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## Clients' Perspectives on Integrated Care between Social Work and Financial- and Employment Services: A Case Study in the Netherlands

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### ABSTRACT

It is often the case that distinct social services work independently of each other, and by providing integrative services this can be prevented. This study focuses on integrated care between the social service fields of social work and financial- and employment services in the Netherlands. This article examines client's perspective, in terms of needs, benefits, and results they experience, of the integrated care. A qualitative case study was conducted in three different Dutch municipalities. Between November 2018 and March 2021, integrated care trajectories of eight clients were followed. Data was collected by interviewing twice the participating clients and observing 20 joint client consultations. Analyses revealed insights to strengthen the integrated care approach. Three main benefits were found: Co-ownership, self-regulation and inner peace. The results suggested that a primary focus on providing integrated care for the financial-related problems contributed to an increased sense of inner peace within the clients. The implementation of a joint client consultation strengthened the integrated care between the different social services studied. Future research into the perspectives of the professional, organization, and policy/governance is recommended, as well as quantitative research to obtain quantitative effects on employment and finances in conjunction with the reduction of social issues.

### KEYWORDS



Integrated care; social work; financial- and employment services; benefits; client's perspective

### Introduction

According to the World Social Report (2020), more than 70% of the global population lives in countries where the wealth gap is growing, and inequality has reached unprecedented levels. The global economy is facing a major downturn due to COVID-19 pandemic (Oxfam Novib, 2021). Vulnerable people with disabilities or migrants are at increased risk of an accumulation of problems on multiple life areas and further removal of opportunities from the labor market (International Labour Organization, 2020). Employment- and financial-related problems are known to lead to declines in physical and psychological health, and are linked to domestic violence and limited social networks (Van Geuns, 2013; Wanberg, 2012). Vulnerable people facing challenges on different life areas can utilize

various social services for each issue, although this can mean these people often have to deal with several professionals focused on a single problem of the individual (Kooiman, 2015). The integration of these services would facilitate a more streamlined approach to tackling multiple problems in different areas of life.

To overcome the risk that care will be fragmented for people with multiple problems, there have been an increased attention for different approaches and models of integrated care during the last decade (WHO Regional Office for Europe, 2016a). There is not a common conceptual understanding or unifying definition of integrated care, but three principal definitions can be distinguished from the literature (WHO Regional Office for Europe, 2016a). Firstly, a process-based definition where integration is a coherent set of

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models and methods manifesting at different levels. The aim of the integrated methods and models is to improve the quality of care and satisfaction for clients by connecting multiple services, settings and providers (Kodner & Spreeuwenberg, 2002, as cited in WHO Regional Office for Europe, 2016a). Secondly, a definition principally determined by people themselves coordinated by National Voices (2013, as cited in WHO Regional Office for Europe, 2016a, p. 14)—a patient representative group: “My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes”. Thirdly, a definition based on the health system where integrated care is defined as: An approach to strengthen people-centered health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multi-dimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care (WHO Regional Office for Europe, 2016a, as cited in WHO Regional Office for Europe, 2016b, p. 14). The integrated care studied here focused on the first and second principal definition of integrated care as described in this section.

Current evidence suggests that integrated care in Europe mostly focuses on the domain of social and health services (Munday, 2007), while there is a more widely shared understanding that cross-domain collaboration recognizing the connection between social services of finances and employment is also needed to provide support in its entirety (Munday, 2007; Saikku & Karjalainen, 2012; Steenssens et al., 2008; Verweij et al., 2018). The integrated activation policy of “work” and “welfare” in Finland, based on the integrated care model of case management, shows that joint services and a whole-of-governance approach are trends that cannot be ignored (Saikku & Karjalainen, 2012). Saikku and Karjalainen (2012) state that each country has its own path for building coordination and collaboration within the service system. In the Belgium context, research of Steenssens et al. (2008) has shown that integrated care which focusses on

both “work” and “welfare” has a greater chance of success than the separate services running in parallel. Their research showed that the various professionals should work together to help the client and provide a cohesive approach.

### **Dutch Context**

The need for a cross-domain collaboration between “work” and “welfare” was also recognized in the Netherlands (Panhuijzen et al., 2017). Large-scale integrated care reforms are taking place in Europe through reorganizations of the systems’ governance and delivery structures related to social services and health systems (Bäck & Calltorp, 2015). In the Netherlands, the Social Domain system has been decentralized since 2015, with municipalities being responsible for providing and organizing the activities and care under the Social Support, Youth Care, and Participation Act. The municipalities are directly responsible for the delivery of most social support services for residents living in socially vulnerable circumstances (Oude Vrielink et al., 2014). The arguments for this decentralization were the fragmentation of support, a lack of interprofessional collaboration, and (financial) deficiencies concerning an increased use of (specialised) care.

The principles underlying the transformation of the Social Domain system in the Netherlands are more self-regulation and self-reliance for the client, integrated working and “one household, one plan, one manager” (Oude Vrielink et al., 2014). In recent years, many municipalities have implemented district social teams (in Dutch “Sociaal Wijkteam”) with a multidisciplinary composition to give shape to the principles of this transformation. National surveys show that the integrality of the multidisciplinary district social teams is often limited to the domain of social work, and an integrality with financial- and employment services is still in its infancy (Panhuijzen et al., 2017). People who apply for support in the area of employment and finances, i.e. the target group of the Participation Act for which the executive professionals of the financial- and employment services are responsible, frequently also

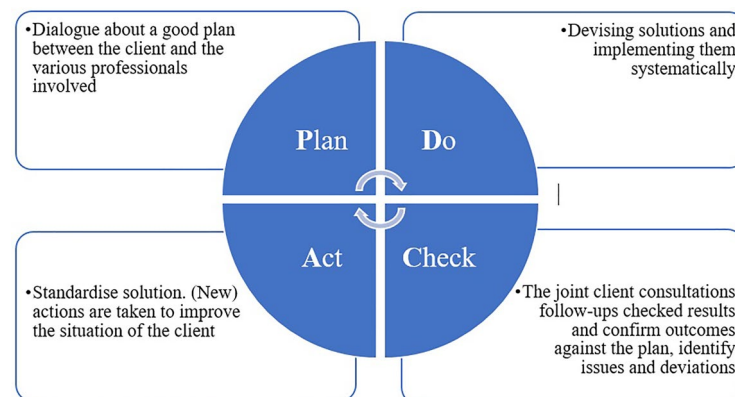
experience problems related to the Social Support Act carried out by the district social teams (Kromhout et al., 2020).

The research team (the authors of this article) investigated in the Dutch context the integrated care between the social service fields of social work and financial- and employment services for vulnerable people with - a distance of the labor market and/or financial problems in conjunction with social issues. To research the integrated care we followed professionals of social work and financial- and employment services around a specific client in each participating municipality. This research followed the process and content of the integrated care trajectories that took part in this study, focusing in this article on the perspective of the clients. The social service field of social work included issues related to the care and welfare of people carried out by professionals such as the social district team counselor, ambulant social worker, psychologist, or youth worker (Panhuijzen et al., 2017). These professionals perform tasks from the Social Support Act, as described in the previous section, and entered into force in 2015. The services of employment and finances involved in this research involves tasks such as income provision and support, debt assistance, employment mediation and participation promotion (Panhuijzen et al., 2017), and these professionals perform tasks from the Participation Act.

For the integrated care studied by the research team, 'joint client consultations' were provided as a resource to conduct integrated care. Several studies showed that collaboration in multidisciplinary consultations promote the integrated care (Christie

et al., 2015; Cobben et al., 2016). The care provided to the client and the client' willingness to participate are key factors in the approach of inter-professional collaboration (D'amour & Oandasan, 2005). This research used the term 'joint client consultation' as a type of multidisciplinary consultation, in which professionals from both domains are present, alongside the client who is present and central to the consultation. The aim of these consultations is to draw up a joint care plan in which the wishes of the client are central.

The implementation of the joint client consultation by this study was based on the continual improvement framework of Deming's wheel, the Plan-Do-Check-Act (PDCA) cycle (Dahlgaard et al., 1995; Deming, 1952), as shown in Figure 1 below. The PDCA cycle is commonly used as a problem-solving model. During the first joint client consultation, the "Plan" and "Do" were discussed, in the following consultations the "Check" and "Act." After every consultation, the professional who led the consultation sends the reports to all attendees, detailing the solutions and necessary actions. These reports are discussed again at each subsequent consultation, during which progress is evaluated. Actions from the care plan are carried out in between joint client consultations. This means that the client remains in contact with (some of) the professionals involved and that appointments are made based on the care plan. In between joint client consultations, the professionals involved from the different (fields of) social services contact each other if there is a need for coordination or sharing of developments.



**Figure 1.** The PDCA cycle translated for the joint client consultations in this research.

## Aim and Research Questions

The aim of this study is to strengthen the integrated care by gaining insight into needs, benefits, and results of clients. Polstra et al. (2018) showed that for integrated care to succeed, it is important to test it from the different perspectives on integrated care. One of the perspectives is the client perspective. The client's perspective, whether the client found the help effective and regained control of their situation, is one of the most important criteria for defining the quality and effects of many forms of social services (Melief, 2002). In addition, Franken et al. (2016) showed that there are hardly any known interventions that focus on integrated care of social work and financial- and employment services, viewed from the client's perspective and addressing all areas of life. Hence, the research team sought to answer the following main question:

What are the clients' perspectives (in terms of needs, benefits, and results they experience) on the integrated care between social work and financial- and employment services to solve their employment and financial problems in conjunction with social issues?

The sub-questions of this research were,

1. What are the clients' needs regarding integrated care?
2. What benefits have the clients experienced from the integrated care?
3. What results have the clients achieved from the integrated care?

This study of the experienced benefits (second sub-question) relates to the results experienced by clients and goes beyond a satisfaction measurement (Melief, 2002), namely what the integrated care delivered from the perspective of the clients, whether the integrated care has met the needs of the clients, whether the clients have experienced benefits from the integrated care, and if so which benefits. In this study, special attention is given to the voice of the clients, the so-called "silent voices": voices of vulnerable people who are often left out of classical studies (Van Regenmortel et al., 2016). This article will contribute to a better understanding of the needs,

benefits and results gained by vulnerable people facing multiple problems and their experiences on integrated care between the social service fields of social work and financial- and employment services.

## Methodology

This study used a qualitative case study design to explore the clients' perspectives (in terms of needs, benefits and results they experience) with the integrated care. Case studies can be used to capture and explore the complexity and contextual conditions of a case by triangulating or converging on the same research questions with diversetypes of evidence, and a qualitative design is recommended to investigate and understand what benefits are experienced (Yin, 2014).

## Sample

The sample for this study consisted of eight cases. This research followed clients (N=8) who received integrated care in tackling their financial- and employment-related problems in conjunction with social issues. The recruitment of client participation took place from "district social teams" in three municipalities in the south-east region of the Netherlands (one urban and two more rural areas). The following inclusion criteria for client participation were used: 1) between the age of 18 and retirement age; 2) help requested in the area of finances and/or employment; 3) help provided by the social district team because of social problems, such as parenting problems, domestic violence, psychological and social problems; and 4) able to be interviewed. Clients who have been registered for an emergency or crisis request were excluded from participating in the study because emergency care had to be used instead of the integrated care studied by our research. Table 1 illustrates the main characteristics of the participating clients.

## Instruments

Two types of instruments were used to gather the data: 1) observation of joint client consultations and 2) semi-structured interviews with



**Table 1.** Client sample demographics and characteristics (N = 8).

		<i>n</i>
Age range	18–27	3
	28–40	3
	41–59	2
Gender	Male	4
	Female	4
Background	Dutch	5
	Migration background	3
Household	Single	5
	Divorced and resident children	2
	Divorced and children living elsewhere	1
Type of personal or social problems	Financial	5
	Employment	8
	Health	3
	Psychological	7
	Housing	4
	Social relations	4

participating clients. Around the eight participating clients, 20 joint client consultations were conducted and observed by members of the research team (the first four authors of this article). Also, reports of these 20 consultations were collected. In addition, the eight participating clients were interviewed twice (at the beginning and end of the integrated care trajectory studied by this research). The sub-questions concerning needs and results were answered by the interviews and observations. The benefits have been gathered mainly through the interviews with clients.

### *Joint Client Consultations*

As described in the introduction, the consultations were carried out according to the PDCA-cycle (Dahlgard et al., 1995; Deming, 1952). Prior to the joint client consultation, the professional leading the consultation and the participating client received an email from the research team with instructions on how to follow the consultation according to the PDCA cycle. One researcher from the research team attended the joint client consultations, and observed them with a pre-prepared observation form. The observation form was developed based on literature on working alliances client-professional and inter-professional collaboration (Friedlander et al., 2006; Mulvale et al., 2016; Rapp & Goscha, 2008; Sannen et al., 2011; Stinckens et al., 2009) and consisted of eight dimensions. Each dimension includes a number of indicators. One of the dimensions is, for example, “shared decision-making,” which includes the indicators “ask for

everyone’s vision and ideas,” “formulating goals together,” “discussing the client’s role,” “discussing the role of each professional,” etc. The observer could indicate a score from 1 (never) to 4 (always) on each indicator and a description of the observation.

### *Semi-Structured Interviews*

The interview guides for the interviews with participating clients were developed based on the literature about the concepts of integrated care, interprofessional collaboration and working alliances client-professional (Friedlander et al., 2006; Mulvale et al., 2016; Rapp & Goscha, 2008; Sannen et al., 2011; Stinckens et al., 2009). The focus of the first interview with clients was on the clients’ needs and what they wanted to achieve with the integrated care. A semi-structured qualitative interview was conducted based on 14 topics. The various topics covered in the first interview related to clients’ needs for help with their multiple problems, what expectations they had of the working alliance with the professionals from the different social service fields, the joint client consultations and the collaboration between the different professionals involved. The focus of the interviews with clients at the end of the integrated care trajectory followed by this study was on the clients’ results and their experienced benefits with the integrated care. Once again, a semi-structured qualitative interview was conducted based on 18 topics that collected data about the experienced benefits of the integrated care and the results about the client’s requests for help studied by this research.

### *Procedure*

Between November 2018 and March 2021, information about the benefits of the integrated care experienced by clients was gathered using the observations and notes of joint client consultations and the interviews with clients, as described above. All clients who participated in the current study provided written informed consent. Ethical approval for this project was given by the Ethics Review Board before the study started. If the

client agreed to participate in this study and signed the consent form, the professional identified the other professionals involved of the social work and financial- and employment services central to our study. After their agreement, a first joint client consultation was planned with the client and the various professionals involved. From the social work field, various professionals were involved, such as the social district team counselor, ambulant social worker, psychologist and professional youth worker, while from the financial- and employment social service field, a company social worker, employment mediator, debt counselor and benefit consultant were involved. The first interview with clients took place before the first joint client consultation, and the second interview took place when the client and the professionals decided that the integrated care could be completed or that a joint client consultation was no longer necessary. The first and second interview with clients lasted about one hour and were either held at the offices of their involved professionals or were conducted via video call due to the COVID-19 pandemic.

### **Data Analysis**

After the data collection, the analysis was conducted by the first, second and third authors of this article in consultation with the other authors. The qualitative interviews with the clients were recorded, transcribed, and coded into Atlas.ti (version 8), a computer program for labeling and organizing text content. With the consent of those present, a video recording was made of the joint client consultations. All video recordings were reviewed after the consultation by at least two researchers from the research team, both of whom completed the observation form independently. The reports of the joint client consultations were also coded into Atlas.ti. The data were analyzed using abductive analyses, a combination of inductive and deductive analyses (Timmermans & Tavory, 2012, pp. 180–181). This type of analysis (encompassing the concepts of integrated care, interprofessional collaboration and the working alliance client–professional) enables the combination of an open and unbiased view with a central analysis framework, and

which offers the possibility of arriving at theoretical innovations.

### **Results**

The findings of this present study focus on the client's perspective about the integrated care between the social service fields of social work and financial- and employment services. The research team mapped out which needs clients had at the beginning of the integrated care trajectory followed through this study and which benefits and results clients experienced through the integrated care. Firstly, an answer on the first sub-question about the clients' needs is given. Next, a description of the benefits and results (second and third sub-question) viewed from the client's perspective is given. Finally and in addition of the research questions, a description is given of two components of integrated care that are considered crucial by clients.

### **Client's Needs**

In this article, a distinction between the needs of clients regarding solving the problems they experience and the needs about the working method of the integrated care is given. The first description is about the needs of clients regarding the problems they experience. All eight clients who participated in this study had employment-related problems. The participating clients in the study had needs for support in finding a suitable place in the labor market, a place that took their personal circumstances and possible limitations into account. Five people who participated in this study experienced financial problems. They reported difficulty in making monthly financial ends meet, and most of the participating clients were in debt. The people who took part in the study needed appropriate financial support to help them gain an overview of their financial situation and possible debts, in paying off their debts, and they needed information about financial schemes and benefits they could apply for. Three out of eight participating clients struggled with health problems, and seven participants suffered from psychological problems such as depression, (social) anxiety and Post Traumatic Stress

Disorder (PTSS). These clients needed clarity about their possibilities on the labor market, considering their health and/or psychological problems. They also needed coordination on the help they needed first before being able to enter employment.

Next, looking at the needs of clients about the working method of the integrated care, a distinction of three main subjects is made: case manager, shared and coordinated assistance plan, and open communication. The findings are substantiated with quotations from the eight case descriptions, which include a reference to the original sources.

### **Case Manager**

Clients indicate that they need a professional who takes the lead in coordination with all other professionals from both social service fields involved in the necessary and offered support. They need a structural, stable professional whose function and task are clear. At the start of the integrated care trajectory studied, the experience of clients is that a lot of things are mixed up, and professionals from the social work and financial- and employment services are not yet working well together. Clients do not feel that the support is offered based on the idea of “one household, one plan, one case manager”.

I compare my life with a movie, my film has no director. I am the director of my own movie. That is difficult, perhaps difficult for others too. I coordinate and arrange it all myself. I don't have a director to help me. (Case 4)

*Shared and coordinated assistance plan.* The analyses revealed that clients who need help want all the professionals involved to provide help quickly and efficiently on the basis of their own expertise; after all, they are the ones who know what can and cannot be done. It is important, however, that every professional is aware of what is going on. According to clients, the best way to achieve this is for them to meet with professionals in a joint client consultation. With all separate agreements, as is usually the case nowadays, there is an overlap in requests for help that professionals from each social service field deal with separately and in their own way.

According to clients, the joint client consultation is expected to lead to shared understanding, respect, trust in each other and the feeling of being taken seriously.

At the start of the integrated care, I experience that the help I receive from the various professionals involved is mixed up. Each professional shares their own assistance plan with goals they are working towards. I need one shared assistance plan, at which you look together at who will do what. (Case 7)

### **Open Communication**

Clients need professionals from both social service fields to be aware of new concerns in the interim, to share them with other professionals involved and to discuss them with the client. Clients expect professionals to keep each other informed by telephone and email of developments outside the joint client consultations where necessary.

I think that the moment a professional identifies new concerns, concerns that need to be discussed and addressed, it is good that the professional consults other professionals. I think it is especially important that, when professionals see that something is not quite going the right way for a client, that they know how to reach out to each other when necessary. (Case 5)

### **Experienced Benefits**

All eight clients benefited from the integrated care studied by the research team, and indicated that they considered it to be a more efficient way of working that resulted in added value compared with each social service field operating separately. The analyses of the benefits clients experienced from the integrated care led the research team to distinguish three main benefits: co-ownership, self-regulation and inner peace.

### **Co-Ownership**

The analyses revealed that, due to the integrated care, the clients benefited from a greater co-ownership over their own assistance plan, gaining a sense of mastery. The clients were explicitly asked how they perceive their situation, what their questions are and what ideas they have about how to tackle their problems in diverse



areas of life. A benefit of the integrated care is that the client could provide input into the joint client consultation where professionals from both social service fields are present, and felt that their voice was heard, taken seriously and respected. The clients have a sense of equality toward the professionals and feel part of “the integral team.”

I feel like I have a say and determine what help I get. I am the one who say whether the proposed help is good or not. I feel that arrangements are always made in consultation with me, for example when dealing with my financial problems. The professionals involved came up with various solutions and gave advice, but I ultimately decided which support I wanted to make use of, and my decision was respected. (Case 1)

### **Self-Regulation**

Another benefit of the integrated care, according to the clients, was a sense of greater self-regulation. Partly due to the joint client consultations, clients were better able to describe their situation to all professionals involved and specify the help they needed. The clients stated that they were better able to give the professionals more insight into their abilities and the limitations of their self-reliance. Where clients indicated that they were unable to get their own lives in order and needed professional support, they felt more heard and were provided with additional support. Furthermore, they were better able to make their own decisions about the help that was offered.

I had actually been thinking about ending the support from my ambulant social worker for a long time. I felt no connection with him, and I didn't believe that he could do for me what I needed. Due to the integrated care trajectory, this became increasingly clear to me. We also had a joint client consultation in which we discussed the connection between me as client and the collaboration of different professionals involved. I decided to end the collaboration with the ambulant social worker, and I explained this to him myself with the support of my psychological counsellor. (Case 7).

### **Inner Peace**

A perceived benefit of the integrated care is, according to most clients, the increased sense of inner peace. Clients knew who fulfilled which role in tackling their multiple problems, and were

consulted about which life domain was addressed, in which way and what actions this resulted in. To illustrate, a single mother struggled with divorce, parenting, housing and financial problems. Because of the integrated care between both social service fields, she agreed to deal with her financial problems first, creating space in her head to let go of these worries and focus on dealing with traumatic experiences in the past and raising her children. The overview of what was being done, how and by whom had a stress-relieving effect, cultivating a feeling of understanding and clarity, which led to more peace in the mind of the client.

Compared to with a year ago, I definitely have my life more in order. One benefit is that the integrated care has given me a bit of peace, which has contributed to my having more energy and a more positive mindset in life. (Case 5)

### **Results Achieved**

Next, a description is given about the changes clients have experienced in the area of employment and finances during the period that their integrated care trajectories are followed by this study. The research team were interested in improvements in these two life areas in particular because the focus was primarily on improving the financial and employment situation of vulnerable people who need support from the social service fields of social work and financial- and employment services.

### **Improvement of Employment Situation**

All eight clients participating in this study had employment-related issues. Table 2 presents the employment situation of clients at the beginning and end of the integrated care trajectory followed. During the integrated care, the employment situations of six clients improved: one client progressed to salaried employment, one found a suitable work-oriented daytime activity, two clients entered a route to employment, and two clients discovered their talents and opportunities in the labor market. One client is not yet ready for any labor participation due to housing problems, and the other client decided to stop being

**Table 2.** Employment situation of clients at the beginning and end of the integrated care.

Client	Situation at the beginning	Situation at the end
1	Voluntary work	Participates in training towards suitable employment
2	No form of employment	Work-oriented day care
3	No form of employment	No form of employment
4	No form of employment	Applying for jobs. Stagnated due to COVID-19 pandemic
5	Work-oriented day care	Salaried employment
6	No form of employment	Gained insight into talents/possibilities in the labour market
7	No form of employment	Gained insight into talents/possibilities in the labour market
8	Independent business	Independent business

self-employed and is now focusing on strengthening her psychological wellbeing.

The collaboration between the various professionals involved has been helpful for finding a suitable position in the labour market. The steps have been quite small and quiet in terms of identifying and searching for appropriate work. My experience has been a combination of searching and applying of jobs myself with the support of my work supervisor and ambulatory social worker. (Case 5).

### **Debt Reduction and Clarity of Financial Provisions**

Five clients participating in this study experienced financial-related problems. Appropriate debt assistance was provided to the clients, such as debt restructuring, arranging a trustee, and support in the practical implementation of finances by opening letters together and making payment arrangements. The type of debt assistance provided depended on the personality and circumstances of the client. During the first joint client consultation, the client and involved professionals shared and discussed the best way to tackle the client's financial problems. At the end of the integrated care trajectory studied, the level of debt of all clients was reduced and, in addition, clients received information on the financial provisions and benefits for which they could be eligible. The results in debt reduction are shown in Table 3.

I was advised to take a financial trustee. I followed this advice and was glad afterwards that I had taken this decision, because I experienced many benefits by leaving the management of my finances to an administrator. I paid off my debts quickly, and was able to provide myself with the basic necessities of life again, such as buying enough food every day. (Case 3)

**Table 3.** Financial situation of clients at the beginning and end of the integrated care.

Client	Situation at the beginning	Situation at the end
1	No insight into debts	Started dept restructuring process
2	No debts	No debts
3	Debts of € 3.000	Financial trustee, debts almost paid off
4	No financial assistance	Dept restructuring process completed
4	Debts, no insight into the debts	Financial trustee and a dept restructuring process
5	Debts of € 1.800	Still a financial trustee
5		Arrangements for payment of debts
5		Perspective on a financial healthy life
6	Debts of € 140.000	Dept restructuring process, debts of € 20.000
7	No debts	No debts
8	No debts	No debts

### **Crucial Components**

Finally, the results revealed two components considered by the clients to be of crucial importance during the integrated care: joint client consultations and a primary focus on tackling financial problems. A description of both components is given in detail and the findings of the results are substantiated with quotations from the case descriptions, which include a reference to the original sources.

#### **Joint Client Consultation**

All clients stated that the joint client consultations contributed to the results achieved. The joint client consultation helped to avoid overlap in support. From the clients' perspectives, the various professionals involved got to know each other well and the shared alignment of everyone's roles and actions in relation to the support of the client was a central topic of discussion. This finding is in line with the client need in the current study for a co-ordinated and shared assistance plan shaped by joint consultations. In addition, as expected, the clients found the involvement of professionals with diverse backgrounds and expertise, the dialogue that took place between them, and the shared alignment of the assistance plan to be advantages of the joint client consultations. Furthermore, most of the clients benefited from the agreements made, especially during the joint client consultations, about the role of the case manager. At the start with the integrated care, the clients stated that

they needed a professional who takes the lead in co-ordinating all the professionals from both social service fields in the provision of the necessary and offered support. At the end of the integrated care trajectory followed by this study, the clients considered the role of the case manager to be a benefit. Finally, some clients stated that they would have benefited more from the integrated care if there had been more frequent joint client consultations. The average length of the integrated care followed in this study was 10 months, and an average of three joint client consultations took place per client trajectory. These findings suggest that it is beneficial to organize a joint client consultation with professionals from the domains of social work and financial- and employment services as soon as possible after identifying a client with problems in both fields of social services.

The joint client consultations have brought clarity to my mind. I knew who was who and who did what. It has provided clarity not only for me, but also for the professionals who are involved with me. They also knew everyone and knew who did what. (Case 2)

Because of the three joint client consultations that have taken place, there is now intensive collaboration between both domains, and I am also actively involved. [The professionals] don't talk about me, but with me. Through the plan, solutions and actions discussed at the joint client consultations, and I have achieved results. I now receive support that matches my psychiatric problems; I now dare to open my mail again. I have no more debts and I have a paid job. (Case 5)

### **Primary Focus on Financial Support**

In tackling financial and employment-related problems while taking into consideration the social problems of vulnerable people, a primary focus within the integrated care was on addressing the financial problems. By involving professionals from the social service fields of social work and financial- and employment services, the cause of the financial problems was clarified from various perspectives, as was the impact of these problems on the client's life and the kind of financial help that would best suit them. The open dialogue between the professionals from

both social service fields regarding the questions of and solutions for the client corresponded to the need for open communication stated by the clients at the start of the integrated care trajectory studied. Providing adequate help with financial problems gives the client peace of mind and removes stress. This creates space in the client's mind to deal with problems in other areas of life.

After the first joint client consultation, it had become clear that nobody, included myself, had insight into my debts and no payment arrangements had been made. It caused me daily stress. A year ago, I had problems with debts, about €3,000. Now I have about €500 in debt. The professionals helped me by arranging a trustee. I have much less stress now and have peace of mind to focus on other things, like housing and feeling physically and psychologically stronger. (Case 3).

## **Discussion**

As defined at the outset of this article, the clients' perspectives are one of the most important perspectives to test for succeeding integrated care (Melief, 2002; Polstra et al., 2018). In this Dutch case study, client's needs, benefits and results with the integrated care between the social service fields of social work and financial- and employment services were examined. This research sought to answer the question of client's perspective about the integrated care studied in resolving their financial and employment problems in conjunction with social issues. All of the eight cases followed were unique, as each client situation differed in terms of the composition of financial and employment-related problems and social issues. Despite these differences, the analyses showed common experienced needs, benefits and results, which provided insight into the efficacy elements of integrated care from the client's perspective.

The results indicated that financial and employment-related problems of vulnerable people with social issues should be tackled integratively as early as possible, with attention paid to the collaborations between professionals from both social service fields. The joint client consultation strengthens the interprofessional collaboration and contributes to the desired results of

the clients. This result is in line with the findings of previous research that multidisciplinary consultations promote integrated care (Christie et al., 2015; Cobben et al., 2016). The clients felt they were taken more seriously because of the time that professionals invested in their joint client consultations. According to the clients, the first joint client consultation is the most important for properly establishing their integrated care, as well as the structural return of the consultations. As the analyses of all cases revealed, continuously entering into dialogue with the client is recommended to determine whether there is a need for a joint client consultation. This is supported by the findings of D'amour and Oandasan (2005) who, with their research into the concept of interprofessional collaboration, showed that the client is central to collaborative processes, where there is an interdependent relationship between the professionals and the client. This study found that when the client's situation changes or when there is a lack of clarity about the plan and the roles of each professional, another joint client consultation is required, which also corresponds to the need for open communication when (new) concerns are perceived. Mulvale et al. (2016) also showed with their systematic review that open communication is one of the factors that contribute to improving interprofessional collaboration.

In addition to the question of what clients experienced as benefits, the results showed that the clients benefited from more self-regulation, co-ownership and inner peace. The way the integrated care was conducted seems to promote the empowerment of vulnerable people with social issues and financial and employment-related problems. The central aim of this empowerment is that people regain control of their own lives and their environment (Van Regenmortel, 2020). Integrated working is one of the working principles of empowerment that guides practice. This integrated principle is connected to the other six principles of empowerment—positive, participative, inclusive, structured, co-ordinated and proactive working—which all contribute to the core of empowerment: e.g., strengthening and connecting. By linking the aim and protocol of the integrated approach to empowerment, professionals have a

theoretical framework guiding the provision of integrated care to vulnerable people with multiple problems.

Reflecting on clients' need for a case manager, the results at the end of the integrated care trajectory indicated that it could have been made clearer to clients what they could expect in concrete terms, and what tasks belonged to the case manager. The strength-oriented model of strengths-based case management (SBCM) implies that, in an integrated co-operation of different professionals, involved case management is needed, and a focus on individual strengths and promoting people's environmental factors is necessary to enable the empowerment of people (Driessens & Melis, 2012; Rapp & Goscha, 2008). Based on the present study, it is suggested that case management should be carried out on the principles derived from the theory of SBCM, one of which is that the case manager–client relationship is essential for working together.

Finally, the results clients achieved in terms of their requests for help show that having a primary focus on providing adequate help for financial problems contributes to an increased sense of inner peace; therefore, it is beneficial to involve professionals with financial expertise as soon as possible when financial problems are identified. According to the psychological theory of scarcity, financial worries lead to tunnel vision (Mullainathan & Shafir, 2013); people who lack money are constantly thinking about their finances, which can cause mental problems in addition to material needs. The psychology of scarcity shows that it is more effective to lift people out of financial difficulty first before strengthening other areas of life. This was also confirmed by the City Deal Inclusive City (2016) research, which showed that people are only open to help with parenting, participation and employment when problems with basic needs such as finances have been resolved.

### ***Strengths and Limitations of the Study***

One strength of this study is the triangulation of methods, involving the collection of data over a longer period and in two different ways. This study provides in-depth insights into an



integrated care approach to tackling the financial and employment-related problems of vulnerable people with social issues from a client perspective. Another strength of this research is that it is collaborated with three different municipalities, one in an urban area as well as in two more rural areas, which increases the extent to which the results are valorized and transferred.

Despite the strengths of this study, there were also some limitations that require consideration. First, the number of studied cases ( $N=8$ ) was small and fewer than intended. As a result, it was not possible to search for patterns in the experienced benefits as differentiated by age or other background differences. In future research, it is recommended to explore the benefits of integrated care described in this article for clients age, cultural background or the composition of their multiple problems. Second, the selection of the clients in this study might be biased, since the professionals of the social district teams were approached by the researchers to inform clients from their caseload about the study. Lastly, as defined in the outset of this article, for integrated care to succeed it is important to test it from different perspectives. Follow-up research should be carried out to explore the other perspectives on integrated care, such as that of the professionals.

## Conclusion

As defined in the outset of this article, for an integrated care approach to succeed it is important to test it from different perspectives. This article represents only the client's perspective, but it has provided insights to further strengthen the integrated care in the Netherlands between both social service fields from the experiences of vulnerable people who need such integrated care. Further research is needed to explore the other perspectives of integrated care, as that of the professionals. Given the complex and challenging task of cross-domain collaboration for professionals in practice future research is needed to explore the efficacy and effectivity from the other three perspectives (professional, organization and policy/governance), for example with attention for the facilitating elements and barriers. Also, it is

suggested to conduct a quantitative follow-up study with larger numbers to obtain quantitative effects on employment and finances in conjunction with the reduction of social problems. Finally, it is recommended that the integrated care studied be further implemented by advising organizations and municipalities on how best to facilitate professionals of the social service fields of social work and financial- and employment services.

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## References

- Bäck, M., & Calltorp, J. (2015). The Norrtaelje model: A unique model for integrated health and social care in Sweden. *International Journal of Integrated Care*, 15(6), 1–11. <https://doi.org/10.5334/ijic.2244>
- Christie, J., Macmillan, M., Currie, C., & Matthews-Smith, G. (2015). Improving the experience of hip fracture care: A multidisciplinary collaborative approach to implementing evidence-based, person-centred practice. *International Journal of Orthopaedic and Trauma Nursing*, 19(1), 24–35. <https://doi.org/10.1016/j.ijotn.2014.03.003>
- City Deal Inclusive City. (2016). *Doen wat nodig is. Experimenten die maatwerk mogelijk maken* [Doing what is necessary. Experiments that make customisation possible]. Inclusive City, City Deal.
- Cobben, C., Van Dongen, J., Van Bokhoven, L., & Daniëls, R. (2016). Best practices interprofessionele samenwerking [Best practices interprofessional collaboration]. *Tijdschrift Voor Praktijkondersteuning*, 11(1), 6–11. <https://doi.org/10.1007/s12503-016-0007-5>



- Dahlgaard, J. J., Kristensen, K., & Kanji, G. K. (1995). Total quality management and education. *Total Quality Management*, 6(5), 445–456. <https://doi.org/10.1080/09544129550035116>
- D'amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care*, 19(sup1), 8–20. <https://doi.org/10.1080/13561820500081604>
- Deming, W. E. (1952). *Elementary principles of the statistical control of quality: A series of lectures* (2nd ed.). Nippon Kagaku Gijutsu Remmei.
- Driessens, K., & Melis, B. (2012). *Een vergelijking van methoden van krachtgericht werken, ingezet in de integrale jeugdhulp* [A comparison of methods of strength-oriented working, used in integrated youth care]. Department of Social-Agogical Work, Karel de Grote Hogeschool. Vergelijking tussen methoden van krachtgericht werken ingezet in de jeugdhulp (opgroei.be).
- Franken, M., Van Houten, M., Lammersen, G., Mateman, H., & Verweij, S. (2016). *Werk en inkomen – kennis en interventies geordend. Kennissynthese over methodisch werken, integraal werken en armoede en schulden* [Work and income - knowledge and interventions ordered. Knowledge synthesis on methodical work, integral work and poverty and debt]. Movisie.
- Friedlander, M. L., Escudero, V., Horvath, H. O., Heatherington, L., Cabero, A., & Martens, M. P. (2006). System for observing family therapy alliances: A tool for research and practice. *Journal of Counseling Psychology*, 53(2), 214–225. <https://doi.org/10.1037/00220167.53.2.214>
- International Labour Organization. (2020). *COVID-19 and the world of work: Ensuring no one is left behind in the response and recovery*. Conditions of Work and Equality Department. Gender, Equality and Diversity & ILO/AIDS Branch.
- Kodner, D. L., & Spreeuwenberg, C. (2002). Integrated care: Meaning, logic, applications, and implications – A discussion paper. *International Journal of Integrated Care*, 2(4), 1–6. <https://doi.org/10.5334/ijic.67>
- Kooiman, A. (2015). *Sociale wijkteams werken integraal in de buurt* [Social community teams work integrally in the neighbourhood]. Movisie.
- Kromhout, M., Van Echtelt, P., & Feijten, P. (2020). *Sociaal domein op koers? Verwachtingen en resultaten van vijf jaar decentraal beleid* [Social domain on course? Expectations and results of five years of decentralised policy], Sociaal en Cultureel Planbureau. [Sociaal+domein+op+koers\\_WEB2.pdf](https://www.sociaalplanbureau.nl/media/101212/Sociaal+domein+op+koers_WEB2.pdf)
- Melief, W. (2002, July 4–6). Towards measuring learning experiences as outcomes of psychosocial intervention in social work [Paper presentation]. 4<sup>th</sup> International Conference on Evaluation for Practice, Tampere, Finland.
- Mullainathan, S., & Shafir, E. (2013). *Schaarste: Hoe gebrek aan tijd en geld ons gedrag bepalen* [Scarcity: Why having too little means so much]. Maven Publishing B.V.
- Mulvale, G., Embrett, M., & Razavi, S. D. (2016). 'Gearing Up' to improve interprofessional collaboration in primary care: A systematic review and conceptual framework. *BMC Family Practice*, 17(83), 83–13. <https://doi.org/10.1186/s12875-016-0492-1>
- Munday, B. (2007). *Integrated social services in Europe*. Council of Europe Publishing.
- National Voices. (2013). *A narrative for person-centred coordinated care*. NHS England Publication Gateway Reference Number: 00076.
- Oude Vrielink, M., Van Der Kolk, H., & Klok, P.-J. (2014). *De vorming van sociale (wijk)teams. Inrichting, organisatie en vraagstukken* [The design of social (district) teams. Structure, organisation and issues]. Platform31.
- Oxfam Novib. (2021). *The inequality virus. Bringing together a world torn apart by coronavirus through a fair, just and sustainable economy*. Oxfam GB. <https://doi.org/10.21201/2021.6409>
- Panhuijzen, B., Verweij, S., Van Houten, M., & Van Xanten, H. (2017). *Werk en inkomen in integrale aanpakken. Een verkenning van theorie en praktijk* [Work and income in integrated approaches. An exploration of theory and practice]. Movisie.
- Polstra, L., Verkooijen, L., Binkhorst, J., Ende, P., Van der Glasbergen, P., Korput, J. V. D., Pruijm, E., & Teekman, C. (2018). *De vele beelden van integraal werken. Rapport van het onderzoeksproject Integraal aan het werk* [The many images of integral working. Report of the research project integral at work]. Marian Van Os Centre of Expertise Ondernemen, Hanzehogeschool.
- Rapp, C. A., & Goscha, R. J. (2008). Strengths-based case management. In K. T. Mueser & D. V. Jeste (Eds.), *Clinical handbook of schizophrenia* (pp. 319–328). The Guilford Press.
- Saikka, P., & Karjalainen, V. (2012). Network governance in activation policy – Health care as an emergent partner. *International Journal of Sociology and Social Policy*, 32(5/6), 299–311. <https://doi.org/10.1108/01443331211236998>
- Sannen, L., Driessens, K., & Verboven, A. (2011). *Werk & Welzijn verankerd. Krachtgerichte, integrale trajectbegeleiding voor werkzoekenden in armoede* [Work & Welfare anchored. Powerful, integral route counselling for job-seekers in poverty]. HIVA - KU Leuven.
- Steenssens, K., Sannen, L., Ory, G., Nicaise, I., & Van Regenmortel, T. (2008). *W2: Werk- en Welzijnstrajecten op maat. Een totaalconcept* [W<sup>2</sup>: tailor-made work and welfare routes. A total concept]. HIVA - KU Leuven.
- Stinckens, N., Ulburghs, A., & Claes, L. (2009). De werkaliantie als sleutelement in het therapiegebeuren. Meting met behulp van de WAV-12, de Nederlandstalige verkorte versie van de Working Alliance Inventory [The working alliance as a key element in the therapy process. Measurement using the WAV-12, the Dutch abbreviated version of the Working Alliance Inventory]. *Tijdschrift Klinische Psychologie*, 39(1), 44–60.
- Timmermans, S., & Tavory, I. (2012). Theory construction in qualitative research: From grounded theory to abductive analysis. *Sociological Theory*, 30(3), 167–186. <https://doi.org/10.1177/0735275112457914>

- Van Geuns, R. (2013). *Every picture tells a story. Armoede: een gedifferentieerd verschijnsel* [Poverty: a differentiated phenomenon]. Lecturer Poverty and Participation, Hogeschool van Amsterdam.
- Van Regenmortel, T. (2020). *Bouwen aan een wetenschappelijke basis voor sterk sociaal werk. Onderzoek dat er toe doet!* [Building a scientific basis for strong social work. Research that matters!] (Inauguration). Tilburg University.
- Van Regenmortel, T., Steenssens, K., & Steens, R. (2016). Empowerment onderzoek: een kritische vriend voor sociaal werkers [Empowerment research: A critical friend for social workers]. *Journal of Social Intervention: Theory and Practice*, 25(3), 4–23. <https://doi.org/10.18352/jsi.493>
- Verweij, S., Van Xanten, H., & Van Houten, M. (2018). *Verbinden werk & inkomen en zorg & welzijn* [Connecting work & income and care & welfare]. Movisie.
- Wanberg, C. R. (2012). The individual experience of unemployment. *Annual Review of Psychology*, 63(1), 369–396. <https://doi.org/10.1146/annurev-psych-120710100500>
- WHO Regional Office for Europe. (2016a). *Integrated care models: An overview*. Health Services Delivery Programme, Division of Health Systems and Public Health.
- WHO Regional Office for Europe. (2016b, September 12–15) *Strengthening people centred health systems in the WHO European Region: framework for action on integrated health services delivery* [Paper presentation]. Regional Committee for Europe 66<sup>th</sup> Session, Copenhagen, Denmark.
- World Social Report. (2020). *Inequality in a rapidly changing world*. Department of Economic and Social Affairs, United Nations.
- Yin, R. K. (2014). *Case study research design and methods* (5th ed.). Sage Publications.