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City in Sight

Dutch Dealings with Urban Change

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Cities in Sight, Inside Cities: An Introduction

Jan Willem Duyvendak, Frank Hendriks and
Mies van Niekerk

Dutch dealings with urban change

This book presents the results of the most recent research on urban topics in the Netherlands. Why would those results be of interest for a wider and also non-Dutch audience? We think for several reasons.

In the *first* place, the Netherlands' struggle with many urban problems might be instructive for the urban problems other countries face as well (or will have to confront in the near future). Huge transformations that have manifested themselves in the Netherlands affect many more countries. The Dutch economy has become one of the most open (and in times of economic crisis: most vulnerable) and service-oriented of the world. Moreover, the Dutch population has changed dramatically: with one million Muslims and about one million other migrants (out of sixteen million inhabitants), the Netherlands has *de facto* become an immigration society, like many other West-European countries experiencing similar changes in the past decades. Compared to the old settler societies (the US, Canada, and Australia), the new immigrant countries struggle with problems they had not run into before. Especially for these 'new' immigration societies, the Dutch case might present relevant insights, pointers as well as warnings.

That brings us to the *second* reason why a book on Dutch urban topics is pertinent at this particular moment in history. The Dutch political and societal crisis – that became so visible in the two political murders of Pim Fortuyn (in 2002) and Theo van Gogh (in 2004) – are to a large extent perceived as *urban* crises: it is especially in the big cities of the country that the enormous changes in the economy and in social life express themselves the most. Just as in many other European countries, social problems of disadvantaged neighborhoods have become top priorities for policy makers at all levels: the district, the city, the region, the national and even the EU level. The time when (supra)national governance distanced itself from direct intervention in highly local, neighborhood-specific urban issues is clearly over: some national politicians visit the cities so often now that they come to resemble part-time community workers!

Important to know in this context is that the new 'populist' political parties that gained strength in the early part of the new millennium, developed first in the local, especially urban realm. In 2002, Pim Fortuyn's 'Leefbaar Rotterdam' (Livable Rotterdam) became (the first time it participated in the elections!) the biggest party of that city. 'Leefbaar Rotterdam' was a link – a crucial one – in a chain of 'livable' parties developing in other cities as well ('Leefbaar Utrecht' and 'Leefbaar Hilversum' were important links in this chain earlier on). In order to better understand the national political crisis of the Netherlands – a country often praised for its tolerance and 'calmness' – we therefore have to look at the urban context. And vice versa, in order to understand what is happening at the urban level, we have to take broader political, social, and economic developments into account.

As many chapters in this book will show, there is more to this crisis than just a 'populist', right-wing backlash. And that is the *third* reason why we think it is appropriate, if not urgent, to publish a book on Dutch urban topics: many new *solutions* developed as answers to the problems that have come to the fore need to be documented and analyzed. With a bit of exaggeration, the Netherlands can be considered a *laboratory* for urban development. Though we don't claim Holland as an exceptional case, we do think that the crisis in the Netherlands is particularly profound. Whereas some foreign observers describe the recent developments as a one-dimensional turn of a formerly 'tolerant' country into its opposite, we claim that there is much more at stake. We would argue that what we see is rather the political crisis of a country that is trying to balance the cultural heritage of the 1960s and 1970s on the one hand – the Netherlands being one of the most progressive and secular countries of the world –, and the huge economic and demographic transformations in subsequent and current years on the other hand. This balancing act deserves full attention.

In the midst of all the social and political turmoil, the Netherlands Organization for Scientific Research (NWO) and the Knowledge Centre for Larger Towns and Cities (now Nicis Institute) decided that a coordinated research program regarding the Dutch 'urban condition' was urgent indeed. This program, the Urban Innovation Research Program (STIP)[1], was conducted between 2005 and summer 2009. The empirical data presented in this book is collected in the context of this STIP research program. The research is carried out by scholars of several Dutch universities – in a collaborative effort. As might become clear, the chapters are closely interrelated and often refer to each other in terms of results and insights. This is not a collection of individual studies, but a book resulting from an integrated effort to collectively better understand which urban changes have occurred and how the Dutch deal with these changes.

The STIP program was organized along a number of tracks, paying attention to interrelated topics such as: the social and the material in urban life, the city as social elevator, social safety, urban citizenship, organizing capacity, and co-production in urban governance. Cities are shaped by people, but people are also shaped by cities (cf. Hall, 1998, Scott, 2001, Le Galès, 2002). This fundamental notion underpins the present volume, but also the STIP program from which it follows. Not all of the many specific research projects within STIP could be presented within the inevitably limited pages of this book. However, most of the important issues are *represented* in the three parts of this book, which we have labeled urban transformations and local settings (Part I), urban citizenship and civic life (Part II), and urban governance and professional politics (Part III). In the following pages we will further introduce these parts.

Urban transformations and local settings

To fully grasp *la condition urbaine* in the Dutch context is not exactly an easy job. There are quite a few particularities that seem difficult to explain to a non-Dutch reader. Where else in the world do so many middle-class people live in subsidized social housing? Is there any other big city in the world where the percentage of privately-owned houses is as low as in Amsterdam (about 20%)? Is this vast social housing sector helpful to fight segregation? But why then does the Netherlands show relatively high levels of residential segregation or 'territorial sorting' as geographers would call it? In other words, the Dutch context is, to a certain extent, a peculiar one and some sensitivity to this is necessary.

In the first part of this book, studies are presented that deal with more general characterizations of and transformations in the urban realm; the focus is on the Netherlands, but the issues are wider-ranging. What are the most recent trends in the economy and the urban fabric of Dutch cities, especially in the largest, most international 'mainports' of the country: Amsterdam – the capital of the Netherlands – and Rotterdam – one of the world's biggest harbor cities and the epicenter of the 2002 political shockwave? What do we know about residential segregation? Do urban renewal programs and elaborate mixing programs help to de-segregate, or is this just another round of gentrification, eventually reinforcing segregating tendencies? In this volume, Van der Graaf and Veldboer discuss these and other questions concerning urban renewal processes. Musterd and Pinkster in their chapter, refer to closely-related issues, raising the question if and to what extent social problems are area-based. The answer to this question is all the more relevant, since much of the policy effort on social problems and

Box 1   *The urban landscape of the Netherlands at a glance*

The Netherlands is one of the most urbanized countries in the world. As much as 82 percent of the population (16.6 million inhabitants in total) lives in an environment that can be called urbanized. The urban landscape is polycentric in nature. There is not one paramount city that leaves all of the rest far behind in terms of size and capacity. The comparatively small country (41,528 square kilometers) is characterized by a relatively large number of not very big, but nevertheless quite substantial, and highly interconnected urban centers. With 760,000 inhabitants, Amsterdam is the biggest in the urban field of the Netherlands. It is not, however, in a league of its own like, for example, Paris or Mexico City are in their respective countries. Amsterdam is in a league with Rotterdam, The Hague and Utrecht and, together, these cities form part and parcel of the Randstad or 'Deltametropolis', the urban network in the Western part of the country. It is in a wider league of Dutch cities, many of which are also interlinked in urban networks. In many respects, differences between large urban centers, towns and countryside are not very substantial in the Netherlands.

In the framework of the Big Cities Policy, the four largest cities (G4) and 27 of the larger cities and towns are lumped together as the G31. They are commonly lumped together by policymakers because of their size, but also, and mainly, because of the concentration of urban challenges in these cities. One of the most hotly debated, highly urban challenges of today is related to immigration and 'multiculturalization'. Immigrants from non-western countries constitute more than ten percent of the total population in the Netherlands, but their presence is much higher in the large urban centers of the country. In major cities like Amsterdam and Rotterdam, non-western immigrants make up one third of the population. The second generation is growing rapidly and immigrant children form a large share of the urban youth. In Amsterdam and Rotterdam, half of the population aged 0-20 has a non-western immigrant background. But smaller cities may also have substantial immigrant populations, and towns like Venlo, Tilburg, Gouda and Ede have also witnessed inter-ethnic tensions, fuelled by 9/11 and its aftermath. Much of this tension and conflict focus on the role and position of the Islam in the urbanized west.

Dutch cities are institutionally embedded in a 'decentralized unitary state', consisting of twelve provinces and 441 municipalities. Urban politics is channeled by a dual system of a representative 'municipal council' on the one hand and an executive 'board of burgomaster and aldermen' on the other. Urban governance is traditionally and typically co-governance, both vertically – various tiers are involved in a system of multilevel governance – and horizontally – various governmental and (quasi)non-governmental organizations and actors have to work together to get somewhere.

Map 1   *The urban landscape of the Netherlands at a glance*

Urbanization Illustrated by Population Density

Legend

municipal border

population density

0 - 100   sq/km
101 - 1500   sq/km
1501 - 4000 sq/km
> 4000   sq/km

Source: Statistics Netherlands, 2008
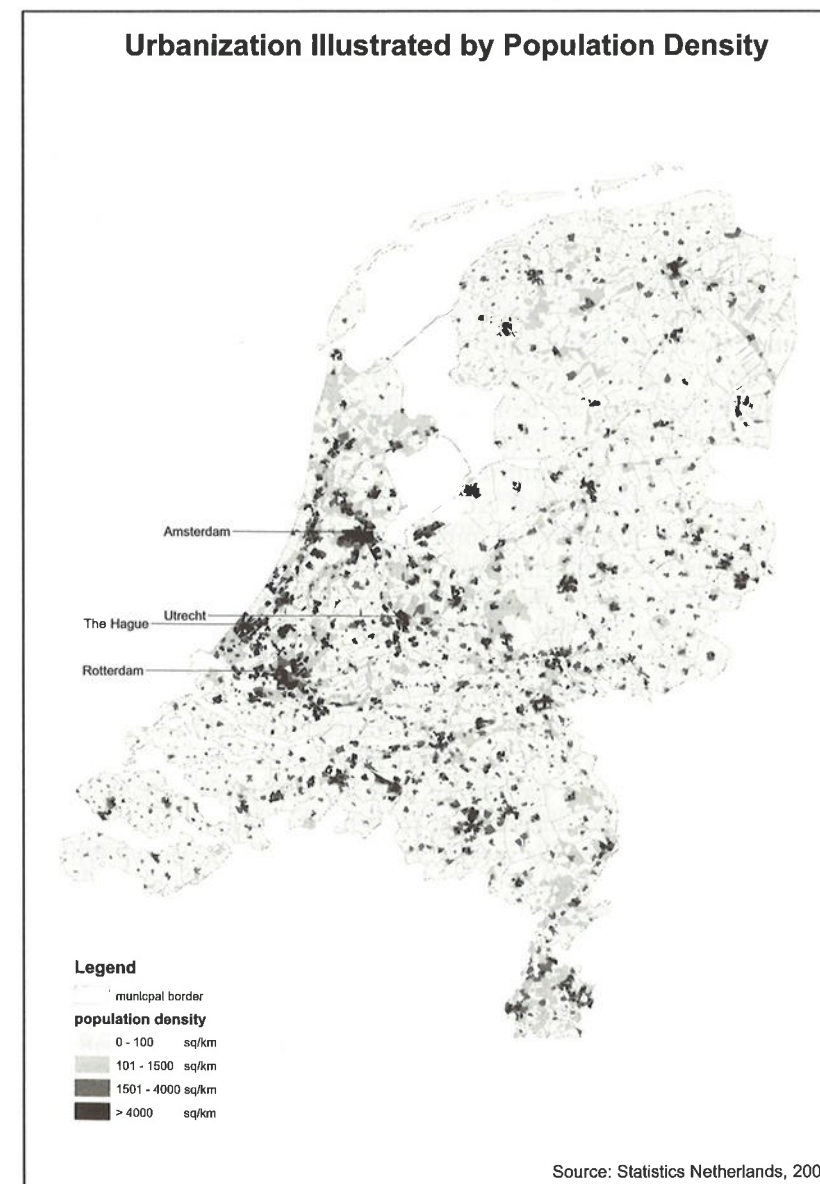
immigrant integration involves an integral neighborhood approach. Van der Waal and Burgers study the relative effects of both residential segregation and job opportunities on ethnic conflict. Interestingly, they question the effect of the immigrants' share in urban neighborhoods on interethnic relations.

In the first part of this volume, the reader will come across additional Dutch particularities, for instance the institutionalized, 'pillarized' way of dealing with cultural and religious differences in the past, which inevitably still colors debates on how to deal with religion in the Netherlands, nowadays, in particular, Islam. Many scholars and politicians alike not only claim that the Dutch have pursued multicultural policies in line with their pillarized past, but that it is precisely these policies that have caused the huge social problems Dutch society is struggling with today (Koopmans 2007; Sniderman and Hagendoorn 2007; Joppke 2004). By overstressing and overvaluing cultural differences, policy makers would have neglected the urgent need for newcomers to integrate into Dutch society. Though it can be questioned whether the Netherlands really has pursued hard-core multicultural policies for a long time (Duyvendak et al. 2009), reality is that recent, new policy measures are defined as a break with the alleged 'multicultural model' of the past. Formulas that could be associated with a 'consociational' version of 'multiculturalism' – the development of publicly-funded Islamic schools and broadcasting companies for migrants, for example – have undoubtedly come under pressure of critical scrutiny. This book is not so much a work of historians focusing on what has happened in the past in the Netherlands, but it does show how perceptions of the past strongly influence how actual problems are experienced and what kind of solutions become 'imaginable'.

Even though this (perception of) history gives a particular twist to current Dutch policies, there is more to these policies than just a path-dependent past. How could we otherwise claim that the Dutch case is a laboratory for what is happening in many countries? How could we otherwise understand *international* convergent developments in urban problems and practices, as several authors in this book show? What is the role of global economic transformations, of worldwide migration and resulting demographic changes, of 9/11 and 'the war on terror' on the *shared* perceptions of urban challenges at the start of the 21st century in many Western countries? Centrifugal, polarizing tendencies seem to develop in urban landscapes everywhere. French sociologist Jacques Donzelot (2008) even claims that whereas the twentieth century was the age of confrontation, ours is one of polarization and spatial segregation. There is, moreover, not only convergence in *definitions* of the problems regarding the urban state of affairs. In a 'global village' such as ours, governments, NGOs, housing corporations and develo-

pers alike, learn across cities, countries, and continents about *solutions* as well. The diffusion of innovative urban policies takes place at an ever increasing pace. A good example of 'international learning' is the way the Dutch 'Big Cities Policies' (developed in the 1990s) inspired the French *politique de la ville* and the German *Sozial Stadt* programs. Ideas and practices related to the furthering of 'active citizenship' and 'interactive governance' have traveled cross-border as well, as will be discussed later in Parts II and III of this volume.

This is not to claim that national particularities have all lost their pertinence, but the chapters in this book show that what happens in the Netherlands – both in terms of problem definition and conceived solutions – do speak to the problems and possible new urban practices in other cities, in other countries.

Let's give one more example that shows both a certain particularity of the Netherlands and its common features with other countries that facilitate international comparisons. Several chapters in this book deal, in one way or another, with questions of 'culture' and 'ethnicity', mirroring dominant problem definitions in the Netherlands. Vermeulen and Plaggenborg, in Part III, explicitly refer to this problem definition. Though the degree to which urban problems are (assumed to be) 'ethnic' will vary across Western countries, and though the exact classifications and categorizations will diverge across boundaries, in other Western European countries 'culturalization' of social problems took place in the past decade as it did in the Netherlands. Even in an alleged 'color'- and 'culture'-blind country as France, culture and cultural differences are at the heart of urban policies (Bertossi and Duyvendak 2009). In the Netherlands, like elsewhere in Europe, this 'culturalization' often takes the form of 'islamization'. Current debates on the integration of immigrants mostly focus on Turks and Moroccans and other Islamic groups. Other immigrant groups, like post-colonial immigrants from the Caribbean, are far less in the spotlight. To be sure, this is also related to their respective socioeconomic positions – the postcolonial immigrants, on average, ranking higher in the socioeconomic hierarchy than the Turks and Moroccans (cf. Van Amersfoort and Van Niekerk 2006). Nevertheless, much of the public debate on immigrant integration focuses not so much on color as on religion, and questions the possibility that Muslim immigrants will ever integrate into Dutch society. This affects the public image of these immigrants and is, in itself, a factor in processes of radicalization among some Muslims (Buys et al 2006; Slootman and Tillie 2006).

The negative imaging and the polarizing trends are mirrored in several of the contributions to this volume, especially the ones that present research conducted in the city of Rotterdam. Van Liempt and Veldboer, for example, show how the local urban regime in this city ham-

pered the development of multi-ethnic neighborhoods into sites of multicultural leisure and consumption. And Van Bochove, Rušinović and Engbersen, in their chapter on middle-class immigrants in Rotterdam, start their analysis with the increasingly dominant political discourse on the supposed incompatibility of dual citizenship and full integration into the receiving society.

Urban citizenship and civic life

Cities are shaped by people, but people are also shaped by cities: this is what the chapters in the opening part of the book show, and this is what the chapters in the next part of the book continue to pick up on – albeit in a somewhat different fashion, zooming in on the ways in which citizens operate in civic life. Referring back to the STIP program: the city might be conceptualized as a 'social elevator', but the city does not always help to lift up the spirit in civic life.

The Dutch political crisis is often depicted as a 'revolt of citizens' against the dominant elite that had alienated itself from reality, especially the *urban* reality with its many urgent problems (Wansink 2004; Buruma 2004). Particularly widespread is the idea that a wide gap has grown between citizenry and politicians. Whether this is true or not, the fact is that in the past years an unstoppable stream of politicians started to visit disadvantaged neighborhoods, claiming to bridge the gap with ordinary people by listening to their daily concerns. It is interesting to note that each politician came out of these visits with quite different stories, all resembling their own political preferences.

Paradoxically, this attention to the problems *of* citizens is often and quickly translated into problems caused *by* citizens and tasks *for* citizens. Though politicians as modern flagellants don't stop to blame themselves for mistakes in the past, citizens get burdened with many new tasks in order to help create a better and brighter urban future. They have to become 'active citizens' who take up responsibility for their neighborhoods, for their neighbors, and for themselves. If they don't do so – or are expected not to take up these new responsibilities voluntarily – they might be forced: social professionals are given much room to intervene in families and households. These interventions most often concern a minority of the population – though sometimes vast parts of the population in delineated neighborhoods are target groups for these intense social programs. In practice, these programs are to a considerable extent, albeit indirectly, focused on ethnic or other minorities that are not as 'integrated' and active as policy makers want them to be. Particularly at the local level, many programs and projects are developed to stimulate the 'civility' (Uitermark and Duyvendak

2008) of its citizens and their active participation. Interestingly, these programs vary across cities, and the Rotterdam case, in particular – with the most interventionist programs – gets the attention it deserves.

Whereas, from fear of 'uncivilized' behavior of an ethnic underclass, tough measures are taken regarding that specific group, policy makers are more ambivalent, if not paradoxical, in their evaluation of the behavior of the majority population. On the one hand, politicians praise those emancipated citizens who are not dependent on strong communities (or the welfare state) but live their own autonomous lives. On the other hand, there is great concern that, due to all the very emancipated and assertive citizens, social cohesion has evaporated, social isolation increased, voluntary work declined and that citizens only want to deal with their own, individual problems, driven by private interest. This latter, rather gloomy picture informs a lot of policies to stimulate all Dutch citizens to become more socially active, to care for family, friends, and neighbors, and to not 'hunker down' (Putnam 2007) in heterogeneous, multicultural neighborhoods.

Research carried out in these fields is often rather critical regarding the empirical basis of those opinions voiced in public and political debates that claim a linear decline in civic engagement. Most research shows a transformation of the type of commitment and engagement by citizens instead of a simple decrease. In this respect, the development of 'communities light' (Duyvendak and Hurenkamp 2004) is proof, for some, of the resilience of modern citizenship, whereas others consider this as proof of the incompetence of modern citizens to really relate to others, particularly to people with another social, cultural, and political background. The claim being that, given their homogeneity and their elective character, 'communities light' perhaps contribute more to the persistence of social cleavages and anomie than to anything else.

Hurenkamp, in his chapter, discusses the 'communities light' as mentioned above. Van de Wijdeven and Hendriks, in their chapter, show that there are 'real-life expressions of vital citizenship' that evolve irrespective of gloomy reports on declining civic virtues as well as conscious government policies to 'civilize' citizens. Participation-inducing policies and real-life expressions of citizenship co-evolve, without the former steering the latter in a unidirectional way. Verplanke and Duyvendak dig deeper into a particular policy field – community care for people with psychiatric or intellectual disabilities – in which policymakers radically transformed the lives of the groups involved by pushing them out of the institutions into 'normal' neighborhoods, living 'normal' lives as regular citizens. Van den Berg, in her chapter, turns the spotlight on the social networks that Moroccan migrant women weave through what is commonly called gossip. Van Bochove, Rušino-

vić and Engbersen show how middle-class migrants in Rotterdam – a step ' higher' in the social stratification than most of the Moroccan women that Van den Berg interviewed – have developed their own ways of dealing with local and transnational aspects of citizenship.

Urban governance and professional politics

The Dutch are well-known for their elaborate planning systems and have witnessed a rich history of rather interventionist urban policies. Building on the discussions in Part II about 'active citizenship', in this part we analyze what changes occurred in the governance of the urban field in the Netherlands, and how professionals positioned themselves in the changing environment. In the new configuration, not only organized citizens play their role, but also the practitioners and officials representing semi-privatized housing associations, urban developers, community workers and other social professions. The latter are traditionally quite numerous as well as visible in the Dutch urban setting.

The debate on professionalism in the Netherlands shows the same conjuncture as in many other countries. The low-tide of professional appreciation of the 1980s and 1990s, has recently reversed into high-tide: there is broad consensus now that professionals are needed to guide urban renewal processes, to 'civilize' the young and the poor, to activate the unemployed, to 'empower' the relatively powerless, to animate the lonely, et cetera. This new wave of professionalism (Freidson 2004) is meant to support citizens in urban neighborhoods to further develop their own skills. The zero-sum conceptualization of the earlier days, claiming that professionals crowd out active citizens and therefore suffocate civil society, has been replaced by a win-win idea: professionals can activate citizens, who – in close cooperation with social professionals – help to implement all kinds of social programs aiming at the reinforcement of social cohesion in heterogeneous urban neighborhoods.

This demands quite a balancing act from the professionals involved. They have to deal with politicians who desperately need their urban programs to succeed. It is precisely in this highly politicized field of urban problems that professionals have to perform. Moreover, they have to deal with citizens who either have become more vocal and assertive (Tonkens 2003), or more difficult to 'grasp' since they have withdrawn from public life and try to effectively escape from professional interventions.

For urban governance at large the metaphor of a balancing act is quite appropriate as well. The association of urban governance with 'municipal government' – plain and simple – is further removed than ever. Various types of governance come together in present-day urban

governance: public as well as private, 'governmental', 'non-governmental' and ' quasi non-governmental', local, sublocal as well as supralocal. Actors and organizations engaged in urban governance focus increasingly on the sublocal, including the neighborhood issues that Dekker, Torenvlied and Völker analyze in their chapter. But they focus just as strongly on the 'supralocal', including the metropolitan and urban-regional issues that Janssen-Jansen and Salet elaborate on in their contribution (cf. Capello 2000; Kreukels et al. 2002; Barlow 2004). The chapter by Dekker et al., together with the one by Janssen-Jansen and Salet, nicely illustrate the simultaneous upward and downward shifts in urban governance in the Netherlands; urban policymakers find themselves right in the middle, attempting to cope with both (Hendriks and Tops 2000; Hendriks 2006a).

Moreover, there are simultaneous shifts to internal governance – the preoccupation with 'new public management' in its various generations is not over yet – and external governance – the focus on 'interactive', 'participative', 'public-private', 'co-productive' governance continues to be strong – to be dealt with. No wonder that urban policymakers often ponder and sometimes complain bitterly about the complexities of urban governance. In the 1990s, complaints were often formulated in terms of institutional 'viscosity' (stroperigheid); in more recent years the concerns tend to be voiced in terms of 'administrative hubbub' (bestuurlijke drukte), but the underlying phenomenon is very much the same. 'Governance' is a buzzword with a positive connotation – different actors and organizations working together, keeping each other in check and in shape. However, the flipside – a host of actors and organizations involved, a multitude of veto points and a high level of complexity – cannot be ignored, certainly not in the urban setting. The two sides are closely related, they are inevitable, part and parcel of (post)modern urban governance (Hendriks 1999; Hendriks et al. 2005).

The chapters by Tops and Hartman, and by Vermeulen and Plaggenborg, show that professionals working in the 'frontline' of public administration – those who deal directly with involved citizens – develop their own ways of dealing with the complexities of urban life. Practitioners working with immigrant youth tend to prefer what works in the real world of urban neighborhoods, relatively independent of what 'is done' in the ideal world of abstract policy precepts, as Vermeulen and Plaggenborg suggest. Tops and Hartman show that effective frontline professionals are well-versed in the relevant policy precepts and programs, but are first of all able to 'read', understand and feel their way through the real world in which they have to deal with real people with real concerns. It is not that they detach themselves completely from the complexities of the institutional logic – they cannot and they

should not if they want to retain the necessary support and resources – it is more that they deal with it selectively and often strategically, putting the situational logic up front.

The four chapters in the final part of the book follow from the research tracks on 'coproduction' and 'organizing capacity', rightly emphasized as important topics in the wider STIP program. For, in contemporary urban fields and quarters, organizing capacity cannot and should not be taken for granted, while urban government cannot and should not be seen as the prime mover in urban governance. Governance, to distinguish from government, is a multi-perspective endeavor. A narrow, statist approach does not befit present-day urban governance, let alone urban studies.

Urban studies: seeing more like a scholar, less like a state

The fact that many chapters in this book deal with policy programs might surprise those non-Dutch readers who come from less state-interventionist countries. The policy-orientation of urban studies in the Netherlands is related to the actual situation: Dutch policymakers play an important role in urban developments, or at least they have the ambition to do so. Hence, those of us who professionally carry out research regarding urban problems in the Netherlands cannot avoid a focus on policy issues. At the same time, we have to be aware of an overly narrow 'statist' perspective on urban problems. 'Seeing like a state' (Scott 1998) is not the best perspective for urban scholars to apply and it does not help to produce new, common-sense challenging, knowledge regarding urban questions. 'Seeing like a scholar' – an engaged, connected, but still independent, and if necessary critical scholar – would be more appropriate, and in the end more productive.

Authors contributing to this volume have tried to work in this vein, and they have been able to do so in a context of a national science foundation (NWO) and a knowledge center for cities (Nicis Institute) agreeing on a wide-ranging research program that puts urban questions firmly on the agenda but gives researchers ample room to be engaged in independent urban research of various types, reflecting different research disciplines, methods and traditions. The variety is reflected in this volume. We hope that this book will be read in this independence- and variety-favoring spirit and that it will contribute not only to a better understanding of our urban problems but also to sane solutions, especially needed in the difficult times that we currently face.

In order to put the Dutch perspectives on urban issues in proper perspective, we have invited John Mollenkopf to reflect on the contribu-

tions to this volume. He is director of the Center for Urban Research and a professor of political science and sociology at the Graduate Center of the City University of New York. But above all, he is the relative outsider who is capable of looking at the Netherlands in a detached way. Coming from the United States, but very much familiar with the Netherlands, he is the expert par excellence to put the Dutch situation into an international comparative perspective. That is why we are very pleased that he accepted our invitation to conclude this volume with a commentary chapter.

Note

1   The Urban Innovation Research Program (Stedelijk Innovatieprogramma) was co-financed by the Ministry of the Interior and Kingdom Relations, the Ministry of Health, Welfare and Sport, and the Ministry of Housing, Spatial Planning and the Environment.

If anything can kick-start contemporary, resilient citizenship practices, it is a structure of institutional and cultural possibilities. When looking for ways to reconstruct community ('a new we') under these circumstances, think of local services providing small budgets and organizational advice to (potential) active citizens without asking larger administrative acts in return. Think of training 'new' active citizens instead of complaining about the vested active citizens and their well-known repertoire. Think of the administrative institutions and vested civil society organizations professionalizing in the art of dealing with citizens – not just 'listening' but also 'talking back', not just receiving a letter or organizing a hearing, but actually relating to its content and outcomes.

8 'Control over the Remote Control', or How to Handle the 'Normal' World?
The Policy and Practice of Community Care for People with Psychiatric or Intellectual Disabilities

Loes Verplanke and Jan Willem Duyvendak

Introduction

The past 25 years have witnessed a policy of deinstitutionalization for psychiatric patients and people with intellectual disabilities, both in the Netherlands and abroad. No longer banished to institutions in the countryside, the policy posits that it would be better for these people to once again be a part of society, to live in ordinary neighborhoods in towns and villages. While there would be additional support for these individuals, the idea was that they would live in their own houses (instead of institutions) as independently and autonomously as possible. Since the late 1990s, this policy has broadly been referred to as community care (Means & Smith 1998).

This chapter draws on the research project 'Living in the Community? Community Care for Psychiatric Patients and People with Intellectual disabilities'.[1] This project examines the effects of the policy of community care in urban renewal areas where many psychiatric patients and people with intellectual disabilities end up living (social housing, which these groups often depend on, is available in these neighborhoods). The focus lies in how psychiatric patients and people with intellectual disabilities living independently in these neighborhoods experience their new 'homes'. Next to archival and literature research, we conducted extended interviews with around 100 people with different psychiatric or intellectual disabilities.[2] The research took place in neighborhoods in three cities: Zwolle, Hilversum and Amsterdam – a mixture of smaller and larger towns in more metropolitan and rural surroundings.

After reviewing the criticisms of institutionalization, this chapter examines whether, and to what extent, the policy of deinstitutionalization has led to a sense of belonging in the neighborhood among psychiatric patients and people with intellectual disabilities. Why do we focus on

'belonging'? What does 'belonging' have to do with the quality of life of people with psychiatric problems or intellectual disabilities in poor, deteriorated neighborhoods? Quite a lot, as it turns out. In the Netherlands in the 1970s, the main criticism of housing these individuals in institutions focused on their alienation and exclusion from society. As a result, *living* outside institutions became the dominant aim. Deinstitutionalization in the Netherlands was seen primarily as an alternative means of housing these people – as a matter of accommodation. If housing conditions were improved, it was thought, other aspects of integration would follow automatically (Duyvendak 1999; Tonkens 1999). It was further assumed that having one's own house would mean being part of a local community. Whereas the institution had been criticized for separating and alienating people with handicaps from others, having one's own place in a regular neighborhood implied integration and 'feeling at home' while living together with others. If psychiatric patients or people with intellectual disabilities were to be included in society, they needed to 'come home' to an ordinary residential neighborhood.

But did this really happen? Our respondents' experiences show how difficult it is to feel at home in 'normal' neighborhoods.

Institutionalization criticized

Prior to the 1970s, psychiatric patients and people with intellectual disabilities were viewed as patients in need of continuous nursing and tucked away in countryside institutions. At the time, the therapeutic ideal prescribed that the best place to care for them was in large institutions far from their former daily environment. Patients could be cared for and supervised 24 hours a day; they would find peace and quiet, ample space and a well-regulated life.

In the 1970s, patient organizations as well as professionals and academics began to criticize this 'medical regime', asserting that remote institutions only served to isolate people from 'normal' communities. These institutions were not only deemed discriminatory; they failed to make people less ill or disturbed. *Asylums: Essays on the social situation of mental patients and other inmates* (1961), the iconic work by the American sociologist Erving Goffman, was a source of inspiration for the critics of institutionalization. Goffman compared psychiatric hospitals to other 'total institutions' such as prisons, barracks, convents and even concentration camps. Their 'total' nature was embodied in barriers such as locked doors, high walls, electric fences, water and woodland that precluded contact with the outside world. For Goffman, another feature of the total institution was that work, sleep and leisure were

group events – in the same location, regulated by a strict schedule, and under the same bureaucratic regime. The worst feature of the asylum was that the inmate's 'self is systematically, if often unintentionally, mortified' (Goffman 1961: 15). Goffman and other influential critics, including the psychiatrists Laing and Szasz, stated that it was not so much institutionalized inmates who were ill or mad, as society itself. Society made people ill. Society had to be made healthy again, and psychiatric patients and people with intellectual disabilities could play a role here. Their presence in society would confront 'normal' people with the vulnerable aspects of their own existence and make society more friendly and humane. Society could heal these mental and psychiatric patients if society itself was prepared to be healed by them (Tonkens 1999).

The work of the Swedish social scientist Nirjé was prominent in the field of caring for people with intellectual disabilities. Nirjé was one of the first to argue that people with intellectual disabilities should lead a 'normal life': 'The normalization principle means making available to all mentally retarded people patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life of society' (Nirjé 1982). Nirjé emphasized the importance of making living conditions for people with intellectual disabilities as normal as possible; he didn't mean that they had to behave as normally as possible. In his eyes, integration – participating in education, housing, work and having social contacts in society – was the road to normalization. In the Netherlands these concepts were expressed in the policy of Nieuw Dennendal, an institution for people with intellectual disabilities. In the 1970s this institution was famous for its progressive approach towards caring for its clients. The central concept in this approach was the spontaneous development of the self: everyone – including clients – was free to discover and unfold their own talents and possibilities. Society merely had the task of supporting this (Tonkens 1999). The late 1970s postulated a new ideal that not only tolerated deviant behavior, but even stated it was a healthy reaction to a sick society (Duyvendak 1999). It was therefore also in the interests of society that psychiatric patients or people with intellectual disabilities were part of it.

The era of deinstitutionalization

The reaction of policy-makers to this criticism was surprisingly responsive: they introduced a policy of deinstitutionalization, offering extramural support and treatment for patients who needed long-term care but who no longer lived in residential institutions (Kwekkeboom 2004). Several Western countries (the USA, the UK, Italy and the

Scandinavian countries) closed down many psychiatric hospitals and institutions for people with intellectual disabilities, replacing them with small facilities in ordinary communities providing local extramural care. Norway and Sweden introduced legislation that entitled anyone with any kind of disability to live in a house in an ordinary neighborhood; in fact patients had no choice as these countries no longer maintained residential institutions. In the Netherlands, policy-makers interpreted the criticism of institutions mainly as one of scale and type of housing: the size and impersonal nature of the institutions became a thing of the past as 'small' became the maxim of the 1980s and 1990s. Small-scale sheltered living units were established, first in the grounds of institutions, and later, beyond the institutions' confines in residential neighborhoods in towns and villages (Welshman 2006; Means & Smith 1998; Overkamp 2000).

The 1984 'New Memorandum on the Mental Health Service' explicitly stated that the closed, large-scale approach to institutional mental healthcare was to be replaced by a care system 'in which the client can be helped close to his home, maintaining his social contacts as far as possible' (Parliamentary Papers 1983/1984: 53). The number of beds in psychiatric institutions was to be reduced; some of the released funds were to be spent on extramural care for these patients in the form of ambulatory care and sheltered living schemes. While these policy changes were a response to criticism, they were also prompted by the need to restrain mental healthcare expenditure.

Other Dutch policy documents in the 1990s expanded on the theme of deinstitutionalization. The maxim of the memorandum 'In the Community: Mental Health and Mental Healthcare in a Social Perspective' was 'mental healthcare (back) in the community where possible' (Parliamentary Papers 1992/1993: 76). A 'community based concept of care' was central to this approach (p.20), to be achieved by mental healthcare services cooperating at the local level with social services, homeless centers, legal services, and employment and social rehabilitation projects.

In the Netherlands, care policies for people with intellectual disabilities evolved in a similar fashion. The new policy was captured in the memorandum 'Beyond Limitations: Multi-year Program Intersectorial Policy on Care for the Handicapped 1995-1998' (Ministerie van VWS 1995) which stated: 'First and foremost, the disabled must be given more freedom to make their own choices about how they lead their lives' (p.16). 'Living in an ordinary house in an ordinary neighborhood' (p.43) became the guiding principle. Once again – as was the case with the mental health service – the need to curb expenditure was an additional argument in favor of deinstitutionalization.

However, policy documents from the late 1990s (Parliamentary Papers 1996/1997, 1998/1999) indicate that the switch to community care did not develop according to plan. Although supporting and normalizing the position of psychiatric patients and people with intellectual disabilities remained the aim, there were, for the first time, indications that the process of deinstitutionalization was not fulfilling its goals. According to the Minister of Public Health, Welfare and Sport, there were signs that community care was negatively influencing the quality of life of those handicapped people who had begun living on their own. The minister also observed that care institutions were still not investing enough in extramural help and support, and that cooperation with local partners was unsatisfactory. Reducing levels of institutional care could only be justified if it was replaced by social support functions in the community. 'Experience in other countries has demonstrated that without this support, the move to mental healthcare in the community can lead to the exclusion, decline and increasing isolation of patients' (Parliamentary Papers 1996/1997: 10).

Although politicians maintained certain reservations about the effects of community care, they only strengthened their policy that people with handicaps should not rely on services and amenities for their specific disabilities, but should – where possible – use those available to the general public. In 2007 this policy was explicitly formulated in a new law on social support (*Wet op de maatschappelijke ondersteuning* or Wmo), the central concept of which was 'participation'. Everyone was supposed to participate in society; those who for whatever reason were unable to participate on their own were entitled to the support of their social networks, neighbors, volunteers, and in the last resort, professionals. The new law applied to psychiatric patients and people with intellectual disabilities as well. However, being a part of the 'normal' community for these groups entailed a great deal of special help and support. The question thus became even more poignant: are all neighbors and neighborhoods willing and able to provide this help?

Having your own place

As already mentioned, we interviewed about 100 people with psychiatric or intellectual disabilities living on their own in 'normal' neighborhoods. Most of the interviewed psychiatric patients had spent considerable periods of their lives in psychiatric hospitals. Of the respondents with intellectual disabilities, half had previously lived in institutions run by professionals; the others had lived with their parents. Respondents all stated that they had chosen to live on their own. None felt obliged or forced by relatives or professionals to choose this option. Most

received a house in the town where they had grown up. About half had a lease contract in their own name; others leased via the care organization that supported them. Respondents had no explicit expectations about how it would be to live in their own place, nor any definite expectations about the atmosphere of their new neighborhoods, e.g. whether they would feel welcome or if their neighbors would help them settle in.

The urban renewal neighborhoods in this research project were: Holtenbroek in Zwolle; Noord and Liebergen in Hilversum; and De Banne and Vogelbuurt/IJplein in Amsterdam Noord. These neighborhoods were all built in the decades after World War II. In those years, the need for housing was very urgent. Due to the war, there wasn't much money, which resulted in rather cheap uniform social housing. The first residents were native-born families. In the 1980s, little by little most of them moved to suburban housing because of the bad quality of their apartments. Less prosperous immigrant families took their places. In the 1990s, many of these post-war urban neighborhoods declined: vacancy, pollution, burglary and vandalism flourished. As a response, policy makers decided to demolish and reconstruct the blocks of flats. This nowadays happens in all post-war urban neighborhoods with social housing projects in the Netherlands (Duyvendak 2002).

What do we know about the 'landing' of these groups in urban renewal neighborhoods? First of all, and to our surprise, most respondents were unaware that they lived in an urban renewal area. It was clearly not an issue for them (later we will see why). Second, respondents unanimously appreciated having their own houses where they could do what they wanted. They mentioned advantages such as not being constantly disturbed by others, being in control of what and when they eat, their bedtimes, pets in the house, having more autonomy, etc.: 'Finally I am in control over the remote control'. No one wanted to return to their former living situation.

> Once you are free in your own house, that's really terrific. It's just positive. Even when the weather is bad, it still seems as if the sun is shining. That's my feeling here (man with intellectual disabilities, 30, Hilversum Liebergen).

> I decided that it was enough with all those non-stop intakes in hospital. I really wanted to have a life in a place of my own. And here I am now: I am really calmer now that I am not continuously in and out of the institution and don't have to live in a group anymore. I have the tendency to adjust myself always to other people around me and I'm happy now that it's not neces-

sary anymore (woman, 45, psychiatric patient, Zwolle Holtenbroek).

> I'm happy with this place. Above all I appreciate it to have a toilet for myself. I have many troubles with diarrhea and here I can sit as long as I want on the toilet. There's no one knocking at the door that I have to hurry up (woman, 41, psychiatric patient, Amsterdam Noord).

> For many years I lived in institutions with a lot of people constantly around me. But it is no good for me to be with so many people all the time, because my head becomes too busy then. Maybe I get mad one day. That's why I have asked for a home of my own. And finally that worked out fine, because now I live here on my own and I like that very much (man with intellectual disabilities, 33, Hilversum Noord).

> I want to have a normal life, I don't want to be constantly in a group with non-stop supervision. Now I have a place of my own with a lease contract with my name on it. And I have two parrots here! (man, 48, psychiatric patient, Amsterdam Noord).

Other research (e.g. Kwekkeboom 2006 and 2008; Overkamp 2000) has also concluded that most individuals with psychiatric problems or intellectual disabilities prefer to have their own accommodation, due to the privacy and autonomy this allows. In this respect, the quality of their lives has substantially improved.

Social contact

In general, the interviewees have very little, if any, contact with neighbors or other locals in their new neighborhoods. Most did not introduce themselves to their neighbors after they moved in; nor did supporting professionals suggest they do so. Only one respondent, a 60-year-old man with psychiatric problems in Zwolle, explicitly told us about his attempt to make contact with his neighbors:

> Shortly after I moved in I called on the neighbors around ten in the evening. I said I'd just wanted to pop in for a drink, but they said: 'Sorry, it's far too late, not now'. Next day those neighbors complained to the care institution that I was a nuisance. So my contact with the neighbors was not much of a success.

Contact with neighbors was usually limited to saying hello, and, at best, to brief chats on the street. There was very little contact, such as occasionally drinking a cup of coffee together or helping each other with small tasks. Some interviewees mentioned unpleasant experiences with neighbors. A 31-year-old woman with intellectual disabilities, living in Hilversum Noord, told us that not long after her move she found bits of food on her doormat that had been stuffed through the letterbox. This happened at least five times. She was quite sure that it was one of her surrounding, mostly elderly neighbors who did this.

Interviewees' indoor visitors are mainly relatives and personal caretakers, who are particularly crucial for people with few family contacts. Respondents looked forward to their daily or weekly visits when they could talk about what was going on in their lives and what was bothering them. In these cases the caretaker was often called 'the most important person in my life'.

Respondents' outdoor contact was generally limited to people in the same position as themselves. They met each other at work (most often for people with handicaps), in the activity center (most often for people with the same handicap) or at the meeting place of the care organization. For many interviewees the latter functioned as a living room, a place to easily chat with others.

Few respondents had friendly contacts with 'normal' people. It is our impression that most felt more comfortable in the company of their peers. Several interviewees mentioned feelings like shyness, uncertainty and even fear when asked about friendly contacts with 'normal' people:

> I feel more secure when I am with people like myself. Everywhere else I don't feel at ease. People look at you as if they think: What is he doing here? (man with intellectual disabilities, 30, Hilversum Liebergen).

> Most normal people think you're not right in the head, so they don't want to have anything to do with you. I suppose that is discrimination. Or maybe not discrimination, but prejudice. Or even fear, maybe they're just scared (woman, 48, psychiatric patient, Zwolle Holtenbroek).

> Look here, I'm someone with slight intellectual disabilities. I can stand up for myself, but you're never sure if normal people make a fool of you (woman with intellectual disabilities, 39, Amsterdam Noord).

The same fears of not being able to keep up with 'normal' people, and of being nagged or stigmatized, means most interviewees don't visit the community center or make use of other public activities in their neighborhoods.

> Two or three times I visited the community center here, but I didn't feel happy there. There's more distance and coolness than in the DAC (activity center for people with psychiatric problems). Everyone comes there, maybe even your neighbors, you never know. That's a real threshold for me. That's why I prefer to go to the DAC. There I feel at home and there I'm not the only one who is seen as mad, because there are others who have also experienced a psychosis (woman, 52, psychiatric patient, Hilversum Liebergen).

Although respondents' social networks were generally small, this did not necessarily mean that they were dissatisfied with them. About 65 percent of interviewees thought their networks were large enough. This applied mainly to those who still lived in the neighborhood or part of town where they grew up, with nearby relatives frequently dropping in to help with small tasks. Some respondents even mentioned incidental contacts with one or more former classmates. The subgroup of respondents satisfied with their social networks also included individuals who hardly see anyone, mainly people with psychiatric problems. This 44-year-old woman from Hilversum Noord was typical:

> I live here quietly; the heath is nearby. I like it here, the trees too. Because of my psychiatric problems I'm not allowed to work. My days have a simple structure: in the morning I take out my dog, make some coffee and after that I watch TV with a cigarette. Well, at those moments I sit really princely in my chair. In the afternoon I take a nap and after that I take the dog out again. And in the evening I go with the dog for the third time. I don't cook anymore, I don't like it. I just eat bread every day.
> My family is far away; only my mother lives nearby. She is already 90 years old. Every Saturday evening we visit each other; one week I go to her place, the other week she comes to me. Once in two weeks someone from the care organization comes along.
> I barely go outdoors, only for the shopping and with the dog. When I take the dog out I often see a man with another dog. We have a short chat now and then. Apart from my mother, the caretaker and the man with the dog, I don't see other people.

I'm a bit like a hermit, but that's what I want. Sometimes I feel lonely, then I listen to a nice CD and that helps a bit.

I'm just not someone who gets really involved in things. A few years ago I tried fitness and I also had a buddy, but I can't commit myself. After a while I just want to be at home: in my chair, with my dog and a cigarette. Then I'm fine.

Most respondents belonging to the 35 percent who were dissatisfied with their social networks lived in environments that were relatively new to them, without family or former acquaintances in the neighborhood. They long for more contacts but are simply unable to make or maintain them. For these people, personal caretakers are crucial. The story of a 46-year-old man with intellectual disabilities living in Hilversum is illustrative; he told us he never had visitors apart from his caretaker and mother. This was why he was willing to be interviewed – he would have a visitor! He often felt lonely; each time he did he would count to ten and back several times, which helped him calm down. Though he is pleased with his own home and independence, he misses a 'friendly, sociable atmosphere' in his neighborhood. When asked if he had ever initiated a conversation with anyone, he replied that he would be unlikely to do so again because his immediate neighbors – mainly older people – gossip about him.

Next to these differences in personal experiences, differences in respondents' problems play a role. People with intellectual disabilities tend more often than people with psychiatric disorders to have structured daily routines they are happy with: four or five days a week they go to the sheltered employment service or to other day-care centers in the neighborhood, where they can meet with their peers. Psychiatric patients generally find it more difficult to stick to a structured daily or weekly routine. The very nature of their disorder means they tend to be more emotionally unstable; they may suffer mood swings or feel inactive due to medication, making it difficult to maintain social contacts. One respondent expressed the condition convincingly. When asked if she would like to get to know more people in the neighborhood, she replied:

No, not at the moment. It's my head – having to cope with lots of different people is very, very tiring. It's not that I don't like it, it's just that I find things really difficult. My head makes me feel like a stranger in my own body, so I don't really feel at ease anywhere. Not even in my own home. I can't get to the real me, can you understand that? Things wouldn't be okay for me even if I lived in heaven, simply because it's a feeling I have inside me (woman with psychiatric problems, 37, Amsterdam Noord).

Feeling at home

We asked all respondents where and to what extent they felt at home, and whether they felt a sense of belonging to their new neighborhoods. Many immediately began to point around them, indicating they felt at home within their own houses. An important reason for this strong feeling of homeliness in one's house has to do with the fact that most rediscovered a place for themselves, free of disturbances, after having lived in groups for many years in different types of institutions.

As for the neighborhood, most interviewees did not mention definite feelings of attachment. For the reasons outlined above, the neighborhood for most of them has no meaning whatsoever. They do not know their neighbors and do not participate in the life of the neighborhood. Only in cases where they were born and raised in this (part of) the city do respondents mention an attachment to their environment that resembles a sense of belonging. Especially in Amsterdam Noord, separated from the rest of the city by the river IJ, there exist rather strong feelings of being a 'Noorderling'. Several respondents from Noord said they didn't care very much in which neighborhood they lived, so long as it was in Noord:

For me Amsterdam Noord is anyhow the best place to be. Everything is nearby, I like that. And there's silence and the housing. I can do my shopping here, take a walk, sit on a bench somewhere. I hope that I can stay here the rest of my life. But you never know of course; suddenly they can say that you have to go elsewhere (woman with psychiatric problems, 48, Amsterdam Noord).

Sociological research has shown that people attach a wide range of meanings to what it is to feel at home somewhere (Cuba & Hummon 1993; Low & Altman 1992). Some people mainly associate the feeling with safety, security, comfort, domesticity and intimacy; others with autonomy, freedom, independence and the ability to be oneself. Some see it as being 'among the same kind of people', while yet others see it as familiarity with people and things, with routine and predictability (Easthope 2004; Mallett 2004; Manzo 2003; Morley 2001). Whereas policy-makers tend to privilege the second interpretation – freedom and autonomy – many psychiatric patients or people with intellectual disabilities mostly experience a feeling of belonging when they feel safe and secure, when they are with people like themselves, and when they are in familiar surroundings. It is this last aspect they have difficulty achieving, as they do not manage to establish meaningful contacts with neighbors and other locals.

Conclusion

The majority of the psychiatric patients and people with intellectual disabilities we interviewed tend to live as solitary individuals in their communities (or on little islands in the case of clustered accommodation). They are happy with their autonomy. They feel at home in their houses. However, where these houses are located has limited relevance because there is almost no contact with other locals. This, then, explains the riddle of people with disabilities not being aware of urban renewal projects: as they don't participate in the lives of their neighborhoods, they don't know what is happening in them. To put it bluntly, their neighbors don't care for them and they don't care for the neighborhood. The outside world penetrates their houses almost exclusively via television, for here they can control the remote control – the outside world at a distance. What these vulnerable individuals are lacking are the tools to handle their social proximity.

In retrospect it is rather surprising that in the planning of deinstitutionalization so little attention was given to the social context these people would end up living in. In the 1970s, the idealistic critics of total institutions naively assumed that society as a whole would benefit from the arrival in local communities of psychiatric patients and people with intellectual disabilities. Policy-makers in the 1980s and 1990s rated highly the benefits of living in a normal house in a normal area, but failed to develop concrete ideas about what this would actually mean in the everyday lives of those involved. They failed to question whether society as a whole, and more specifically local neighborhoods, would show sufficient tolerance and solidarity for vulnerable people. Living an independent life in the community had become an indisputable principle, in part because this ideal for people with psychiatric and learning problems was, and is, derived from an ideal applicable to all citizens: living as independently and autonomously as possible. It is only recently that professionals and policy-makers begin to realize that a social network in the immediate neighborhood is important for individuals with a limited radius of action, like psychiatric patients or people with intellectual disabilities.

In the past few years, researchers in the Netherlands have examined how local communities feel about psychiatric patients or people with intellectual disabilities coming to live amongst them (Kwekkeboom 1999, 2001; Overkamp 2000). These studies have shown that the initial reaction to the arrival of more vulnerable people is fairly positive. However, when questioned further, people tend to be less open-minded. They think that there should always be a caretaker on hand 'just in case', and are rather reluctant to allow these people into their private lives. This reluctance to truly include psychiatric patients or

people with intellectual disabilities in local communities was found among all social strata. All these rather gloomy notions don't imply there is no room for improvement in the current state of affairs. Local authorities could pay closer attention to the physical environment and amenities that would contribute to a sense of public familiarity (Blokland 2008); care institutions could do much more to prepare communities for the arrival of people with disorders. We often see that local residents and welfare organizations remain uninvolved in plans to house psychiatric patients and people with intellectual disabilities in their communities; fear of the dreaded NIMBY (not in my backyard) effect plays a role in this. Involving the community beforehand in plans for independent accommodation would improve the chances of support coming from well-intentioned locals as well as local care organizations and institutions. Alongside the predictable protestors, there are always community members willing to be more involved if asked. This would most certainly be the case if accompanied by better communication with care supervisors and institutions, should problems arise.

Professional caregivers need to focus more on their clients' social environments once they have settled in particular areas. Caregivers are currently too often focused on supporting the clients themselves ('how to handle the remote control?'), whereas it is the professionals who could really make a difference in building bridges to their clients' potential social networks in their immediate proximity ('how to handle your neighbors?').

Should all this happen, the question still remains whether some people with psychiatric problems or intellectual disabilities would not feel more at home in a pleasant room in a small-scale institution surrounded by people like themselves. It is important for policy-makers, caregivers and scholars to raise this question, precisely because well-intentioned people helped to develop the policy of deinstitutionalization without carefully researching the conditions in which it could succeed.

Notes

1. 'Living in the Community? Community Care for Psychiatric Patients and People with Intellectual Disabilities' is a three-year research program led by Jan Willem Duyvendak and conducted by researchers at the University of Amsterdam and the research and consultancy organization DSP-groep.
2. This chapter focuses on the deinstitutionalization of psychiatric patients and people with intellectual disabilities. In addition to these two groups, we also interviewed the frail elderly (who were also formerly institutionalized but who today stay for as long as possible in their own homes) and people with physical handicaps.