

Although the first step has been made to define what alternative dwellings for secure residential youth care should look like, the description is still very broad. Architectural principles such as location within the city, building size or program are not being discussed.

Problem Statement

One of the issues is the transition from secure residential youth care to 'lighter' types of residential care, such as foster care. Children have trouble adapting, which increases the risk of relapse. This often leads to replacement in secure residential youth care (Hanzon & Van Veluw, 2019). In 2021, 24% of the children placed in secure residential youth care had been there before (Jeugdzorg Nederland, n.d.). This indicates that secure residential youth care has not been successful for almost a quarter of all placements.

Different factors contribute to the struggles these children experience after leaving secure residential youth care (Figure 1). First of all, they have **trouble dealing with freedom and autonomy**. During their stay in secure residential youth care, children don't learn how to make their own decisions (Hanzon & Van Veluw, 2019). They are usually not allowed to leave the building, property and sometimes even their rooms (Stichting Het Vergeten Kind, 2022). A former resident said:

> "The difference is way too big. The first day after leaving the secure facility I ended up on my own in a room. […] It was after 10 pm, and I needed to go to the bathroom, but it was after 10, so I couldn't go. While in fact I was living independently with one other roommate. […] I didn't dare to go to the bathroom because I thought it was against the rules" (Stichting Het Vergeten Kind, 2022).

Furthermore, children express feeling **excluded from society** during their stay, causing the move back into society to be a big step (Stichting Het Vergeten Kind, 2022). They experience a sense of life being placed on hold. As a result, they feel insecure to leave the facility (Hanzon & Van Veluw, 2019).

In addition, **contact with friends and family in secure residency is limited** (Stichting Het Vergeten Kind, 2022). Research has shown that family engagement in therapy is important since a child's difficulties are frequently influenced by the situation at home. Moreover, a stable relationship with family could result in a safe environment where children can return to (Broekhoven et al., 2019).

To conclude, Hanzon & Van Veluw (2022) recommend to find more open alternatives for secure residential youth care, where freedom and security go hand in hand. According to them, this will lead to an inclusive living environment: a place where children can be part of society, practise with autonomy and stay in touch with their social network.

Research Aim

This research aims to develop new, inclusive small-scale living concepts for children that would currently be placed in secure residential youth care and are yet unable to make use of 'lighter' residential solutions such as foster care. The research will pay particular attention on increasing the level of autonomy and social integration while taking into account the capabilities and needs of the children.

Research Question

Therefore, my research question is: What design guidelines and location conditions can support the design of inclusive small-scale residential facilities for youth care?

In order to answer this question, the following sub-questions are to be researched:

1. What types of small-scale residential facilities for youth care have existed in the past and do currently exist? What successful design principles and location conditions can be identified from these buildings and what could be improved?
2. What architectural design principles and location conditions are of importance when designing for children in youth care?
3. What architectural design principles can increase the level of autonomy and social integration of users of residential healthcare?

Design Hypothesis

Since the target group is heterogeneous, not all design guidelines and location conditions will be suitable for every user. I anticipate that this research will result in several guidelines for each problem rather than one design solution for each issue. In this way, caretakers could decide which guidelines to apply in their particular situation. Conceptual diagrams, supported by a brief description will be used to visualise these principles.

Figure 1: Problem statement

2. THEORETICAL FRAMEWORK

Three research areas have been identified, namely the small-scale typology within residential youth care, designing for children in youth care and inclusive designs, which emphasizes the themes of autonomy and social integration. The output of this research is positioned in the middle, seeking to connect all research areas (Figure 2).

Small-scale typologies

The topic of small-scale typologies for residential youth care will be further explored in this study. The foundation for this is built up by two researches in particular. Van Schie et al. (2020) made the first step in defining small-scale residential youth care, based on literature review and case studies. Their definition covers a variety of subjects, including group size, the team of professionals, the facility's location, group climate, the availability of labour and education, and the interaction between the caretakers and children.

This definition and research on successful factors of small-scale youth care programmes is used as the starting point for this study. The research by Ammerlaan et al. (2022) follows this definition as well and connects it to practise. They did a preliminary exploration of available small-scale residencies and evaluated the quality and efficacy of these groups. They held interviews with both parents, caregivers and youth. Although both Van Schie et al. (2020) and Ammerlaan et al. (2022) mentioned the physical environment, the research on the building design was very limited. My research will therefore concentrate on expanding that knowledge.

Significant Republic (n.d.) and Mourits & Addink (2021) have both conducted additional research on small-scale youth care. Others have discussed the dysfunctional secure residential youth care system, including Stichting het Vergeten Kind (2022), Bughwandass et al. (2022) and Sondeijker et al. (2020). In these reports, numerous recommendations are done for how to improve the youth care system. Therefore, these will be taken into consideration as well.

Designing for youth care

The second theme is how to design for the target group. The framework of Trauma Informed Design (TID) will be used as a starting point. TID combines the theory of Trauma Informed Care (TIC) with building design research (Grabowska et al., 2020; Shopworks Architecture et al., 2020). Youth care organisations such as Koraal apply the method of TIC, which pays attention to the impact of traumatic childhood experiences. Although the theory of TID is still relatively new, Koraal already attempts to implement this in their building design (Koraal, 2022). Since this framework is already being used within Dutch youth care, this will be the base for this research.

However, since the theory of TID is based on a specific target group and still relatively new, additional and more general research on building design is necessary. Therefore, this study will also pay attention to sources that discuss the design of (mental) health care facilities and building design for children. Specific topics that are commonly named in evidence-based design will be addressed, such as nature, light, acoustics and colour (Figure 2).

Inclusive design

The final field of study focuses on inclusive designs and specifically addresses autonomy and social integration. In their book about biomedical ethics, Beauchamp & Childress (1979, p. 125) speak of Respect of Autonomy (RA). They make a distinction between being autonomous and being respected as an autonomous person. This theory will serve as a starting point for this research area. In a more recent study, Zhu et al. (2020) claim that studies on RA can be categorised into three themes: patient decision making (DM), autonomous actions (AA) and social relations and interaction (SRI). They establish a link between these ideas and healthcare design. These three themes will be used as a framework for research on inclusive designs.

Additional sources that relate these concepts to the fields of mental health care and design for children will be discussed as well (Figure 2).

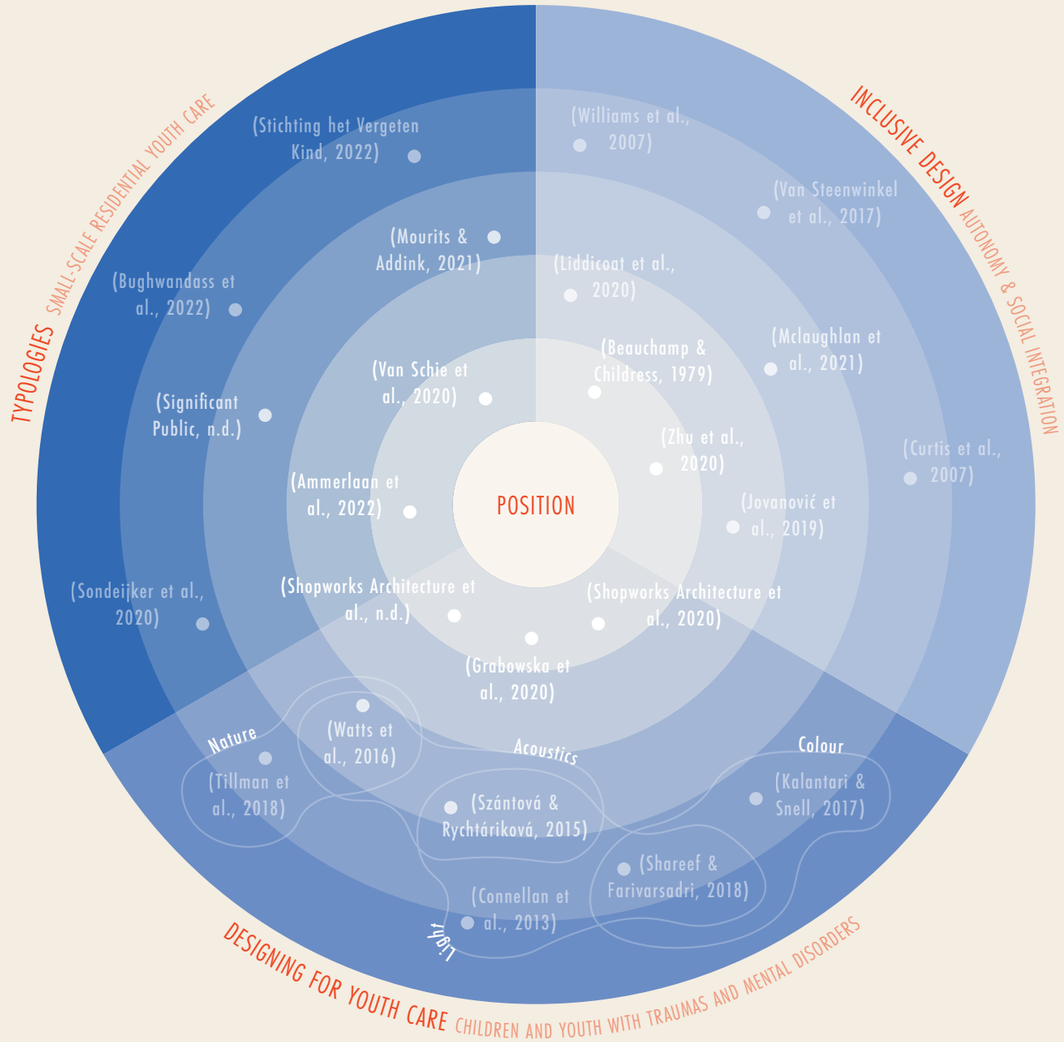

Figure 2: Theoretical framework

3. METHODOLOGY

Phase 1: Residential youth care typologies in the Netherlands

The first step will be to conduct typological research, which will be divided into two methods: diachronous and synchronous. The **diachronous** research will focus on the development of residential youth care typologies through time. **Literature review** will be conducted to get insight in the history of the Dutch residential youth care system between 1945 and now. Next, **case studies** will be done on two or three building typologies that played an important role in the history of residential youth care. The research themes and output of all research phases are displayed in Figure 3.

The **synchronous** research will concentrate on existing types of small-scale residential youth care buildings that meet the definition by Van Schie et al. (2020). **Literature review** will focus on scientific sources, publications and reports from after the decentralisation (2015). After conducting literature review, **anthropological research** will take place in small-scale facilities of Parlan in IJmuiden and Haarlem. If possible, facilities from iHub and Levvel will be visited as well. The anthropological research will focus on observations of the behaviour of the children and caretakers within the building. Conversations with users will reveal successful design principles and possible improvements to the building design. Sketches, drawings and floor plans will be used to visualise the results. The data acquired during the fieldwork, will be used to do a **case study** of each building, which will be visualized in floor plans and diagrams.

Phase 2: Designing for children in youth care

In the second phase, both sources on Trauma-Based Design and Evidence-Based Design will be reviewed. The **literature review** will focus on international scientific sources and publications after 2010. The research themes and output for this phase are displayed in Figure 3.

The research themes will be further researched in two **case studies** (Figure 4). The first case study is the Emmaüs in Mechelen, Belgium of NoAarchitecten. This case specifically focusses on the design of a small-scale residential building for youth care. Two psychiatric clinics in Borås, Sweden and Nuuk, Greenland by White Arkitekter will form the second and third case studies. Although this building typology does not resemble small-scale facilities for youth care, the targets groups are comparable in a way. Therefore, much can be learned from the design concepts and principles they implemented for the target group with mental disorders. Diagrams and floor plans will be used to illustrate the design principles. This phase will result in knowledge of design principles and location conditions that could be implemented to improve the design of buildings for children and mental health care facilities.

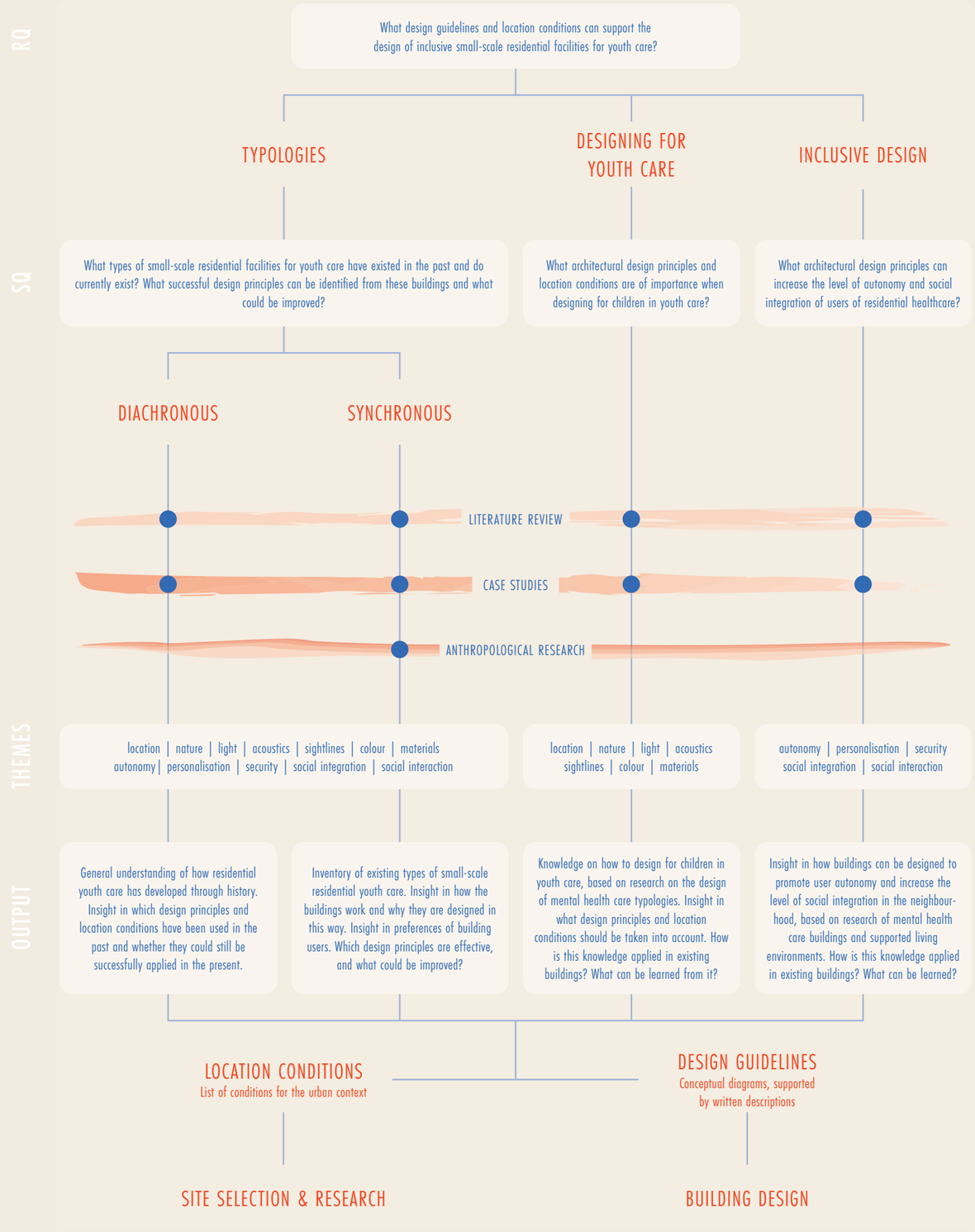

Figure 3: Methodology

Phase 3: Inclusive design: autonomy and social integration

The third phase will address inclusive environments. The two main subjects are autonomy and social integration. **Literature review** will concentrate on international scientific sources and publications after 2010 about autonomy and social integration in (mental) health care environments and designs for children. The research themes of this phase will be examined using the **case studies** from phase 2. By using the same case studies, an overview of all research themes is created. The findings of this phase will result in insight on how building design can promote user autonomy and increase the level of social integration in the neighbourhood.

Phase 4: Location conditions and design principles

The results of all research phases will be merged in the final stage to create location conditions and small-scale youth care design guidelines. The location conditions will discuss themes such as location within the city, available services in the neighbourhood and mobility and will be used for the site selection and research.

Conceptual diagrams, supported by a brief description will be used to visualise the design guidelines. These will serve as input for the building design.

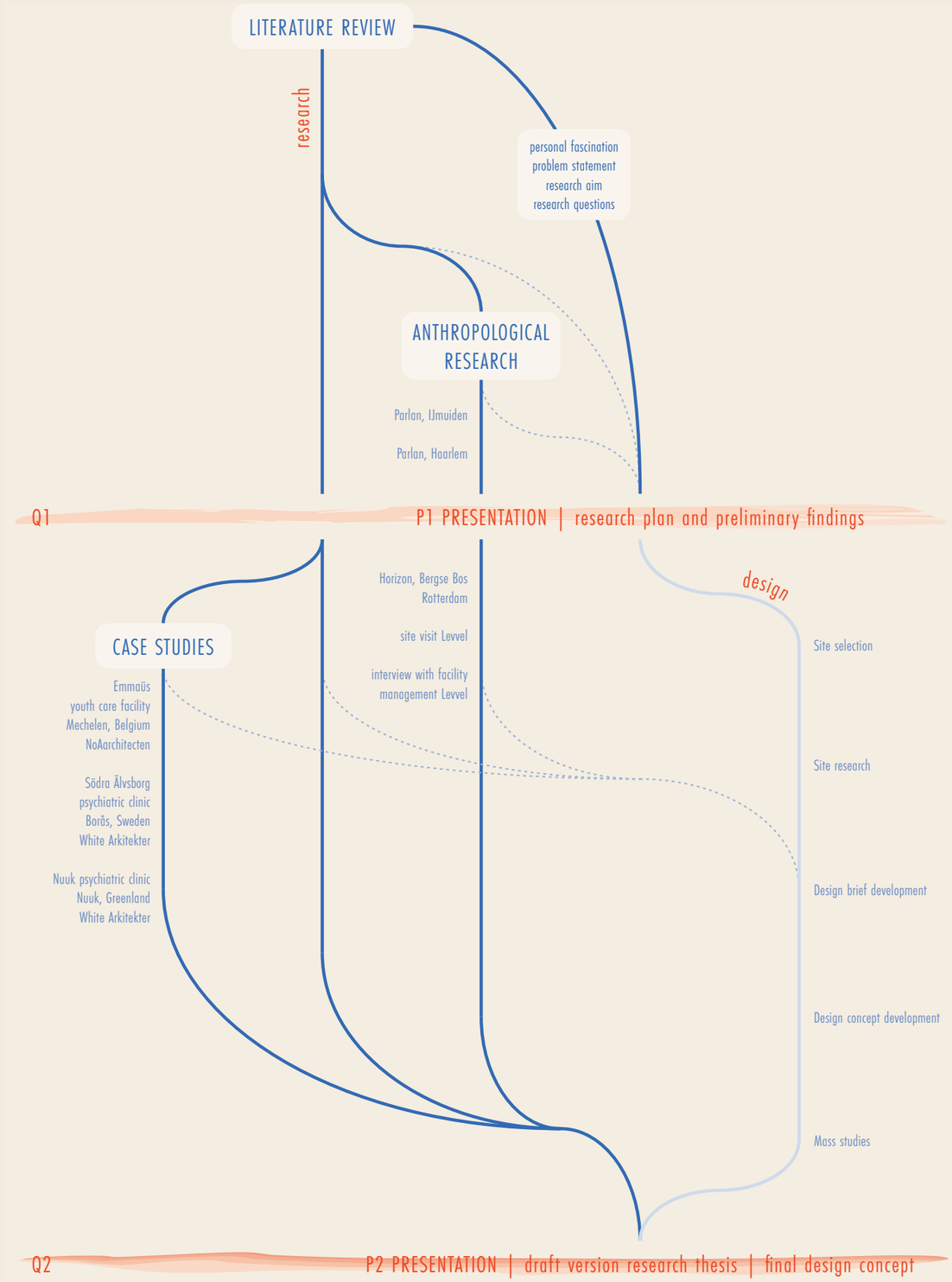

Figure 4: Workplan

5. DEFINITIONS

Children / youth / adolescents

For now, the terms children, youth and adolescents are used interchangeably and all refer to the age group of 8-23 years old, as defined by Van Schie et al. (2020). In the next phase, a differentiation in age groups will be made, depending on the outcomes of the research.

Design guideline

A conceptual diagram supported by a short written description, which communicates a strategy for resolving a design challenge by proposing general architectural solutions.

Inclusive design

In this research, inclusive design is used as an overarching term to refer to two ideas: autonomy and social integration.

Parmelee & Lawton (1990) describe **autonomy** as a state in which a person is feels capable of achieving life goals, which implies "freedom of choice, action, and self-regulation of one's life space – in other words, the perception of and capacity for effective independent action".

Pillemer et al. (2000) define **social integration** as "the entire set of an individual's connections to others in his or her environment". In this definition, they address two aspects, namely the "participation in meaningful roles and the network of social contacts".

Location condition

Written statement that provides insight into what conditions in the urban context (both city and neighbourhood scale) could lead to an optimisation of the building's user experience.

Residential youth care

When children and adolescents cannot live with their parents, for whatever reason, they get care through residential youth care, voluntarily or involuntarily. There are different types of residential youth care, such as foster care, emergency stay and secure residential youth care (NJI, 2022).

Secure residential youth care is the most severe type of residential care and is also known as JeugdzorgPlus. This type of care places children unwillingly; they can only be admitted if a judge in juvenile court decides to do so (Jeugdzorg Nederland, 2022).

Small-scale residential youth care has been developed as an alternative for secure residential youth care. The definition of Van Schie et al. (2020), which was indicated in the introduction, is leading in this research.

Type

In architectural theory, the definition of type that is used, comes from the Dictionnaire historique d'architecture by Quatremère de Quincy (1825). He distinguishes 'model' from 'type'. Whereas a model can be copied and is defined within a set of physical properties, a type does not represent a fixed shape but rather a category that can be applied and modified to specific conditions (Younés, 2000).

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