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# The paradoxical policies of the Social Support Act in the Netherlands

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The paper reports on the effects of the Social Support Act (Wmo) in the Netherlands. The Wmo connects to a political discourse of active citizenship. It resembles the current European political interpretation of citizenship: stressing self-responsibility for the personal life, fighting against a presumed over-invasive welfare state and implying a shared responsibility of government and civil society in the care and welfare for vulnerable groups. Data was collected on the basis of two surveys evaluating the effects of the Wmo for voluntary organizations and professional non-profit institutions in the realm of social care and welfare (2007-2008 and 2009-2010; N = 772). In addition, in-depth interviews with stakeholders and case studies were carried out. The study yields several paradoxical policy outcomes. Contrary to the objectives of the Social Support Act, the results show that a 'revitalization' of the civil society – in terms of a stronger contribution to social goals and policies – remains a far stretch whilst professional entities thrive under the new governmental élan. Other paradoxical outcomes stem from policies designed to increase the participation of people with severe mental disabilities. Instigating the socialization of these groups through mandatory measures can in practice increase their isolation. Recommendations to reduce unintended effects of the Social Support Act are discussed.

*Keywords:* Social Support Act, civil society, participation, active citizenship, vulnerable groups

Marga Lammers is showing us around a Regional Sheltered Housing Institution (Regionale Instelling Beschermd Wonen or RIBW), at a location in the west of the Netherlands. Marga is the Site Manager at the institution, which provides care to clients who have a mental impairment or multiple disabilities. The site is wedged between a centre of urban growth and a suburban residential neighbourhood. Around 400 clients live and take part in leisure activities here. They include young people, adults and elderly people with mild to severe mental disabilities, behavioural disorders or psychiatric problems. Marga describes the RIBW institution as a 'private site with an open character'. Residents of the neighbouring suburb have free access to the area. Visitors to the site gain the impression that they have entered a village for the mentally impaired: the asphalt roads are lined with group apartments with coloured drawings displayed at the windows, minibus taxis carrying disabled people drive up and down and everywhere there are clients tearing around in go-carts.

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We interview Marga Lammers about the ideal of the ‘socialization’ of people who have a severe mental disability or psychiatric disorder. As a result of the recently introduced Social Support Act, vulnerable groups are increasingly required to ‘integrate with the community’ in order to participate ‘amongst the people’ (Verplanke & Duyvendak, 2010). For the RIBW institution where Marga works, this implies severe changes in the near future. A large number of the clients will soon be housed outside of the care site, in apartments amongst ordinary residents. The housing blocks are already under construction. Although it looks good on paper, Marga is concerned about the imminent move: ‘Soon it will be much harder for us to monitor how people are coping. For instance, we have to insulate bedrooms and shut clients in at night due to excessive noise levels. We have a girl who suddenly starts screaming at five o’clock in the morning. What’s more, they can’t cross the street on their own. Most clients don’t know what traffic is, let alone being able to watch out for it. In the new situation, they must always be accompanied by an attendant at set times if they want to go for a walk. Whereas at the moment, they are able to move around the care site relatively safely.’ With the help of concerned family members it was only just possible to avoid the relocation of the most vulnerable group of clients – those with an extremely low mental capacity – to individual apartments in the district. The site manager has few illusions as to the involvement of local residents when the clients are soon moved to the neighbouring residential area: ‘We are doing everything we can to inform residents about the arrival of mentally disabled people in their environment: distributing leaflets, organising information evenings and events. But only one or two people have shown an interest.’

## **INTRODUCTION**

Promoting the social participation of citizens has been one of the Dutch government’s central policy objectives for a number of years. Not just vulnerable citizens, but all citizens need to ‘participate’ more. From a social standpoint, this objective gained momentum as a result of the Social Support Act (Wet maatschappelijke ondersteuning or Wmo). It is for this reason that the Wmo – which was introduced in 2007 – is also referred to as the ‘Participation Act’ (see e.g. Agterberg et al., 2007; MOgroep, 2007; VNG, 2008). Although the Wmo has numerous sub-objectives, in this paper we discuss two key elements of the Act. On the one hand, the Wmo aims to promote the participation and active involvement of vulnerable groups within society – for instance via active (re-)housing programs to relocate mentally disabled people to residential areas, as in the case of Marga Lammers’ client groups. On the other hand, the Wmo focuses on promoting active citizenship: the participation of able-bodied citizens and their relationships in the development and implementation of local social policy. Examples include residents’ associations who keep an eye on socially isolated elderly people, sports clubs that allow young people with a disability to take part in sports or grass roots organizations providing the municipality with advice by taking part in local Wmo-meetings. The Wmo reflects the current European political trend in the interpretation of citizenship: to emphasize people’s individual responsibility, to cut back on a welfare state that is seen as too invasive in favour of civil society and to promote the idea of shared responsibility between the government and citizens in terms of caring for socially vulnerable groups (see Van Ewijk,

2010). In short, the Wmo makes a strong appeal for the revitalisation and ‘empowerment’ of civil society in the Netherlands (Alblas, 2007; Tonkens, 2010).

It is clear that the two participation objectives of the Wmo are closely interrelated: in order to allow vulnerable groups to take part in society, it is essential for organizations that operate in citizens’ immediate living environment – such as associations, companies and voluntary organizations – to ensure that socially vulnerable groups have more opportunities to take part in their midst. Primary responsibility for implementing the Wmo lies with the municipalities. The process of decentralization is designed to bring social policy closer to citizens. Municipalities are supposed to be able to assess which resources, facilities and manpower are required to meet the needs for support of their citizens - so goes the idea. Municipalities therefore act as coordinators of the Wmo: they need to mobilize their local civil society.

Uyterlinde et al. (2007) have summarized relevant theories in terms of the welfare state into the model of the Wmo synthesis. In doing so, they refer to De Swaan’s study ‘Zorg en de staat’ (Care and the State, 1989) in which he describes the state as a guardian and protector of the modern citizen. In the post-war welfare state, government assistance increasingly replaced mutual support amongst citizens. The model of the Wmo synthesis compares De Swaan’s modern social theory with social theory prior to the emergence of the welfare state. In this approach the Wmo is therefore not so much a measure that restores outmoded community spirit and conventions, but is rather a synthesis of the modern and traditional principles that apply to care and solidarity.

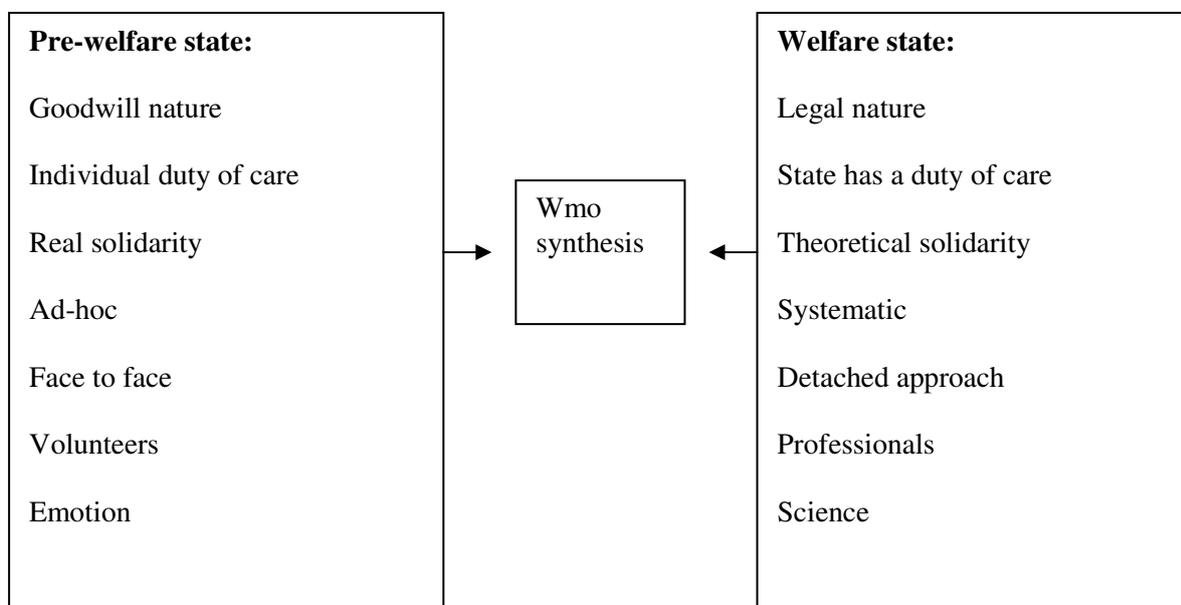


Figure 1: The Wmo synthesis (source: Uyterlinde, M. R. Engbersen & K. Neeffjes (2007))

Three years have passed since the introduction of the Wmo. Local participation policy is getting on track. But what effect does the policy have in practice? What impact do the Wmo and the associated measures actually have on socially vulnerable groups? How tolerant is the receiving community (i.e. ordinary citizens in neighbourhoods, districts, civic associations and in the workplace) when it comes to the inclusion of people with mental disabilities? And to what extent is it possible to raise enthusiasm amongst able-bodied citizens for the Wmo?

Based on recent studies (Lub et al., 2008; 2010), in this paper we defend the assertion that the Social Support Act (Wmo) is perhaps too ambitious in its approach to increase the participation of both able-bodied and vulnerable citizens, and that, in practice, it may even produce paradoxical policy outcomes. In doing so we distinguish between three participation paradoxes. The first paradox relates to the relationship between professional and non-professional organizations. The goal of the Wmo is to revitalize civil society, however research has shown that up until now, the main parties to profit from the Act are professional care and welfare organizations. Professional institutions are much more frequently involved and taken seriously by their municipality than civil society organizations, which are often left at the sidelines. The second participation paradox relates to the socialization policy that is applied to people with a *severe* mental disability or behavioural disorder – as outlined in the introduction to this paper. In theory, the participation of these groups increases when they are housed in residential areas (due to a supposed increase in social contact). However in practice this policy has an ironic impact, as to allow them to live ‘among the community’ means that their freedom of movement must in fact be restricted. The third paradox relates to the principle of needs-based management in the care for vulnerable groups, on which the Wmo is based. Many of the people who drop out of society – for instance mental healthcare clients, addicts and socially isolated elderly people – do not or only barely understand their own problems, let alone being articulate enough to express their own care needs. As is the case with those with a severe mental disability, their mental state is not sufficient for this to be possible. This can mean that they are not provided with the right care, support or incentives to take part, causing their situation to deteriorate further or leading them to attempt to avoid the care and support offered all together. This too leads to a paradox: in the Wmo the needs of the citizen is the key starting point, however not all citizens are able to express these needs.

## **METHODOLOGY**

In 2007 – the year that saw the introduction of the Wmo – MOVISIE (the Netherlands Centre for Social Development) carried out the first trend study into the Wmo’s impact in the welfare, care and civil society sectors (see Lub et al., 2008). This study can be viewed as a benchmark for the involvement of professional and civil society organizations in the Wmo, and how these organizations assess its impact. In this first study, the central research question was to what extent the services, policies, structure and the operational management changed for organizations as a result of the introduction of the Act, and what impact the Act had on their environment (for instance volunteers, staff and clients). Both quantitative and qualitative research was carried out in order to answer these questions. In the spring of 2007, a questionnaire (Wmo monitor) was distributed to implementing bodies (N=383). An interview cycle (N=25) was also linked to the Wmo monitor. A second trend study was performed in

2009. Again surveys were distributed (Wmo monitor, N=389) and in-depth interviews (N=30) were held (see Lub et al., 2010). The research was carried out amongst professional organizations in social care and welfare (N=273), as well as civil society organizations such as voluntary organizations, grassroots initiatives and residents' platforms (N=116). In addition, the follow-up study involved analysing 50 municipal Wmo policy plans. Qualitative data was gathered through on-site interviews with representatives of organizations. For the purpose of illustrating the participation paradoxes in this paper we mainly use data from the second trend study into the Wmo (see Lub et al., 2010) and subsequently draw from case studies of people with mental disabilities, behavioural disorders or psychiatric problems.

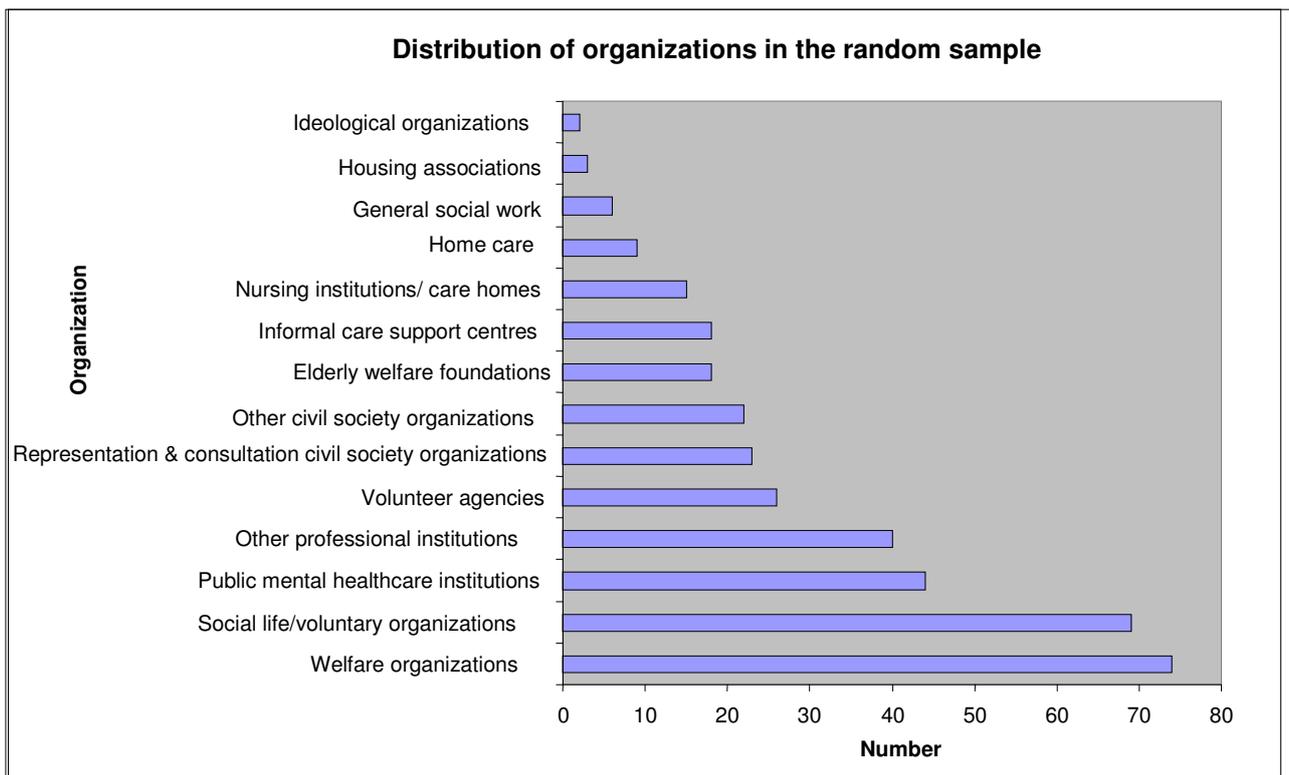


Figure 2: Distribution of organizations in the 2009 Wmo monitor random sample

## RESULTS

### Paradox 1: civil society at the sidelines

The first trend study in 2007 revealed that the introduction of the Wmo had caused a great deal of commotion within the professional field. Professional care and welfare organizations extended their own professional networks and sought to coordinate with strategic partners and the municipality. However, the Act in 2007 largely passed over civil society. An important sign in the response from the civil society organizations was that they did not actually recognize the Wmo as an Act that had anything to do with them. The follow-up study in 2009 and 2010 shows that more than two years later, the involvement of civil society organizations

is still as limited as it was when the Act was first introduced. Moreover, there are still signs of a rift between civil society organizations and professional organizations in terms of their assessment of the Wmo. The second trend study in particular revealed strong evidence of this. Table 1 illustrates the distance between the professional sector and civil society based on response percentages to a number of assertions presented in the Wmo monitor 2009.

	<b>Percentage of professional organizations that agree</b>	<b>Percentage of civil society organizations that agree</b>	<b>Significance of the difference (ANOVA)</b>
Our organization plays an important role in the implementation of local Wmo policy	65%	36%	.000
Wmo policy mainly excels on paper and in meeting rooms	51%	57%	.019
We are taken seriously in terms of contributing ideas, shaping and implementing Wmo policy	55%	38%	.006
The Wmo opens up new opportunities for us	52%	38%	.000
It is not clear what is expected of our organization within the Wmo	27%	45%	.000
The Wmo causes some target groups to wrongly fall out of the picture	45%	53%	.032

*Table 1. Responses to assertions made in the Wmo monitor: Differences between professional and civil society organizations. Source: MOVISIE Wmo trend report, 2010.*

It is clear that professional organizations feel that they are taken considerably more seriously in terms of contributing ideas about and shaping and implementing Wmo policy than civil society organizations. Also when it comes to new opportunities perceived by organizations from civil society as a result of the Wmo, professional institutions are significantly more positive than civil society organizations. The Wmo evidently creates more opportunities for professional organizations than for civil society organizations. Civil society organizations also generally have a more negative attitude towards the Wmo as a system reform. They have a greater tendency than professionals to believe that the Act mainly excels on paper and in meeting rooms, whilst, in their view, the Wmo causes some target groups to wrongly fall out of the picture.

An initial explanation for the limited involvement of civil society is that municipalities do not have sufficient insight into the spectrum of organizations and associations that exist within civil society and are occasionally lax in involving their citizens in policy making. The information gathered through case studies reveals that many municipalities are still trying to identify a proper way to meet their relatively new responsibilities as coordinators of the Wmo, and the civic partners that could support them in this task. This means that they are less able

to clarify to civil parties what they expect from them. One respondent from an organization for the elderly that is supported by volunteers described a lack of interest on the part of the local administration: ‘When the Wmo was introduced, we were not involved in the process. When we later tried to approach the municipality ourselves their response was: “Sorry, we didn’t think of that, we only invited subsidized institutions.” I understand how that could have happened, because only involving subsidized institutions of course means that the municipality has more influence over the policy.’ Although most municipalities state in their Wmo policy plan that they are making efforts to involve civil society, specific organizations are rarely mentioned. In other words, the intention is there, but not the ideas for realisation (see also Van Marissing & De Meere, 2009). All of this means that Wmo policy is still something that primarily affects the professional sector. Metz (2010) lucidly illustrated this on the basis of a study into Wmo policy in the city of Dordrecht: pressure from government agencies and professional institutions left no scope for input from civil society organizations.

However, the limited involvement of civil society organization in the Wmo cannot be solely attributed to a wait-and-see approach by municipalities or to professional crowding. A second explanation relates to the fact that many voluntary organizations and associations feel that they have a limited involvement in the Act because they themselves do not (want to) label themselves as ‘care organizations’. A representative of an Amsterdam-based voluntary organization explains: ‘We have little to do with the town hall. A great deal of focus is placed on aspects of care within the Wmo, but less on topics that concern us, in other words regular voluntary work. We are not a care organization. I don’t think we would have anything to contribute to the discussion about Wmo policy. I don’t even know who is active in the policy field.’ A major obstacle is that part of civil society is not jumping at the prospect of being formally addressed about the results of social policy objectives. For instance, can a scout club be expected to be able to adequately cope with children with a disability? And who is responsible if something happens to them? As a result, voluntary citizen associations are often reluctant when it comes to placing a greater focus on typical Wmo policy in their activities, such as the inclusion of groups of people who need support, or forming ties with the municipalities and professional institutions from the realm of care and welfare. This is further illustrated by the fact that only a limited part of civil society organizations in the Wmo monitor describes itself as an important entity in the implementation of local Wmo policy (see Table 1).

### **Paradox 2: socialization can lead to isolation**

The second notable outcome of the trend study in 2009-2010 is that professional organizations that are involved in supporting people with a mental disability, psychosocial care and addiction services (such as public mental healthcare organizations and care institutions) have a significantly more negative attitude towards the impact of the Wmo than other professional respondents (Lub et al., 2010). For example, 61 percent of these institutions agree with the assertion that the Wmo causes target groups to wrongly fall out of the picture, as opposed to 39 percent of the other professional organizations in the sample. Table 2 illustrates that results on assertions concerning the positioning and allocation of resources in Wmo policy point in the same direction. Therefore, a pattern similar to the result shown in Table 1 emerges.

	<b>Response percentages of professional organizations providing psychosocial care</b>	<b>Response percentages of other professional organizations in care and welfare</b>	<b>Significance of the difference (ANOVA)</b>
The Wmo causes some target groups to wrongly fall out of the picture	61% agree	39% agree	.008
The Wmo leads tot a higher quality of life for vulnerable citizens	54% disagree	36% disagree	.029
Our organization plays an important role in the implementation of Wmo policy	45% agree	72% agree	.000
The municipality allocates enough resources in order to implement Wmo policy adequately	10% agree	22% agree	.003

*Table 2. Responses to assertions made in the Wmo monitor: Differences between professional organizations providing psychosocial care and other professional organizations in care and welfare. Source: MOVISIE Wmo trend report, 2010.*

At the start of this paper we outlined the experiences of Marga Lammers who, as the Site Manager of a RIBW institution, experiences daily the implementation problems associated with the policy ambition to allow people with psychological problems to function independently in society. Staff at the institution have strong objections against the relocation of mentally disabled client groups to the neighbouring residential area. This extramuralization – i.e. relocating clients out of intramural care facilities - could have undesired consequences for clients’ personal integrity and safety. Parents and family members are also concerned. The neighbourhood has problems with loitering teens and the question is how this will affect the safety of the clients. One parent states: ‘I sent my child here so that she can be herself. If she is moved to a residential area in the near future, that may no longer be possible.’ Family members are afraid that clients will be harassed by young people or that people will laugh and stare. The bullying of disabled persons in the area by street youths is not a rare occurrence.

For this RIBW institution, the socialization process leads to a number of complications. The site formally belongs to the care institution, but anyone is free to access the grounds. Staff at the care institution are therefore faced with a dilemma: ‘We can only approach residents to a limited extent. This will soon become even more difficult when our clients move into the neighbourhood. In their own living environment, residents might be even less tolerant of people with a disability’. One of the attendants regularly accompanies clients to the riding stables and the vegetable garden on the care site. Some local residents let their dogs out in these areas, while some clients are terrified of dogs. According to the

attendant: 'If I ask the dog owner to keep the dog on the lead, I usually get the response that "it is a very friendly dog". But clients cannot make this distinction and I can't get the owner to understand this. There is also regularly dog dirt lying around. People don't clean it up, but some clients will put it in their mouths. It is not simply the case that the clients need to get out into the neighbourhood more, the neighbourhood also comes to us.'

The rehousing of the clients not only places greater demands on the professional supervision of clients, but also has a paradoxical impact on the freedom of movement, personal integrity and safety of mentally disabled people. Homes need to be insulated to prevent excessive noise levels, clients can no longer cross the road without professional assistance in their new living environment and a vital question is whether the interaction in the public space between residents and professionals and between residents and clients will go smoothly – which could lead to a further deterioration in the problems of clients. The current interaction with residents on the protected care site does not hold out great prospects.

Based on the information we gathered on individual cases and the results of the questionnaires as part of the Wmo trend study, we can conclude that care institutions have to contend with diminishing tolerance within society for 'people with difficulties'. Plans to locate facilities for addicts or people with psychosocial problems in a neighbourhood often lead to protest. Clients with psychosocial problems who are housed individually are rarely received with open arms by local residents. This means that by living in an ordinary neighbourhood they run the risk of becoming socially isolated. Duyvendak and Verplanke (2010) state that when psychiatric patients and mentally disabled people live on their own they often receive very little care or support from the neighbourhood. Although some ex-mental healthcare clients are happy with the freedom that independent living provides them, they rarely manage to have a social life within the neighbourhood.

### **Paradox 3: the lack of demand for care from care avoiders**

It is not only difficult for mentally disabled people and psychiatric patients to take part in the living environment. Adverse effects of participation policy also lie in wait in other contexts, particularly where these relate to groups of citizens who are unable or barely able to express their own need for care. This brings us to the discussion of the third participation paradox: the lack of demand for care from care avoiders. Through the Wmo, vulnerable groups are encouraged by the government to participate more in society. For example, to encourage employment amongst socially vulnerable groups, many municipalities establish a link between the Wmo and the Work and Social Assistance Act (Wet werk en bijstand, or Wwb). A similar socialization paradox can occur within this group as the one emerging in the context of the living environment of mental healthcare clients. As the problems encountered by this group often extend beyond a lack of employee skills, aiming to achieve social mobilization often does not lead to participation in society. Worse still, instead of reducing the gap between this group and 'mainstream' society, this can actually serve to reinforce the position that these people occupy on the fringes of society, leading to a relatively high risk that they will slip through the net. It is not rare for them to actively seek to avoid care. In other words, they no longer accept assistance or refuse to cooperate where assistance is provided. Care avoiders

tend to 'withdraw' or 'give up' to a certain extent (see e.g. Schout, 2007; Linders, 2010). Some of them did try to 'take part', but in many cases this turned out to be a fiasco.

Peter Dijkstra (24) meets the above profile. Since his youth, Peter has experienced problems with severe mood swings and he tries to suppress his emotions by smoking weed. As a result he is often tired and listless, and actually constantly depressed. His parents are on benefits, as are many of his family members. As a young person he lived on the street for a number of years. He finally accepted help from the housing association and was assigned a flat. He is often mistrustful of others and becomes aggressive when he feels he is being placed under pressure. He also becomes stressed when he is required to do something. He did not finish school and was dismissed from the few jobs that he has held because he failed to turn up.

Under political pressure, social services of Peter's municipality have initiated a mass review of their client base. As a result Peter is required to report to social services on a certain day. All social assistance clients are being screened to determine their ability to participate more. Although Peter was rejected a few years ago due to psychological problems, he is also being called up. His diagnosis was 'provisional', which means that according to the municipality there is a chance that he may now once again be able to make a partial or full contribution towards society. After a number of telephone calls, letters and e-mails his case manager at social services manages to contact him. He is receiving support from an organization that provides addiction services, however his case manager does not consider it necessary to contact his care provider. Peter is signed up for a work-study programme to become a welder, which will enable him to obtain a recognised welding diploma in one year, funded by the municipality, so that he will have a basic qualification. This will make him more attractive to employers. Following an initial interview with the company carrying out the project, Peter is admitted. The municipality invests €17,500 in Peter's training and education.

During the first week everything goes well. Peter turns up in a presentable manner and pays attention during the classes. He has little contact with the teacher and fellow students, and during breaks he regularly stands outside smoking a joint. In the second week there is some trouble. Peter is required to carry out an assignment with another student and the two get into an argument. Peter becomes aggressive. The supervisor is used to 'difficult' students, but he is unable to get Peter under control. Eventually the police are called. Once at home, Peter decides to chuck it in. He no longer leaves his house. The training centre notifies Peter's case manager by telephone at the end of the week. Peter cannot be reached at that time. On Monday, Peter fails to turn up again. After some investigation, the case manager contacts Peter's care provider at the addiction services. They visit his home on a number of occasions, but all of the curtains are shut and they can see no movement. They decide to push a letter in the letterbox, which they leave hanging out. A day later the letter has disappeared, indicating that Peter is at home. After five weeks, the training centre decides to abandon the course in consultation with the municipality. When his care provider finally manages to contact Peter weeks later, it emerges that he became stressed as a result of the course and the people around him. He wasn't able to cope, he said, and he wanted to commit suicide. The care provider eventually arranges for him to be admitted, because of his extremely filthy home and his

continuous threats to take his own life if the municipality pressures him to do anything outside of his home.

Peter Dijkstra's story exposes a number of unintended policy effects. First of all it shows that the principle of needs-based management, which forms the basis for current theory regarding participation, can turn out to be very problematic for some target groups. Many socially vulnerable people are unable or barely able to manage their own lives, let alone express their own need for care. The result is often a very difficult relationship with organizations that provide care, mistrust of care providers and sometimes even the complete avoidance of care and support (see also Schout, 2007; Linders, 2010). Secondly, his story shows that encouraging employment amongst people with psychosocial problems can in fact cause clients to run into even greater difficulties. When Peter got stuck in the work-study programme, he completely withdrew into his own world. Thirdly, it becomes clear that cooperation between professional organizations in relation to people who have dropped out of society leaves much to be desired. The infamous compartmentalization in the Dutch social sector has been known for some time now (see for instance the Netherlands Council for Social Development [RMO], 2008), however the painful consequences of this for individuals often remain hidden. In the case of Peter Dijkstra, the situation perhaps would not have escalated if social services had immediately contacted his care provider at the addiction services to gain an insight into his problems.

## CONCLUSIONS

### **Circular argument**

So why is it that the objectives of the Wmo, which aim to promote participation and are described in this paper, can in practice actually have the effect of *undermining participation*? In other words, what is the explanation behind the participation paradoxes of the Wmo? One of the main explanations relates to the underlying philosophy of the Wmo. The Act regards participation as an instrument that improves people's welfare: the assumption is that greater participation by citizens in society automatically improves their quality of life. Based on this belief, civil society organizations are being asked to co-produce local social policy, psychiatric patients and mentally disabled people are required to 'integrate' into society and socially vulnerable people are being encouraged to actively take part. Our research raises the question as to whether this produces the desired effect. It appears that able-bodied citizens do not automatically *want* to participate more, and that not all vulnerable citizens are *able* to participate more.

Participation paradox 1 (civil society at the sidelines) shows that the encouraging of active citizenship by the government, which hopes to fulfil its own policy ambitions by doing so, is not living up to its promise. Although the Netherlands Institute for Social Research (SCP, 2010) identified a high level of involvement of client organizations in the Wmo, the question is to what extent this indicates the growing involvement of civil society at large. Client organizations and groups set up to promote the interests of people who are in need of care form a substantially different category to – for instance - sports associations, voluntary clubs and religious organizations. However, the Wmo expects a great deal from these

'normal' civil society organizations, which operate in the immediate living environment of citizens and which are traditionally far away from the process of formal policy making. Despite their new responsibilities (the inclusion of vulnerable groups, contributing ideas in relation to social policy, linking care and welfare, etc.), they feel that they have very little involvement in the Wmo. The question arises as to whether the average Dutch citizen living in a suburb who works as a volunteer for the tennis club or a labourer in a welding company, is in fact as socially minded as the Wmo presumes. Is it possible to increase the social performance of 'normal' civil society organizations without making them too formally responsible for social policy objectives?

The second and third participation paradoxes also illustrate that in practice, citizens' living situations are more complex than the policy reality set out on paper. The bottleneck lies in the assumption that everyone benefits from greater participation. The case of Peter Dijkstra and the experiences of Marga Lammers show that the causal relationship is not so clear-cut. It is sometimes even counterproductive, sending clients further into a downward spiral. The 'release' of people like Peter Bosgra into society to encourage them to participate can in fact cause them to become even more isolated. Furthermore, people with severe mental impairments who are housed in residential areas are at risk of being excluded because the existing residents tend to give them the cold shoulder. The view that the number of people who end up dropping out of society can be reduced by promoting the participation of socially vulnerable people is in fact a circular argument: these people do not participate enough because they *cannot* participate. Continuing to seek *greater* participation is therefore counterproductive: increasing their social participation requires greater supervision and enforcement (insulation of homes, professional assistance), which will actually restrict these people's freedom. For many vulnerable groups, the obligation to lead an independent and integrated life does not automatically improve their well being.

## DISCUSSION

### **Call for a differentiated approach to participation**

This paper does not argue *against* promoting the social participation of socially vulnerable people. Neither does it wish to reject the government's encouragement of active citizenship. However, we do propose that the underlying theory of the Wmo regarding participation should take a more nuanced and differentiated approach. Naturally, the task to give citizens a central role in social policy making and to allow socially vulnerable people to take part does in some areas lead to a well-balanced approach and appealing results. But little attention is currently being paid to unintended negative policy effects in the discussion regarding the Wmo, as described in this paper. Despite studies that have highlighted the potential risks to the personal safety and integrity of clients (see e.g. Duyvendak, 2005; Schout 2007; Verplanke & Duyvendak, 2010), socialization policies are being pushed through in various parts of the Netherlands.

The mental healthcare workers we interviewed emphasized that they do not *à priori* oppose socialization. On the contrary, they would like nothing better than for ordinary citizens to learn to understand what it is like to have a mental disability or to live with a psychological

disorder. However, the professionals are concerned that the politicians and the public administration are failing to differentiate between target groups. Young people with a mild mental disability can live in a residential area very successfully with certain adjustments, and daily activities can often help elderly people in need of support to take part in society. However, a different situation applies to people with severe psychological problems or a very limited mental capacity. These people tend to fare better in a low-stimulus environment. The question is whether municipalities and implementing bodies at a local level sufficiently take this into account. There are many compromises between hiding people away in institutions in the country side and housing them in the middle of a residential neighbourhood. It now seems that one policy utopia is being exchanged for another.

The Wmo stipulates that municipalities have a ‘compensation obligation’ when promoting participation, in other words that they are obliged to compensate for citizens’ limitations to ensure that people can take part in society according to their capacities. To achieve this, local authorities have to identify what vulnerable citizens need to take part, taking into account local circumstances and their social environment. Within the framework of the Wmo, care and support should therefore be tailored to the circumstances of the individual client. The question is whether this compensation obligation is applied properly and consistently, as in practice there is often little attention for the ‘participation limits’ of specific groups. It is precisely those citizens whose disabilities mean that they cannot be expected to fully take part, and citizens who find it very difficult to express their own need for care, who are being triggered with strong incentives to take part. This does not lead to greater participation in most of the cases, let alone to greater welfare and greater happiness.

One question is crucial to the pursuit of a differentiated approach to participation: what is participation and whose perspective should be the guiding principle? The perspective of the end user – the able-bodied citizen, the mental healthcare client or the mentally disabled person – or that of the policy maker? Wmo policy appears to be primarily the domain of politicians and civil servants who are attempting to tackle inactivity from behind their desks. However, our research has shown that the way in which the Wmo is being implemented at a local level can produce paradoxical outcomes. It has also become clear that the Wmo involves ideological aspects that only to a limited extent seem to take into account the daily practice of citizens. Ironically, this means that the very policies that aim to improve the quality of life of vulnerable citizens, are at risk of causing the opposite effect. A differentiated participation policy must extend beyond views that are too dogmatic. Greater participation and spending more time amongst the people is not better in all situations, at all locations and for every target group. And not every citizen can be expected to state themselves what types of care and support they need. The Wmo should – more so than is currently the case – be based on the opportunities, competencies and well being of individual citizens.

*Note: the names Marga Lammers and Peter Dijkstra are fictitious for reasons of privacy.*

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