



Client Perspectives on Dutch De-institutionalization

*A Five-year Study in
Dutch Regions*

Dr. Nienke Boesveldt
Chahida Bouhamou, MSc



Utrecht University

How do Clients Value Dutch De-Institutionalization Policy?

Method: peer-to-peer

- UU student assistants (SA)
- Experts by experience (EE)
 - as co-researchers
- Training as peers
- Three training days
- Co-researchers currently involved in draft-versions, and presentations



Participating Regions

- Haarlem
 - And 3 subregions
- Den Bosch
 - And 6 subregions
- Alphen aan den Rijn
 - And 2 subregions

58 Semi-structured interviews

with clients in different housing contexts

- *Social Shelter*
- *Protected Living*
- *(Supervised) Independent Living*



Three Categories

- 19% of the participants (11) are **in favour** of de-institutionalization as it is currently being shaped.
- 19% of the participants (11) are **not in favour** of de-institutionalization what so ever. (All currently in sheltered living institutions)
- 62% of the participants (36) believe that de-institutionalization is a positive development, provided that this is done **under** certain **conditions**:
 - **outflow oriented support**
 - **continuity of support**

Continuity of Support

- **Demand-oriented:**

“The flow is good. People sometimes get a house with some assistance. But sometimes a bit too much pressure is put on some of you, but now you have to live on your own and you get no help anymore and those people get confused. I think you should provide support until it goes really well.” (Harry, 37)

“Of course I like that someone comes by once a week. If only to have a look with me. Great, but I also want to be independent.” (Miranda, 52)

Continuity of Support

- **Aftercare (criminal justice):**

“All those six year I was in prison, I was thrown out like that. They gave me a train ticket, but nothing else.” (Joop, 30)

“I have a few things built in, say, safety. The case manager of the clinic (ed. detox) remains my case manager there too, because he knows me quite well. I will continue to do urine checks, because that is a big stick.” (Guus, 46)

Continuity of Support

- **Relapse options:**

“And leave the end result open, so if after two years it appears that a person doesn’t manage to live independently let them return to assisted living. And if he does succeed, continue giving him the help he needs.” (Sjoerd, 46)

“Yes, if I have a dip, or really feel like it is not going well, or if the structure is totally lost again, then I can always visit her” (Sjoerd, 46)

Outflow Oriented Support

- **Sufficiënt assistance:**

“That's the only negative from here. Everyone here is a bit left to their own devices. At least that's my feeling. There are people here who have been sitting here for years. Yes, I don't think that's possible. At least if you want to get someone started, it can't take years, I don't think so.” (Guus, 46)

“When you are in need of something, you run into that barrier that you have to ask the social shelter [assistance]. But they are in the office all day. They have fun. They are just sitting there, meeting after meeting and then you just need them and then they are closed again.” (Stijn, 58)

Outflow Oriented Support

- **Sufficiënt assistance:**

"(...) Because furniture has to come from charity shop, and where do I have to get it from? So if they hold my hand, and walk with me every move, I dare to take that step." (Roy, 67)

- Also to deal with 'fear for transitioning to independent housing'

Outflow Oriented Support

- **Own pace:**

“On the other hand, you have to be ready for it. It will certainly take a year or a few years before you are ready to take that step. And then you will still need a little bit of guidance or support.” (Chris, 49)

“Good morning every morning and soon you'll be on your own again. So that's quite a bit, for me, pretty scary.” (Gerard, 46)

- **Right incentive:**

“Of course, it all costs quite a bit of money, the care. They want to reduce that to the left or the right. Somehow, I understand that too. Only I also think there is a risk for people who are really vulnerable. You should not just be dumped in a house.” (Chris, 49)

Against de-institutionalization

Addiction

- Clients doubt the appropriateness of independent living (again) for clients with complex addiction problems

“They are also bothering people on the street, because they are going to beg, and they are going to use. But those people, I think, do belong in a good complex where they just eat, and drink, and have no money.” (Gert, 62)

“(..) addicts. And they were already so lost, yes, you won’t get them clean. So yes, does it make sense for them to live independently?” (Freddie, 30)

Against de-institutionalization

Severe psychological and psychiatric problems

- The ability of people with serious psychological and / or psychiatric problems to live independently is questioned

“Sometimes you really have to keep your finger on the pulse. If they say of that or that person, we really have to be on top of it, because it is not going so well. And if someone is so psychotic, very psychotic, yes, then he should just be in a clinic.” (Chris, 49)

Against de-institutionalization

Institutionalized, Age, Society

- not possible after having spent years in an institution
"What they should try is to keep people at home, even when they are in a bad way. Once they are in an institution for protected living, they will no longer be able to live independently." (Ria, 63)
- Older aged clients doubt feasibility
"Maybe for young people. But at my age, sixty-nine, we're not going to do that anymore." (Henk, 69)
- Restless Society, Putting Pressure
"Society eats on you. I just feel pressured by society."
(Susan, 46)

Pro de-institutionalization

Negative effects of residing in a (night) shelter

- Residence is experienced as unpleasant due to the presence of many different types of people, also with complex addiction problems

“They live there far and far and far too long. Yes. If you are not a strong person, you enter sober, and they leave addicted. I firmly believe that it sometimes causes more damage than it solves problems.” (Lorenzo, 49)

Pro de-institutionalization

Under-utilization of people's capacities

- Positive about ambulatory treatment (with respect to the current situation)

“There are enough people who, if you stimulate them enough, could adequately live on their own, with or without support. (..) I don't see the point of living supported throughout your life.”
(Laura, 20)

Conclusions

- Majority of participants in favor of de-institutionalization under certain conditions.
- Majority of participants pro de-institutionalization resides in a social (night) shelter.
- Majority of participants against de-institutionalization resides in an institution for sheltered living.
- Motives of social shelter clients to live independently stem mainly from the poor living conditions. This is not the case within those in institutions for sheltered living.
- All Dutch regions and relevant ministries involved in learning about these findings

Questions? n.f.boesveldt@uu.nl onderzoekmobw.sites.uu.nl