



**Universiteit Utrecht**



**Enhancing self-sufficiency among vulnerable people: An  
evaluative study on the perspectives of professionals on the  
implementation of the Learning Trajectories in the Dutch  
municipalities De Bilt, the Utrechtse Heuvelrug, Zeist and Noord-  
Limburg**

Sabien Kroon (5947979)

MSc Social Policy and Public Health

Master Project Social Policy & Public Health 2020-2021

Research Internship and Thesis

University Supervisor: Stephanie Geertman

Internship Organization: K2

Internship Supervisor: Sofie Jongepier

Date of Submission: June 28, 2021

Utrecht, the Netherlands

## Abstract

In the Netherlands, numbers of non-self-sufficient vulnerable people showing confused behavior are increasing. Simultaneously, it becomes clear that providing adequate professional support for this group is challenging. In the period 2019-2021, K2 initiated the 'Learning Trajectories', aimed to provide knowledge and skills to professionals to improve support to vulnerable people in becoming self-sufficient. This study evaluated the extent to which the Learning Trajectories in De Bilt, the Utrechtse Heuvelrug, Zeist and Noord-Limburg succeed in accomplishing this. Influence of the Learning Trajectories was examined directly on the attitudes, social norms, perceived behaviors and indirectly on the intentions of professionals to provide the needed support. Furthermore, the role of bureaucratic and organizational environments on the application of the intentions was investigated. A qualitative research design was handled. Between mid-April and half of May 2021, fifteen semi-structured interviews were conducted with professionals that participated in the Learning Trajectories. Findings show the Learning Trajectories positively changed attitudes, perceived behavioral and intentions of professionals to provide support related to decreasing stress of vulnerable people, working integrally with other professionals and providing tailor-made support to the client. Social norms and intentions towards establishing a meaningful professional-client relationship were not influenced, as the Learning Trajectories did not focus on these factors. Bureaucratic and organizational environments hinder providing adequate support. In conclusion, the Learning Trajectories are effective in improving professional support to vulnerable people in becoming self-sufficient. Presentations, peer mentors<sup>1</sup>, actors and casuistry meetings enhanced knowledge and skills, thereby increasing intentions towards adequate support. Determining the effective elements provides insights for similar interventions. Ultimately, this will improve professional support. However, effectiveness is hindered by bureaucratic and organizational environments. Future research is necessary on this relationship. In addition, more focus should be on establishing a meaningful professional-client relationship and social norms.

---

<sup>1</sup> For Dutch translation, see appendix F

## Introduction

In the Netherlands, the number of vulnerable people showing confused behavior is increasing, while it is challenging to provide adequate support for these people (Andersson Elffers Felix, 2020). In 2020, over hundred thousand vulnerable people showing confused behavior were reported by the Dutch police (Politie, 2021). This is an increase of five percent in comparison to 2019. Meanwhile, professionals in the social domain of the Netherlands do not succeed in adequately supporting these people (Czyzewski, 2020). An important factor of influence for this problem is the process of decentralization (Kromhout, Van Echtelt & Feijten, 2020).

Since the 1970s, municipalities became responsible for risks related to health, wellbeing and employment. The idea of the ‘Participation society’ arose. Central is the idea that individuals should be empowered in becoming self-sufficient. Self-sufficiency can be defined as *the capability to independently carry out daily activities without support, entailing almost all aspects of a person’s life* (Movisie, 2017). Underlying this is the idea of the homo economicus that can think rationally and function properly (Czyzewski, 2020). However, individuals more vulnerable in society cannot comply with this expectation without support (Kromhout et al., 2020). Vulnerable people are incapable of getting hold on their lives (Czyzewski, 2020). Adequate support for vulnerable people is necessary to become self-sufficient. Professionals within the social domain are responsible for this, ranging from neighborhood teams<sup>2</sup>, to mental health care teams, care organizations and housing corporations (Rijksoverheid, n.d.).

However, these professionals are first of all often not competent enough to provide adequate support to vulnerable people (GGZtotaal, 2020). Secondly, professionals lack time and attention for the complex cases of vulnerable people (Movisie, 2017). Thirdly, professionals are not working integrally and therefore not adequately helping vulnerable people (Kruiter & Pels, 2015). Lastly, professionals are hindered by bureaucratic and organizational environments (Kromhout et al., 2020).

Scientific research provides insights into how levels of self-sufficiency among vulnerable people can be increased. Based on these insights, interventions have been implemented that aim to professional support for vulnerable people in becoming self-sufficient.

---

<sup>2</sup> For Dutch translation, see appendix F

Examples are *Integraal Werken in de Wijk* (Zorg voor beter, 2020), *Krachtwerk basis* (Impuls Academie, 2020), *Armoede onder de loep* (De Vonk, n.d.) and *Training Herstel* (ZonMw, n.d.). However, scientific evaluative research is lacking on the effectiveness of these interventions.

To acquire more scientific knowledge about the extent to which these interventions are successful, this research will evaluate the effectiveness of one particular intervention: the Learning Trajectories implemented in the Dutch municipalities De Bilt, the Utrechtse Heuvelrug, Zeist and Noord-Limburg. This intervention was designed and executed by the consultancy company K2, the internship organization of the researcher. In collaboration with K2, this study was executed. In this study, the perspectives of professionals that participated in the Learning Trajectories have been evaluated. Examination took place on how their intentions altered after participating in the Learning Trajectories. In doing so, this study applied the approach of the Theory of Planned Behavior (TPB). Based on the TPB, the influence of changes in attitudes, changes in perceived behavioral control and social norms on the intentions of professionals was investigated.

## Existing literature

This section will first define the group of vulnerable people central in this study. Secondly, the term ‘self-sufficiency’ will be elaborated on. Afterwards, the factors necessary in professional support to increase self-sufficiency are identified retrieved from scientific research. Lastly, the group is defined that provides professional support to vulnerable people.

### *Defining vulnerable people*

Scientific inconsistency exists on the definition of vulnerability. The Council for International Organizations of Medical Science defines vulnerability as “*a substantial incapacity to protect one’s own interests owing to such impediments as a lack of power, intelligence, education, resources, or strength*” (Schroeder & Gefenas, 2009). This research focuses on societal vulnerability. This can be defined as *the risk to repeatedly encounter the negative aspects (inspection, sanction) in contact with societal institutions, and the lacking ability to enjoy the positive aspects* (Vettenburg, 1988).

The group of people coping with societal vulnerability in Dutch society is diverse (Kansfonds, n.d.). K2, the initiator of the Learning Trajectories, considers vulnerable people as *people with a low educational background, a mental handicap, a psychiatric disorder and/or addiction* (K2, personal communication, April 2021). High levels of stress are common among this group, thereby risking harm for themselves or their surroundings. This is shown in signs of confused behavior. Behavior is considered as confused once a person often loiters outside, isolates oneself from social contacts, causes nocturnal harassment, tells garbled stories or talks to oneself (Meldpunt Zorgwekkend Gedrag, n.d.). Confused behavior is associated with multiple problems, like sexual abuse, crime, prostitution, debts, unemployment, being on social welfare and homelessness (Mulder et al., 2017).

### *Defining self-sufficiency*

Scientific inconsistency exists on how to define self-sufficiency. According to the Dutch legislation WMO, self-sufficiency can be considered as *the physical, mental and financial ability to participate in society* (Movisie, n.d.). Self-sufficiency can also be evaluated as *the ability to live independently with as little governmental support as possible* (De Boer & Van der Lans, 2011). In the Learning Trajectories of K2, self-sufficiency refers to *the capability to independently carry out daily activities without support, entailing almost all aspects of a person's life*. Based on the Self-sufficiency matrix, self-sufficiency is related to numerous domains of someone's personal life: finances, employment and education, daily activities, housing, social relationships, mental and physical health, substance abuse, societal participation and justice (Rijken & Steenbeek, 2013).

### *Factors enhancing self-sufficiency among vulnerable people*

Scientific studies have identified factors necessary for increasing self-sufficiency among vulnerable people. These are: working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner. The factors are described on the levels of professionals in relationship to other professionals, and professionals in relationship to vulnerable people/their clients.

## **Professional-professional level**

### Working integrally with other professionals

Societally vulnerable people often deal with multiple, interrelated problems (Mulder et al., 2017). These problems are addressed effectively once a holistic approach in professional support is handled, in which human beings are treated as a mental, social and physical unity (Van Dun, 2019). Professional support should focus on all relevant territories (Van Arum et al., 2020). By means of working integrally with the different parties involved, this can be established. This creates room for self-sufficiency.

## **Professional-client level**

### Decreasing stress of vulnerable people

Due to the often multi-problematic situations vulnerable people are often in, imbalances in the domains regarding self-sufficiency occur, leading to stress (Czyzewski, 2020). People dealing with high levels of stress are prone to irrational decision making. In turn, this causes the inability to solve problems. By eliminating stressors through professional support, stability for vulnerable people can be created (Havens et al., 2018). Stability provides space for self-sufficiency.

### Providing tailor-made support to the client

Also, adequate support comprises tailor-made support to the needs and capabilities of vulnerable people (Programma Sociaal Domein, n.d.). This is expected to increase the effectiveness of professional support. The Integratief Werkzame Factoren-model states professionals providing support should take into consideration all factors relevant in the life of the client (Van Arum et al., 2020).

### Establishing a meaningful professional-client relationship

On top of that, a meaningful relationship between the professional and the client is important (Zorg voor Beter, 2020). Vulnerable people are often care avoidant and therefore unwilling to cooperate with professional support (Tielens & Verster, 2012).

Therefore, establishing a meaningful professional-client relationship is necessary, as this increases feelings of trust and motivation.

### Addressing in a preventive manner

As vulnerable people are often professional support avoidant, the signaling of problematic situations should take place as early as possible (Kroes, van der Velde & Korevaar, 2019). This enables a proactive approach in professional support. In this way, a preventive working method is handled. According to the Hulpmodel (Brandsen et al., 2010), a preventive working method increases the chances of recovery, societal participation and self-sufficiency.

### *Professionals and hindering environments*

Professionals of care organizations, housing corporations, neighborhood teams and mental health care teams provide support to vulnerable people. Care organizations focus on societal recovery of vulnerable people. These organizations often work proactively, also referred to as meddling care<sup>3</sup>. Council housing<sup>3</sup> provide shelter for vulnerable people, or refer vulnerable people to professional support if necessary. Neighborhood teams<sup>3</sup> provide support themselves, or refer vulnerable people to mental health care teams treating psychiatric conditions.

The professionals working for these organizations prove incapable of adequately supporting vulnerable people (Hauwert, Metze & Sedney, 2013). In addition, professionals are hindered by bureaucratic environments (Kromhout et al., 2020). An integral working method is obstructed by privacy legislation and organizational environments. A high caseload hinders an integral working method (Benmoussa, 2019). This also results in the inability to work preventive (Van Arum, Broekroelofs & van Xanten, 2019). On top of that, systemic procedures, organizational rules and legislation limit possibilities in providing tailor-made support (Witsmeer, Maas & van Bruggen, 2016).

To improve professionals' capabilities, interventions have been developed and implemented (Zorg voor beter, 2020; Impuls Academie, 2020; De Vonk, n.d.; ZonMw, n.d.). These interventions aim to enhance knowledge on how to adequately support vulnerable people in becoming self-sufficient, and improve the skills necessary to put this into practice.

---

<sup>3</sup> For Dutch translation, see appendix F

## *Conclusion*

To conclude, scientific literature shows there are several factors important for enhancing self-sufficiency among vulnerable people. Simultaneously, scientific literature proves that there are many different types of professionals involved who are not able to provide adequate support (GGZtotaal, 2020).

Interventions have been executed that aim to overcome these problems, thereby improving the intentions of professionals to adequately support vulnerable people in becoming self-sufficient. However, scientific evidence is lacking on the extent to which such interventions are successful. To acquire more scientific knowledge on the effectiveness of these interventions, this research will evaluate the effectiveness of one particular intervention: the Learning Trajectories of K2.

The goals that the company K2 formulated prior to the Learning Trajectories can be found in the next section. As these were not very specific, this study, in collaboration with K2, investigated if the professionals participating in the Learning Trajectories have become more aware of the factors identified by scientific research as necessary to enhance self-sufficiency among vulnerable people. On top of that, this study examined if the professionals intend to adopt these factors into their working method. This study explored to what extent attitudes, social norms and perceived behavioral control played a role in professionals' intentions and actions related to the identified factors in scientific research. Furthermore, the extent to which the field of practice enables implementation of these factors has been investigated, thereby considering the possibly hindering bureaucratic and organizational environments.



## Learning Trajectories of K2

### *Goals*

The Learning Trajectories are translated as ‘Leertrajecten’ in the Dutch language. K2 formulates the general goal of the Learning Trajectories as following: *to establish a new working method among professionals working with vulnerable people* (K2, 2018). For K2, the Learning Trajectories are successful once professionals handle an integral approach, in which tailor-made support is central. K2 further explains that the focus should be on decreasing stress to create a sustainable living environment. K2 has elaborated that these goals are not based on scientific research, but are based on their own experiences.

### *Target group*

The Learning Trajectories of K2 focus on professionals working for mental health care institutions, organizations providing support to people with a mental handicap, organizations providing support to people dealing with multiple problems, police, the Professional Association of Safety, Health and Welfare Services, recovery colleges, housing corporations and neighborhood teams (K2, personal communication, February 2021).

### *Policy makers and managers*

Aside from the professionals, policy makers working for the involved municipalities and managers of the organizations of professionals attend the Learning Trajectories, to gain insight into the central themes (K2, personal communication, February 2021). In this way, the gap between policy and practice is decreased (K2, personal communication, February 2021).

## *Content*

Central to the Learning Trajectories are themes related to stress, working integrally, mental health care institutions, tailor-made support and social networks (K2, personal communication, March 2021). These themes are partially based on the Stability Model developed by K2 (K2, 2018), and partially based on experiences of K2 in the field of practice.

The Stability model can be found in appendix E. According to the Stability Model, a sustainable living environment is created by eliminating stressors (K2, n.d.). This creates space for enhancing self-sufficiency. Participation in society, a continuous provision of support, the social environment and feelings of security and safety also enhance self-sufficiency.

## *Implementation*

The Learning Trajectories are brought into practice by means of ‘learn-work practical sessions’ and ‘casuistry gatherings’, provided by the team of K2. Learn-work practical sessions start off with a presentation about a central theme. Focus is on enhancing knowledge. This is followed by a practical case provided by an actor for which professionals need to provide adequate support. Furthermore, experts on the themes, like peer mentors, provide additional insights into the central topics.

The Learning Trajectories that are evaluated in this study have been implemented in the municipalities of De Bilt, the Utrechtse Heuvelrug, Zeist and Noord-Limburg in the period of March 2019 until March 2020. The Learning Trajectories in De Bilt, the Utrechtse Heuvelrug and Noord-Limburg are still ongoing.

## Theoretical framework

To evaluate the Learning Trajectories of K2, this study applies the TPB. This theory offers an adequate framework to investigate the effectiveness of the Learning Trajectories, as it provides in-depth insight into what particular aspects form intentions. Also, the influence of the Learning Trajectories on each of the elements that form intentions can be investigated elaborately.

The TPB states human behavior in a given context is formed by individual intention (Ajzen, 1991). Intention refers to people's willingness to perform certain behavior. Intention is influenced by the attitudes, social norms and perceived behavioral control towards certain behavior. Attitudes refer to the evaluations of certain behavior (Ajzen, 1991). The degree to which a person feels pressured by significant others to perform certain behavior is indicated as the social norms. Lastly, a person's perception of one's own capability to perform certain behavior is known as perceived behavioral control. A gap exists between the intention to behave in a certain way and actual behavior, called the 'intention-behavior gap' (Sheeran & Webb, 2016). This is caused by factors beyond individuals' own control.

With reference to the intervention of K2, this study evaluates to what extent the Learning Trajectories succeed in changing the intentions of professionals in favor of better support for vulnerable people. The Learning Trajectories can be considered successful once professionals have the intention to work integrally with other professionals, decrease stress of vulnerable people, establish a meaningful professional-client relationship, provide tailor-made support to the client and address in a preventive manner, and also act upon these factors in practice. Applied to this study, professionals' intention is influenced by attitudes, social norms and perceived behavior control. In particular, this study looks at these constructs of the TPB related to the factors enhancing self-sufficiency among vulnerable people as identified in the literature review. Attitudes refer to the opinions professionals have towards these factors. Social norms refer to the influence of the social circle in the work environments of professionals on applying these factors. Perceived behavioral control refer to the perceived ability of professionals to put the knowledge and skills taught in the Learning Trajectories into practice. In addition to the TPB, it is examined what influence bureaucratic and organizational environments have on the intentions of professionals to apply the knowledge and skills of the Learning Trajectories in their working method.

As the Learning Trajectories focus on enhancing knowledge and improving skills of professionals, they are expected to alter professionals' attitudes and perceived behavioral control towards working integrally with other professionals, decreasing stress of vulnerable people, establishing a meaningful professional-client relationship, providing tailor-made support to the client and addressing in a preventive manner.

Therefore, the Learning Trajectories are expected to influence the intentions of professionals indirectly by means of shifts in attitudes and perceived behavioral control. The Learning Trajectories are not expected to alter the social norms surrounding professionals, as they do not focus on this. In figure 1.1, the conceptual framework central to this study is depicted.

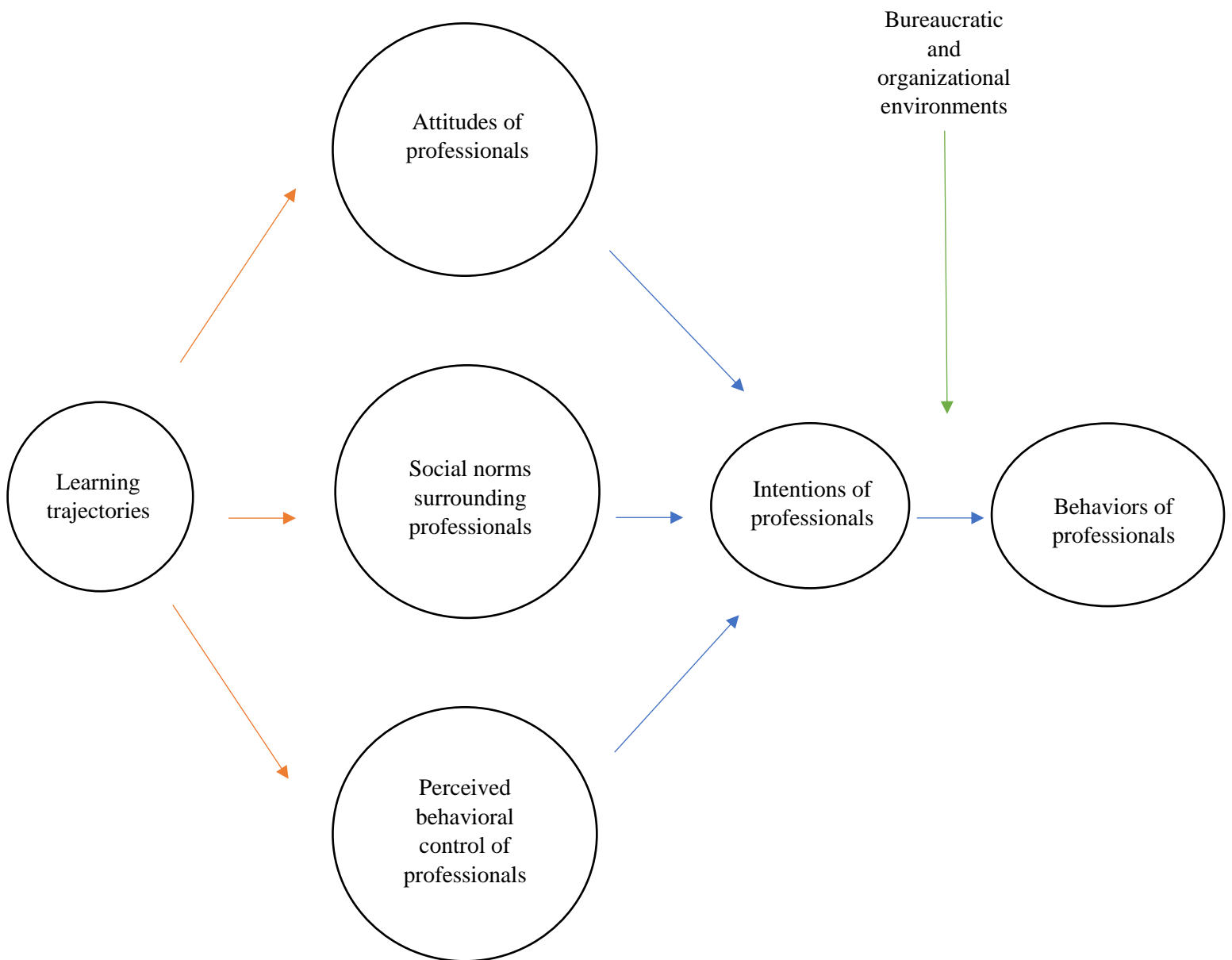


Figure 1.1. Conceptual framework inspired by the Theory of Planned Behavior (Ajzen, 1991)

*Research question and expectations*

As the literature review has indicated, self-sufficiency among vulnerable people is enhanced once professional support comprises an integral working method between professionals, the reduction of stress of vulnerable people, the provision of tailor-made support, the establishment of a meaningful professional-client relationship and preventive addressing. The literature review also showed that knowledge is lacking about the effectiveness of interventions focused on these factors.

To acquire more scientific knowledge about the extent to which these recent interventions succeed in providing adequate support, the current research will evaluate one particular intervention: the Learning Trajectories of K2. For this research, professional support for vulnerable people is evaluated as adequate once professionals apply the factors identified by scientific research into their working method.

Consequently, the following central research question has been constructed:

Based on the perspectives of professionals, to what extent do the Learning Trajectories of K2 in the Dutch municipalities De Bilt, the Utrechtse Heuvelrug, Zeist and Noord-Limburg succeed in providing adequate support by professionals for vulnerable people in becoming self-sufficient?

To provide an answer to this research question, the following sub-questions have been constructed:

Q1: To what extent have the Learning Trajectories influenced the attitudes of participating professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner?

Q2: To what extent have the Learning Trajectories influenced the social norms surrounding participating professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner?

Q3: To what extent have the Learning Trajectories influenced participating professionals' perceived behavioral control towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner?

Q4: Since participating in the Learning Trajectories, what are the intentions of the professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner?

Q5: To what extent have changed attitudes, perceived behavioral control and social norms resulted in intentions of participating professionals to work more integrally with other professionals, decrease stress of vulnerable people, provide more tailor-made support to the client, establish a meaningful professional-client relationship and address in a preventive manner?

Q6: When participating professionals have the intentions to work more integrally with other professionals, decrease stress of vulnerable people, provide more tailor-made support to the client, establish a meaningful professional-client relationship and address in a preventive manner, what is the role of the bureaucratic and organizational environments to perform this behavior?

### *Expectations*

The expectations central to this research are:

E1: The Learning Trajectories have positively influenced participating professionals' attitudes towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner, as knowledge is enhanced regarding these topics.

E2: The Learning Trajectories have not influenced the social norms surrounding participating professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner, as the Learning Trajectories solely focus on altering professionals' attitudes and perceived behavioral control.

E3: The Learning Trajectories have increased participating professionals' perceived behavioral control to work integrally with other professionals, decreasing stress of vulnerable people, provide tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner in their working method, as knowledge is enhanced regarding these topics and experience is acquired on how to apply these topics in their working method.

E4: Since participating in the Learning Trajectories, professionals intend to work more integrally with other professionals, decrease stress of vulnerable people, provide more tailor-made support to the client, establish a meaningful professional-client relationship and address more in a preventive manner.

E5: More positive attitudes and increased perceived behavioral control of participating professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner have increased professionals' intentions to apply these factors into their working method.

E6: The social norms surrounding participating professionals have not increased professionals' intentions, as social norms are not targeted by the Learning Trajectories.

E7: The intentions of participating professionals towards working integrally with other professionals, decreasing stress of vulnerable people, providing tailor-made support to the client, establishing a meaningful professional-client relationship and addressing in a preventive manner are hindered by bureaucratic and organizational environments. High caseloads, legislation, procedures and organizational rules limit professionals to apply the intentions into their working method.



## **Methods**

This section elaborates on the methodology of this research. The study design and overall procedures, the participant sample and recruitment process, the procedure of data management and analysis are outlined in this section.

### *Study design and overall procedures*

A qualitative study design has been handled. This type of design enables participants to elaborate on and motivate the answers they provide related to their attitudes, social norms, perceived behavioral control, intentions and the intention-behavior-gap. In particular, a qualitative approach enhances knowledge on the reasoning behind the answers participants provide.

This study handles a deductive research design, as the factors necessary for adequate professional support of vulnerable people in becoming self-sufficient and the constructs of the TPB have been identified based on existing literature. This allowed the researcher to construct the research questions and expectations prior to data collection, construct a questionnaire based on factors identified by existing research and execute data analysis in a systematic, determined way. A deductive research design was chosen as it is time efficient. This study had to be executed in only a couple of months, therefore the duration of this study is relatively short.

In the conceptual framework of figure 1.1, the influences of the Learning Trajectories in relation to the constructs of the TPB are depicted. Consequently, the topic list of appendix C has been constructed, thereby combining the factors and constructs obtained from the literature review on the one hand, and the role of the Learning Trajectories on the other hand. This topic list forms the basis for this research. Data analysis, the results, conclusion and discussion sections and the questionnaire center around the topic list.

## *Participant sample and recruitment*

### Recruitment

The commissioning party of this research, K2, was responsible for recruitment. In total, one hundred fifty professionals supporting vulnerable people in the municipalities de Bilt, de Utrechtse Heuvelrug, Zeist and Noord-Limburg participated in the Learning Trajectories of K2. From this population, only those professionals were included that were involved in the Learning Trajectories from the beginning and onwards. These are one hundred professionals in total. For each municipality, ten professionals were randomly selected out of this target population. Contact was sought by means of Whatsapp Messenger, thereby enquiring about participation in this research. As multiple professionals did not respond or were not willing to participate in the municipalities of de Bilt, de Utrechtse Heuvelrug and Noord-Limburg, the majority of the participants works for the municipality of Zeist. Once a group of fifteen professionals approved of this request, recruitment was terminated. Fifteen participants provide broad insight from different perspectives into the research topic.

### Participant sample

Participants of this study are professionals working for the neighborhood teams Utrechtse Heuvelrug, the council housing corporations SSW and Woongood Zeist, the care and welfare organizations Kwintes and Leger des Heils, the organization Abrona for mentally handicapped people, the Child and Family Centre<sup>4</sup> and the mental health care organizations GGZ and Altrecht. More information on these participants can be found in appendices A and B.

---

<sup>4</sup> For Dutch translation, see appendix F

### *Data collection instrument and operationalisation*

Data were collected by means of fifteen semi-structured interviews in the period of mid-April until half of May. Semi-structured interviews allow for in-depth, extensive answering to the research question, while also leaving space for follow-up questions asked by the researcher (Segal, Coolidge, O'Riley & Heinz, 2006). On top of that, this offers the possibility to gain additional insights. As a consequence of the current Covid-19 pandemic, all interviews proceeded via Microsoft Teams. This ensures a similar interview setting for each participant.

Prior to the interviews, ethical approval of the Ethics Review Board for conducting this study was obtained. Furthermore, informed consent based on the form of appendix G was retrieved prior to the interviews. Participants were informed about the goals, questionnaire, data management and data analysis of this study. As the interviews proceeded by means of Microsoft Teams, the informed consent form was read out loud by the researcher at the start of the interviews. Only when informed consent was obtained, the interview proceeded. All participants agreed with the informed consent form.

Central to the semi-structured interviews is the questionnaire of appendix D. This questionnaire is based on the topic list of appendix C. As the topic list is based on the conceptual framework that has been constructed based on an extensive literature review, it is ensured all aspects of the research question are discussed.

### *Data management and data analysis approach*

#### Data management

With permission of all participants, audio of the interviews was recorded. Afterwards, the interviews were verbatim transcribed in the original Dutch language. Approved by the thesis supervisor, the majority of the interviews was transcribed by five students of the University of Utrecht, working for K2. Arrangements were made to not share the audio recordings with others, and to delete these as soon as transcription was completed.

Evaluation of the Learning Trajectories might lead to criticism of participating professionals on their working fields. Resignation is at risk when this criticism can be linked to participants directly. To prevent this, the research provided anonymity and privacy for participants by removing any personal information, and store data in the secured data storage environment YoDa of the University of Utrecht.

This allowed the researcher to share the collected data with the thesis supervisor in a secured manner. However, the researcher did not succeed in coding the interviews directly in Nvivo 12 through YoDa. Important to note is that the coded files were removed directly from the researcher's computer once data analysis had been completed.

### Data analysis

The interviews were analyzed in Nvivo 12 using a grounded theory approach. The code tree of appendix E was constructed based on the topic list of appendix C. Texts were coded per interview on the basis of this code tree. Subsequently, the qualitative analyzing strategy of Boeije (2005) was handled. Coded texts were summarized per interview per topic. After that, summaries of all interviews were bundled per topic. This led to a coherent overview of the answers to each topic.

An employee of K2 has coded one interview to verify whether coding by the researcher had been executed correctly. This ensures reliability and validity. She has a University degree and is experienced with qualitative coding. The interview was anonymized prior to sharing with the employee of K2 and shared by means of a protected email. Congruence was stated between the coding of the researcher and external coding. This confirmed the researcher coded the interview in the correct way.

## Results

In the following section, the findings of this study are presented. Focus is on the constructs of the TPB on which the Learning Trajectories have had an effect: directly on the attitudes and perceived behavioral control of participants, indirectly on the intentions of participants. Distinction is made between the themes that participants find most important to apply when supporting vulnerable people. These are: working integrally with other professionals, decreasing stress of vulnerable people and providing tailor-made support to the client. On top of that, the hindering bureaucratic and organizational environments are identified per theme. Furthermore, one theme is described that participants find important, but on which the Learning Trajectories have not had an influence: establishing a meaningful professional-client relationship.

### *Changes in attitudes*

#### Attitudes related to working integrally with other professionals

When participants were asked about the attitudes they held before participating in the Learning Trajectories regarding working integrally with other professionals, thirteen participants already held positive attitudes. This was expected to increase effectiveness of support, due to the broad scope to tackle the multi-problematic situations. Consultant 27 of the CJG exemplifies this as follows: *“That image that people are blindfolded while touching an elephant. And each person says: ‘oh, I feel a snake’, instead of a proboscis. ... But if you look at it from a distance, it appears to be an elephant. The question is how to consider the complete picture of the elephant with each other? Everyone sees it from his own perspective”*<sup>5</sup>. Especially the care workers of neighborhood teams, meddling care workers and a process manager stress importance. A possible explanation for this is that their jobs require taking on a broad scope when supporting their clients, thereby involving multiple care work organizations.

By means of educating about and practicing with an integral working method, participation in the Learning Trajectories has positively altered the attitudes of care worker 26 working for the neighborhood team, and housing consultant 18.

---

<sup>5</sup> All quotes have been translated into the English language by the researcher

They have become more aware of the importance of working integrally. Housing consultant 18 explains: *“I think like: oh please, just pay your rent. You are aware of the amount you have to pay, the rent is the most important part... Disregard that mobile phone. But then it appears that this mobile phone is crucial for this person, possibly for the job that person has”*.

#### Attitudes related to decreasing stress of vulnerable people

When participants were asked about the attitudes they held before participating in the Learning Trajectories regarding decreasing stress of vulnerable people, twelve participants already held positive attitudes. This should create a stable living environment, especially with regards to finances and housing. Meddling care worker 12 argues: *“Speaking for myself, I notice that when I focus on: what are the main causes of stress for you? Then we will tackle that first. I think that this works best for the client, as that takes away the biggest obstacle. This provides space for working on other aspects”*. In addition, decreasing stress is expected to increase trust in professional support by three participants. A possible explanation is that these participants work as meddling care workers or for the council housing, often dealing with clients that are unwilling to cooperate. Therefore, feelings of trust is more relevant for these participants.

In the Learning Trajectories, participants were educated about the relevance of decreasing stress. Consequently, housing consultant 18 has become more aware of the consequences of high levels of stress for vulnerable people. He mentions: *“If I’m being told: don’t do that, because every time you send a letter, this causes a lot of stress for Kareltje and it takes us five days to decrease this stress. That is something that I only realize just then... We just think: ‘oh, this is our procedure, so this is what we are ought to do according to the law’”*. Furthermore, meddling care worker 12 and care worker 20 of the neighborhood team have become more conscious of the benefits of decreasing stress levels. Care worker 20 explains: *“I am aware of my working method, but then it appears that decreasing stress is the most important factor”*.

### Attitudes related to providing tailor-made support to vulnerable people

Participants were asked about the attitudes they held prior to participating in the Learning Trajectories regarding providing tailor-made support. Eleven participants were already conscious of the importance of tailor-made support. This should enable effective support of vulnerable people. Meddling care worker 12 elaborates: *“The professional support that is offered can be considered as a type of product. We have a hundred (round) cups, but this client needs a squared cup. Well, (care work organizations) don’t manufacture these types of cups. (Then I will) search for a way to manufacture a squared cup, because that is what the client needs”*. On top of that, tailor-made support motivates clients to cooperate, as it stimulates feelings of trust and respect. Housing consultant 18 stresses importance as he experiences mistrust among his clients towards the council housing. All four meddling care workers confirm this idea, as their clients are often sceptical of professional support due to past experiences.

The attitudes of consultant 27 of the CJG, care worker 16 of Abrona, care worker 20 of the neighborhood team and process manager 30 have changed as a result of participating in the Learning Trajectories. By means of involving peer mentors and actors imitating particular cliental groups, knowledge was enhanced among these participants regarding mentally handicapped clients, clients with autism and addiction.

### *Changes in perceived behavioral control*

#### Perceived behavioral control related to working integrally with other professionals

Participants were asked about the level of perceived behavioral they experienced before participating in the Learning Trajectories regarding working integrally. Although twelve participants already held positive attitudes towards working integrally prior to the Learning Trajectories, they felt unable to work integrally, due to unfamiliarity with other professionals. In addition, participants felt hindered by the unwillingness of other professionals to work integrally. Case manager 26 of Altrecht argues: *“If you work for the polyclinic of Altrecht for people with a bipolar background. Those professionals are only focused on disorders and how to treat those. Instead of considering all the other domains of a person’s life”*.

Another reason mentioned by participants is that professionals of the Emergency services<sup>6</sup>, the Social Services<sup>4</sup> and the council housing do not dare to take responsibility for clients in multi-problematic situations, as they strictly hold on to privacy legislation in exchanging client information. Striking is that the twelve participants feeling incapable of working integrally all work for different organizations, thereby all perceiving hinder of each other's working method while disregarding their own contribution.

The Learning Trajectories have overcome these feelings of lacking behavioral control for all twelve participants. This was established by creating a 'Smoelenboek', containing pictures and contact information of all participating professionals. Consequently, participants know each other and are more willing to help each other out. Meddling care worker 25 working for Kwintes states: *"You see each other in person. Contact can be sought easily, like: 'oh, as you are here, do you happen to know something about this client? I have been meaning to ask, could you stay a bit longer?'. And that has helped building a network very fast"*. In cooperation with the municipality of Zeist, appointments about privacy exchange have been made by K2. This has enabled participants working in Zeist to exchange client information more easily with other professionals. In addition, an integral working method between professionals and managers within organizations has become more easy, due to the fact that managers are regularly involved in the learn-work sessions. This importance is only stated by participants working for the municipality of Noord Limburg. Meddling care worker 11 of a mental health care organization explains: *"It was not common to converse with directors. That appears totally untrue. And within the organization, it proves necessary to connect with each other"*.

#### Perceived behavioral control related to decreasing stress of vulnerable people

When participants were asked about the level of perceived behavioral they experienced before participating in the Learning Trajectories regarding decreasing stress, the majority expressed they lacked the intention to do this. This is caused by feelings of low perceived behavioral control. Nine participants state these feelings are caused by perceived unwillingness of professionals of especially council housing and Social Services to decrease stress. In line with the results for working integrally, professionals holding on to strict organizational rules and procedures hinder participants in providing support.

---

<sup>6</sup> For Dutch translation, see appendix F



Meddling care worker 11 explains: *“Look, everybody is bound to rules. It is very difficult for some professionals to disregard these rules, while this is often necessary. Otherwise it is not possible to decrease the stress of clients”*.

To overcome this hinder, K2 has established appointments with the council housing and the Social Services in the municipality of Zeist to stop sending direct informative letters to clients, as these cause high levels of stress. Due to these appointments, feelings of perceived behavior control to decrease stress have improved among consultant 27 of the CJG and housing consultant 18.

#### Perceived behavioral control related to providing tailor-made support to vulnerable people

Participants were asked about the level of perceived behavioral they experienced before participating in the Learning Trajectories regarding providing tailor-made support. Six participants that already held positive attitudes, felt limited by the gap that exists between the field of policy and practice. Policy makers strictly hold on to policy guidelines, and disregard the perspectives of vulnerable people. Interestingly, the majority of these participants work as care workers for the neighborhood team. Care worker 20 working for the neighborhood team argues: *“The municipality wants to frame it by considering whether it is legal, and if they won’t receive any objections. And then I think: ‘well, then you lose sight of the client, if you only stick to rules.’”* Striking is that colleague care worker 21 of the neighborhood team working for the same municipality as care worker 20 of the neighborhood team that feels hindered by the municipality, does not experience this. He states: *“You need to have a clear motivation, so we give a positive advice to the municipality. But if we possess certain specialized support, and also for a number of hours that is relatively high because we really need that, then that is approved”*.

Due to the fact that policy makers were regularly involved during the Learning Trajectories, the gap between the field of policy and practice is overcome according to four participants. Policy makers seem to feel increasingly responsible to enable professionals to provide tailor-made support. They focus less on strict rules and procedures. In addition, two other participants feel more capable of adjusting support to their clients as a result of working integrally during the Learning Trajectories. Consultant 27 of the CJG exemplifies: *“Creating tailor-made support is an important advantage. To assemble with such a group, so that we can think out of the box like: what could the next step be?”*.

Also, expertise was increased about how to deal with particular client groups due to knowledge enhancement in the presentations during the Learning Trajectories, the involvement of peer supporters and actors and practicing with this knowledge in the casuistry meetings. This expertise has contributed to increased perceived behavior control among four other participants to provide tailor-made support.

### *Changes in intentions*

#### Intentions related to working integrally with other professionals

Three participants expressed they already had the intention to work integrally before participating in the Learning Trajectories. However, feelings of low perceived behavioral control caused the majority of the participants to lack intentions to work integrally prior to the Learning Trajectories. As perceived behavioral control has improved for all of these participants, their intentions have shifted towards working together with all professionals of organizations involved in support surrounding vulnerable people. Hereby, participants intend to communicate openly, help each other out, be accessible in contact, trust each other and share responsibility for clients.

#### Intentions related to decreasing stress of vulnerable people

The majority of the participants expressed they lacked the intention to decrease stress levels among their clients before participating in the Learning Trajectories. This was caused by feelings of low perceived behavioral control. As the Learning Trajectories have mainly improved perceived behavioral control, the intentions of five participants have shifted towards decreasing stress. Intention is to decrease stress, so that stability is created.

#### Intentions related to providing tailor-made support to vulnerable people

Positive attitudes towards tailor-made support caused the majority of the participants expressed they already had the intention to provide tailor-made support before participating in the Learning Trajectories. Participants already intended to adjust support to the needs, wishes and capabilities of their clients. The attitudes of four participants have improved as a consequence of participating in the Learning Trajectories. Furthermore, perceived behavioral control among six participants to provide tailor-made support has increased.

Due to shifts in attitudes and perceived behavioral control, six participants intend to provide tailor-made support due to participation in the Learning Trajectories.

### *Hindering bureaucratic and organizational environments*

#### Working integrally with other professionals

Despite participation in the Learning Trajectories, meddling care workers 11 and 12 are still hindered in practice to work integrally. Organizations with which these participants cooperate are susceptible to shifts in employees. Therefore, building a tight network is difficult.

#### Decreasing stress of vulnerable people

Housing shortages hinder thirteen participants in applying the intention to decrease stress in practice, especially stress regarding housing. Housing shortages underlie this. Care worker 20 of the neighborhood team elaborates: *“The problem here for the Heuvelrug is that there are no houses. We have a lot of asylum seekers, who all need accommodation. Those people are given priority over people that are longer on the waiting list”*. Even the two professionals working for the council housing state this. Interesting to note is that the participants stating this hinder all work in different municipalities, therefore housing shortages cause hinder across the Netherlands. In addition, care worker 16 working for a mental health care institution is hindered in decreasing stress as she does not receive the time and opportunity to establish this.

#### Providing tailor-made support to vulnerable people

Despite the intentions of consultant 28 of a mental health care organization and care worker 16 working with people with mental handicaps to provide tailor-made support, they are often unable to establish this. According to them, this is caused by societal stigmas related to mental disorders and handicaps. Their clients are not offered the opportunities necessary to become self-sufficient by external organizations because of these stigmas.

### *Establishing a meaningful professional-client relationship*

Also, participants note the importance of establishing a meaningful professional-client relationship. All participants intend to establish this. In particular, participants' intentions are grounded in their positive attitudes. A meaningful professional-client relationship is thought to stimulate clients intrinsic motivation to cooperate with professional support. Furthermore, it enables participants to confront clients when cooperation stagnates. Especially for clients of the four meddling care workers such a relationship is essential, as one explains: *"Somebody does not want professional support or your help. Of course, that is important for all groups of clients. But for this group it is a little bit more important, because somebody has not asked for help himself"*. The majority of the participants feels capable of establishing a meaningful relationship with the client. However, three participants often feel incapable of ensuring this. They work with mentally handicapped clients and psychiatric disorders, and note their clients are often sceptical of professional support due to past experiences. Consequently, they are often unwilling to invest in a meaningful professional-client relationship.

The Learning Trajectories have not influenced these attitudes, as establishing a meaningful professional-client relationship is not central. All participants state importance of this theme, but three participants express low feelings of perceived behavioral control to establish this in practice. Therefore, it would be relevant for K2 to include this theme in the Learning Trajectories.

## **Conclusion & Discussion**

### *Overview of findings*

This research aimed to investigate the extent to which the Learning Trajectories of K2 succeed in providing adequate support by professionals for vulnerable people in becoming self-sufficient in the municipalities De Bilt, Utrechtse Heuvelrug, Zeist and Noord-Limburg. Professionals that have participated in the Learning Trajectories were interviewed. On the basis of the TPB, insights were gained into the influence of the Learning Trajectories on the attitudes, social norms, perceived behavioral control and intentions of professionals towards providing adequate support to vulnerable people.

In relation to sub-question 1, the findings show the Learning Trajectories influenced participants' attitudes related to decreasing stress of vulnerable people, working integrally with other professionals and providing more tailor-made support to the client. Seven participants held negative attitudes towards decreasing stress of vulnerable people, working integrally with other professionals and providing tailor-made support.

The Learning Trajectories have improved the attitudes for all of these participants. They have become more aware of the importance of these factors. Presentations and peer mentors enhanced knowledge about the factors, and practicing with actors and in casuistry meetings improved skills. No influence was found on professionals' attitudes towards establishing a meaningful professional-client relationship and addressing in a preventive manner. This is likely caused by the fact that the Learning Trajectories did not focus on these themes. However, participants do note the importance of establishing a meaningful professional-client relationship. In conclusion, expectation E1 was partially confirmed.

Findings related to sub-question 2 show the Learning Trajectories have not influenced the social norms surrounding professionals. The Learning Trajectories solely focused on altering the attitudes and perceived behavioral control of professionals, thereby disregarding the social surroundings of professionals. This finding is affirmative for expectation E2.

With respect to sub-question 3, the findings show the Learning Trajectories have influenced perceived behavioral control related to decreasing stress of vulnerable people, working integrally with other professionals and providing more tailor-made support to the client. Nine participants lacked perceived behavioral control regarding decreasing stress of vulnerable people.

For four participants, the Learning Trajectories have overcome this by establishing appointments with the council housing and the Social Services on stopping sending informative letters.

Twelve participants lacked perceived behavioral control regarding decreasing stress of vulnerable people. For all twelve participants, the Learning Trajectories improved perceived behavioral control, by creating a 'Smoelenboek' and assembling professionals in the casuistry meetings. Consequently, professionals became familiarized with one another, leading to increased willingness to help each other out. Establishing appointments on privacy legislation in Zeist facilitated the exchange of client information between professionals. In addition, involving managers during the learn-work sessions enhanced an integral working method within organizations.

Six participants lacked perceived behavioral control to provide tailor-made support to the client, due to the experienced gap between policy and practice. As policy makers were involved, they have become more aware of the lives of vulnerable people. Furthermore, the Learning Trajectories increased the skills of four participants on how to deal with mentally handicapped clients, clients with autism and addiction by presentations about these groups, involving peer supporters and actors and practicing with this knowledge in the casuistry meetings. This improved perceived behavioral control.

No evidence was found for the influence of the Learning Trajectories on professionals' perceived behavioral control towards establishing a meaningful professional-client relationship and addressing in a preventive manner, possibly due to the fact that the Learning Trajectories did not focus on these themes. In conclusion, expectation E3 was partially confirmed.

With reference to sub-question 4, the findings indicate that the intentions of participants have changed since the Learning Trajectories towards decreasing stress of vulnerable people, working more integrally with other professionals and providing more tailor-made support to the client. No influence was found on the intentions related to establishing a meaningful professional-client relationship and addressing in a preventive manner. The Learning Trajectories did not focus on these themes. In addition, all participants already intended to establish a meaningful professional-client relationship prior to the Learning Trajectories. To conclude, expectation E4 was partially confirmed.

Regarding sub-question 5, the findings show the changed attitudes and perceived behavioral control have altered professionals' intentions to decrease stress of vulnerable people, work more integrally with other professionals and provide more tailor-made support to the client.

The majority of the participants lacked the intention to decrease stress due to feelings of low perceived behavioral control prior to the Learning Trajectories. The influences of the Learning Trajectories on perceived behavioral control of four participants caused their intentions to positively alter.

Feelings of low perceived behavioral control caused twelve participants to lack intentions to work integrally prior to the Learning Trajectories. Improved perceived behavioral control for all of these participants have improved their intentions. Positive influences of the Learning Trajectories on the attitudes and perceived behavioral control have stimulated the intentions for six participants.

Participants' intentions towards establishing a meaningful professional-client relationship and addressing in a preventive manner were not altered, possibly caused by the fact that the Learning Trajectories do not focus on these themes. In conclusion, expectation E5 was partially confirmed. Expectation E6 was confirmed.

The findings in relation to sub-question 6 indicate bureaucratic and organizational environments influence the intentions of professionals towards decreasing stress of vulnerable people, working integrally with other professionals and providing tailor-made support to the client. For working integrally, participants are hindered by shifting organizational structures. These obstruct establishing a tight network. Decreasing stress of vulnerable people, especially related to housing, is obstructed by housing shortages. High caseloads cause one participant to lack time to decrease stress. Stigmas on clients with mental disorders and/or handicaps impede the provision of tailor-made support. Vulnerable people are not offered the opportunities necessary to become self-sufficient by external organizations.

No influence was found of bureaucratic and organizational environments on participants' intentions to establish a meaningful professional-client relationship. In conclusion, expectation E7 is partially confirmed.

### *Similarities and differences other research/theory*

In congruence with existing literature (Havens et al., 2018; Van Arum et al., 2020; Van Dorp, 2019; Tielens & Verster, 2012), the findings indicate decreasing stress of vulnerable people, working integrally with other professionals, providing tailor-made support to the client and establishing a meaningful professional-client relationship are important in professional support of vulnerable people in becoming self-sufficient.

Additional scientific insights are provided into the benefits related to these factors. Decreasing stress of vulnerable people and providing tailor-made support enhance feelings of trust in professional support. On top of that, a meaningful professional-client relationship enables professionals to confront clients when cooperation stagnates.

In line with the study of Sheeran and Webb (2016), bureaucratic and organizational environments cause an intention-behavior gap for professionals. Similarity exists between the types of environments and their hindering role of professional support.

Furthermore, inconsistency can be found between the findings and the study of Kroes et al. (2019). For the participants of this study, addressing in a preventive manner is not relevant for adequate support, while this is stated by Kroes et al. (2019).

### *Strengths and limitations validity*

The external validity of this study is limited as the majority of the participants work for the municipality of Zeist. The findings may be less applicable to the other municipalities. It is recommended this study is repeated for the Learning Trajectories of De Bilt, the Utrechtse Heuvelrug and Noord-Limburg.

Secondly, ecological validity is limited by the fact that the interviews tested participants' reflection on their own behavior and capabilities. This might result in overestimation. Further evaluative research should obtain another research method focusing on observing behavior.

Thirdly, the Learning Trajectories in the municipalities of De Bilt, the Utrechtse Heuvelrug and Noord-Limburg have not been completed yet, diminishing the internal validity. This might influence the effectiveness of the Learning Trajectories. It would be fruitful to repeat this study once the Learning Trajectories have finished.



The internal validity is limited as the duration of the Learning Trajectories in the municipalities of Zeist and Noord-Limburg is shorter compared to the other municipalities. As a consequence, the Learning Trajectories in Zeist and Noord-Limburg may be less effective.

A final limitation is that K2 had not formulated clear goals for the Learning Trajectories. This complicated evaluating the effectiveness of the Learning Trajectories. For the Learning Trajectories and similar interventions, it is recommended to clarify the goals prior to the intervention.

Notwithstanding these limitations, several strengths related to this research can be acknowledged. A main strength of this research is the topic list central to the questionnaire in the interviews is based on an extensive literature review. This increases the internal validity. As a result, all aspects of the problem central in this study were investigated.

Solely selecting participants that have participated in the Learning Trajectories from the beginning and onwards contributed to internal validity. This allowed for elaborate insights into the effectiveness of the Learning Trajectories.

A third strength is the similarity in the interview setting enhancing external validity. All interviews were conducted in the same Microsoft Teams environment.

### *Implications of findings for science and practice*

This is one of the few scientific studies evaluating an intervention aimed at providing adequate professional support to vulnerable people in becoming self-sufficient. Obtaining the TPB has proven fruitful for evaluation, as it provides in-depth insight into how intentions are formed, and what influence the Learning Trajectories had on the elements of intentions. Therefore, acquiring the TPB in evaluative studies is recommended.

Furthermore, participants do not focus on addressing in a preventive manner. This could be caused by the fact that these professionals only focus on solving problems surrounding vulnerable people, instead of preventing problems. Therefore, further research is needed to determine the importance of this theme.

Lastly, this study provides a scientific contribution by defining the group of vulnerable people. However, more research is necessary to define the group of vulnerable people, as the definition of this group is still very broadly.

From a practical perspective, this study provides insights into the effective elements of the Learning Trajectories for positively altering the intentions of professionals. For similar interventions, it would be fruitful to take these elements into account.

On the contrary, effectiveness of the Learning Trajectories is hindered by bureaucratic and organizational environments. Future research is necessary to enhance insights into the influence of these environments on effectiveness. For policy, solutions should be sought to overcome these bureaucratic and organizational environments.

A further practical implication lies in the fact that the Learning Trajectories do not focus on the establishing a meaningful professional-client relationship and altering the social norms surrounding professionals, while findings suggest these are relevant factors. Therefore, it is recommended that the Learning Trajectories and similar interventions take into account these factors.

## Conclusion

All things considered, the Learning Trajectories have proven to be effective in providing adequate professional support to vulnerable people in becoming self-sufficient. Professionals' intentions were altered through attitudes and perceived behavioral control towards focus on working integrally with other professionals, decreasing stress of vulnerable people and providing tailor-made support to the client. This was established by enhancing knowledge by presentations about these factors and involving peer mentors and actors. In addition, practicing this knowledge in casuistry meetings increased skills on how to apply these factors into practice.

As the Learning Trajectories are effective, a contribution is made to the societal problem that providing adequate professional support for the growing number of vulnerable people is challenging. Uncovering the effective elements of the Learning Trajectories by means of this study provides insights for similar interventions. Ultimately, this will enhance professional support to vulnerable people in becoming self-sufficient.

However, some professionals are still unable to apply these intentions into their working method as a consequence of hindering bureaucratic environments. Recommendation is that the influence of these environments on effectiveness is investigated. For policy, solutions should be sought to overcome these bureaucratic and organizational environments.

Furthermore, findings of this study imply the relevance of establishing a meaningful professional-client relationship. Professionals feel incapable of establishing such a relationship. Therefore, effectiveness of the interventions would improve once this factor is taken into account as well. As the TPB indicates social norms are influential on intentions, this factor should be considered as well.

## References

Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*.

Andersson Elffers Felix (2020). Waakvlamfunctie nodig voor kwetsbare bewoners. *Aedes*.

Retrieved from:

[https://www.aef.nl/storage/images/Eindrapport\\_AEF\\_inrichting\\_zorg\\_en\\_ondersteuning\\_aan\\_kwetsbare\\_mensen\\_in\\_de\\_wijk.pdf](https://www.aef.nl/storage/images/Eindrapport_AEF_inrichting_zorg_en_ondersteuning_aan_kwetsbare_mensen_in_de_wijk.pdf)

Benmoussa, I. (2019). *Verwarde personen: tussen wal en schip?* (Master thesis, Erasmus University Rotterdam). Retrieved from: <https://thesis.eur.nl/pub/54501/Benmoussa-Ibtissam.pdf>

Boeije, H. (2005). Analyseren in kwalitatief onderzoek. *Denken en doen*. Boom uitgevers Amsterdam.

Boer, N., de & Lans, J., van der (2011). *Burgerkracht: De toekomst van het sociaal werk in Nederland*. Den Haag: RMO

Brandsen, T., Collignon, L., Cornelissen, E., Kalders, P., & Soeparman, S. (2010). Professionals in de frontlijn tussen burgers en instanties. *SEV*.

Czyzewski, S. (2020). Terug naar de echte werkelijkheid!. In B. Leurs (Ed.), *Samenwerken, samen betalen?*. 's Gravenzande: Van Deventer.

De Boer, N. & Van der Lans, J. (2011). *Burgerkracht: De toekomst van het sociaal werk in Nederland*. Den Haag: RMO

De Vonk (n.d.). *Training Armoede onder de loep*. Retrieved from: <https://de-vonk.nu/professionals/voor-scholen-en-zorgteams/training-armoede-onder-de-loep-voor-de-educatieve-sector/>

GGZtotaal (2020). Zorg en ondersteuning voor (psychisch) kwetsbare mensen in corporatiewijken schiet tekort. *Aedes*. Retrieved from: [https://www.ggztotal.nl/nw-29166-7-3790187/nieuws/zorg\\_en\\_ondersteuning\\_voor\\_psychisch\\_kwetsbare\\_mensen\\_in\\_corporatiewijken\\_schiet\\_tekort.html](https://www.ggztotal.nl/nw-29166-7-3790187/nieuws/zorg_en_ondersteuning_voor_psychisch_kwetsbare_mensen_in_corporatiewijken_schiet_tekort.html)

Hauwert, S., Metze, R., & Sedney, P. (2013). Zelfregie van mensen in kwetsbare posities. In Kwekkeboom, R. & van Heijst, P., Tinteling. *De driehoek onderzoek-onderwijs-praktijk in evenwicht*. Zorg en Welzijn.

Havens, L. M. P., van Asselt-Goverts, I., Jansen, C., Heessels, M., & Verharen, L. (2018). *AanZet met geld/Aanzet met geld: Onderzoek naar de financiële zelfredzaamheid van jongvolwassenen met lichte verstandelijke beperkingen*. Retrieved from: [https://www.han.nl/projecten/2018/aanzet-met-geld/publieksrapportage\\_fzr\\_def.pdf](https://www.han.nl/projecten/2018/aanzet-met-geld/publieksrapportage_fzr_def.pdf)

Impuls Academie (2020). *Krachtgerichte interventies*. Retrieved from: <https://impuls-onderzoekscentrum.nl/wp-content/uploads/brochure-k-nummer-open-aanbod-2020-1.pdf>

K2 (2018). *Stabiliteit voor kwetsbare inwoners – wat kunnen gemeenten doen?*. Retrieved from: [http://www.k2next.nl/wordpress/wp-content/uploads/2018/11/Stabiliteit-voor-kwetsbare-inwoners-wat-kunnen-gemeenten-doen\\_1.pdf](http://www.k2next.nl/wordpress/wp-content/uploads/2018/11/Stabiliteit-voor-kwetsbare-inwoners-wat-kunnen-gemeenten-doen_1.pdf)

Kansfonds (n.d.). *Onze definitie van kwetsbaarheid*. Retrieved from: <https://www.kansfonds.nl/aanvragen/richtlijnen/onze-definitie-van-kwetsbaarheid/>

Kroes, J., van der Velde, J., & Korevaar, E. (2019). *Toolkit: Interdisciplinaire samenwerking rondom verward gedrag*. Retrieved from: [https://research.hanze.nl/ws/files/26415785/TrainershandleidingToolkit\\_verward\\_gedrag.pdf](https://research.hanze.nl/ws/files/26415785/TrainershandleidingToolkit_verward_gedrag.pdf)

Kromhout, M., Van Echtelt, P. & Feijten, P. (2020). *Sociaal domein op koers?*. Den Haag: *Sociaal en Cultureel Planbureau*.

Kruiter, A. J. & C. Pels (2015). *De dag dat Peter de deur dichttimmerde*. Amsterdam: kwetsbare gezinnen. *Binnenlands Bestuur*.

Meldpunt Zorgwekkend Gedrag (n.d.). *Wanneer bel ik?*. Retrieved from: <https://www.meldpuntzorgwekkendgedrag.nl/wanneer-bel-ik>

Movisie (2017). *Eigen regie: de kostenbesparing voorbij*. Retrieved from:

<https://www.movisie.nl/artikel/eigen-regie-kostenbesparing-voorbij>

Movisie (n.d.). *Eigen regie*. Retrieved from: <https://www.movisie.nl/eigen-regie>

Mulder, C. L., van Weeghel, J., Wierdsma, A., Zoeteman, J., & Schene, A. (2017). Expertise van de ggz in de frontlinie bij de zorg voor personen met verward gedrag ofwel met acute (zorg) nood. *Tijdschrift voor Psychiatrie*.

Politie (2021). *Incidenten personen verward gedrag stijgen minder hard*. Retrieved from:

<https://www.politie.nl/nieuws/2021/januari/15/00-incidenten-personen-verward-gedrag-stijgen-minder-hard.html>

Programma Sociaal Domein (n.d.). *Maatwerk*. Retrieved from:

<https://www.programmasociaaldomein.nl/trajecten/themas/maatwerk>

Rijken, E., & Steenbeek, R. (2013). *Samen doen: evaluatie van casemanagement*. Hoofddorp: TNO.

Rijksoverheid (n.d.). *Zorg en ondersteuning voor mensen met verward gedrag*. Retrieved

from: <https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg/zorg-en-ondersteuning-voor-mensen-met-verward-gedrag>

Schroeder, D., & Gefenas, E. (2009). Vulnerability: too vague and too broad?. *Cambridge Q. Healthcare Ethics*.

Segal, D. L., Coolidge, F. L., O'Riley, A., & Heinz, B. A. (2006). Structured and semistructured interviews. *Clinician's handbook of adult behavioral assessment*. Academic Press.

Sheeran, P., & Webb, T. L. (2016). The intention–behavior gap. *Social and personality psychology compass*.

Tielens, J., & Verster, M. (2012). *Bemoeizorg: eenvoudige tips voor moeilijke zorg: voor iedereen die werkt met mensen met een chronische psychiatrische stoornis*. De Tijdstroom.

Van Arum, S., Broekroelofs, R. & van Xanten, H. (2019). Sociale (wijk)teams: vijf jaar later. *Movisie*.

Van Arum, S., Redeker, I., Stouthard, L., Verweij, S. & van Xanten, H. (2020). Werkzame elementen bij integraal werken. *Ministerie van Volksgezondheid, Welzijn en Sport*.

Van Dun, P. (2019). Holisme in de osteopathie: de kloof overbruggen tussen concept en praktijk. *About Osteopathy*.

Verweij, S., van Xanten, H. & van Houten, M. (2018). Verbinden werk & inkomen en zorg & welzijn. *Movisie*. Retrieved from:

[https://www.integraalwerkenindewijk.nl/sites/integraalwerkenindewijk.nl/files/iww\\_imce/bestanden/verbinden-werk-inkomen-zorg-welzijn\\_0.pdf](https://www.integraalwerkenindewijk.nl/sites/integraalwerkenindewijk.nl/files/iww_imce/bestanden/verbinden-werk-inkomen-zorg-welzijn_0.pdf)

Vettenburg, N. (1988) Jeugd en maatschappelijke kwetsbaarheid. In: Hazekamp, J., Lierman, W., *Jeugd in bijzondere situatie*. Hasselt: Culturele aangelegenheden.

Witsmeer, G., Maas, M., & van Bruggen, A. (2016). Ervaringen vanuit de Strategische casustafel sociaal domein. *Sociaal Bestek*.

ZonMw (n.d.). *Trainingen Herstel*. Retrieved from: <https://www.zonmw.nl/nl/onderzoek-resultaten/geestelijke-gezondheid/verward-gedrag/trainingen-gemeentelijke-teams/trainingen-herstel/>

Zorg voor beter (2020). *Programma Integraal Werken in de Wijk*. Retrieved from: <https://www.zorgvoorbeter.nl/samenwerken-in-de-wijk/integraal-werken-in-de-wijk>

## Appendices

### Appendix A

#### Information on the participants

Participant	Profession	Municipality	Age	Gender
11	Meddling care worker mental health care organization (GGZ)	Limburg	58	Female
12	Meddling care worker mental health care organization (Kwintes)	Zeist	35	Male
15	Housing consultant (SSW)	De Bilt	46	Male
16	Care worker mental handicaps (Abrona)	De Bilt	68	Female
18	Housing consultant (Woongoed Zeist)	Zeist	43	Male
20	Consultant neighborhood team	Utrechtse Heuvelrug	66	Female
21	Consultant neighborhood team	Utrechtse Heuvelrug	43	Male
24	Meddling care worker mental health care organization (Kwintes)	Utrechtse Heuvelrug	44	Female
25	Meddling care worker mental health care organization (Kwintes)	Zeist	40	Female
26	Consultant mental health care organization (Altrecht)	Zeist	32	Female
27	Consultant Child and Family Centre	Zeist	46	Female
28	Consultant mental health care organization (Altrecht)	Zeist	45	Female
29	Consultant neighborhood team	Zeist	53	Female



30	Process manager Leger des Heils	Limburg	32	Male
31	Consultant neighborhood team	Utrechtse Heuvelrug	62	Male

*Appendix B*

Information on the professions of the participants

Profession	Description of profession	Frequency	Municipalities
Meddling care worker mental health care organization	Actively searching for vulnerable people with psychiatric disorders and leading them to adequate professional support.	4	Noord-Limburg Zeist Utrechtse Heuvelrug
Consultant mental health care organization	Supporting vulnerable people with psychiatric disorders in recovering. Professional is guide to adequate mental health care.	1	Zeist
Housing consultant	Responsible for leasing and managing social housing for people with a low income.	2	De Bilt Zeist
Care worker mental handicaps	Supporting people with a mental handicap in becoming self-sufficient.	1	De Bilt
Consultant neighborhood team	Evaluating the problem and guiding vulnerable people to adequate professional support organizations.	4	Utrechtse Heuvelrug Zeist
Consultant Child and Family Centre	Evaluating the problem and guiding parents and their children to adequate professional support organizations.	1	Zeist
Process manager Leger des Heils	Arranging administrative processes to ensure vulnerable people obtain adequate professional support.	1	Noord-Limburg

*Note:* The descriptions of the professions are based on the findings retrieved from the interviews of this study.

*Appendix C*

Topic list

Attitudes

Social norms

Perceived behavioral control

Intentions

Decreasing stress

Establishing a meaningful professional-client relationship

Working integrally

Providing tailor-made support to the client

Addressing preventive

Hindering bureaucratic environments

Hindering organizational environments

Influence of the Learning Trajectories

## *Appendix D*

### Questionnaire central in the interviews

#### **Background information**

The following factors were shown to participants:

- Decreasing stress
- Creating a meaningful professional-client relationship
- Working integrally
- Providing tailor-made support to the client
- Addressing preventive

This overview was visible for the rest of the interview, as the specific questions are related to these factors.

#### **Questionnaire**

##### General questions

- Can you tell me something about your job? In what way do you support vulnerable people in becoming self-sufficient?
- You have participated in the Learning Trajectories of the consultancy company K2. For what reasons did you choose to participate in these Learning Trajectories?

##### Specific questions

###### *Attitude*

- What factors in the overview do you find important to put into practice when you provide support? Why?
- What factors do you find less important? Why?
- Did the Learning Trajectories of K2 play a role in this? In what way?
- What is hindering you to put these factors into place?
- What is stimulating to put them into practice?

### *Social norms*

- What factors in the overview do colleagues in your working environment find important to put into practice when you provide support? For what reasons?
- What factors do you believe they find less important? Why?
- Did the Learning Trajectories of K2 play a role in this? In what way?
- What is hindering you to put these factors into place?
- What is stimulating to put them into practice?

### *Perceived behavioral control*

- To what extent are you able to put into practice the factors that you find important in the overview when you provide support? What is hindering you to put these factors into place? Why?
- What is stimulating you to put them into practice?
- Did the Learning Trajectories of K2 play a role in this? In what way?
- What is hindering you to put these factors into place?
- What is stimulating to put them into practice?

### *Intention*

- To what extent do you have the intention to put one or more of the factors into practice when you provide support? Why (for each factor)?
- What is hindering you to put these factors into place?
- What is stimulating to put them into practice?

### *Behavior*

- To what extent are you already putting these factors into practice (ask for each factor in the overview) when you provide support?
- What is hindering you to put these factors into place?
- What is stimulating to put them into practice?

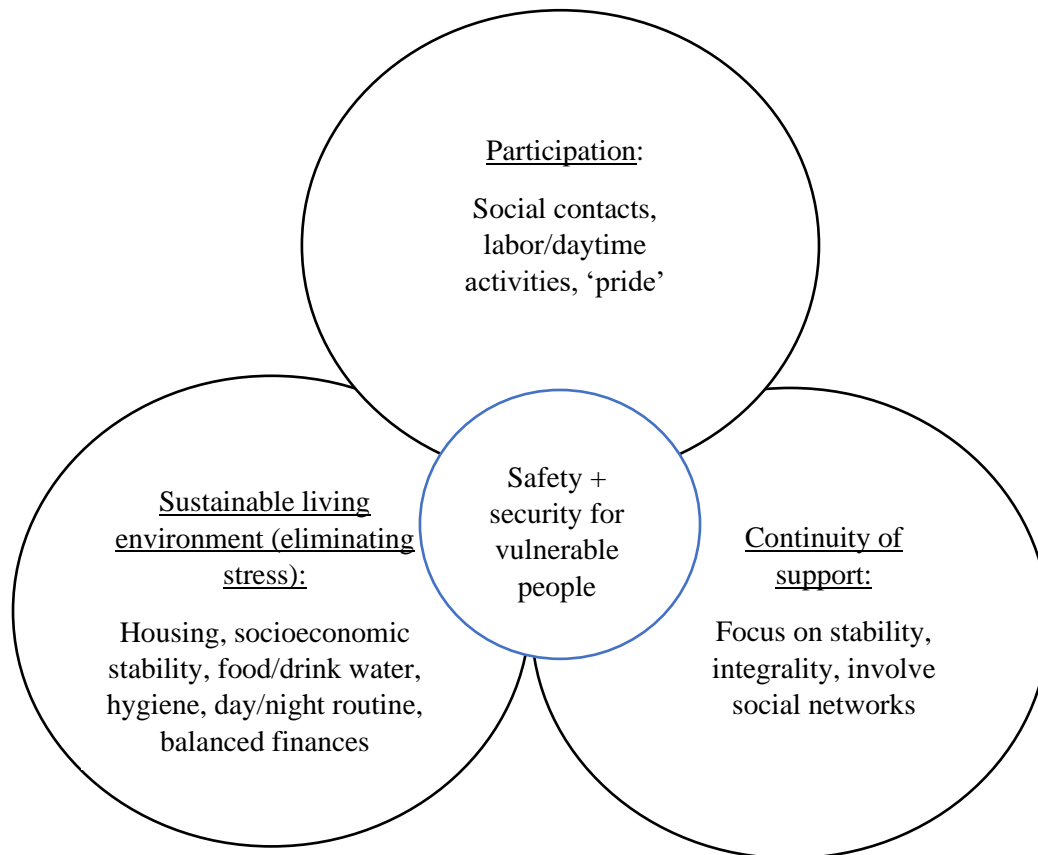
### Concluding questions

- In your opinion, what positive aspects are there to the Learning Trajectories?
- Are there any negative aspects to the Learning Trajectories, according to you? What are these? What is missing in the Learning Trajectories?
- What advice would you give to policy makers/other professionals in improving support to vulnerable people in becoming more self-sufficient?

This is the end of the interview. Thank you very much for your time!

*Appendix E*

The Stability model (translated by Sabien Kroon)



*Appendix F*

Dutch translations of English words

English translation	Dutch word
Meddling care	Bemoeizorg
Peer mentor	Ervaringsdeskundige
Child and Family Centre	Centrum Jeugd en Gezin (CJG)
Council housing	Woningbouw
Emergency services	Crisisdienst
Social Services	Sociale Dienst



## *Appendix G*

### Informed consent form

#### **Research:**

Master's program Social Policy and Public Health

University of Utrecht

#### **Name researcher:**

Sabien Kroon

#### **Aim of research:**

This research aims to evaluate the effectiveness of the Learning Trajectories developed by the consultancy company K2, intended to improve professional support for vulnerable people in problematic situations in becoming self-sufficient. These Learning Trajectories are targeted at professionals supporting vulnerable people.

Effectiveness is evaluated by means of investigating the attitudes you have towards factors relevant for adequate professional support for vulnerable people in becoming self-sufficient. Also, your working field will be included. In addition, questions will be asked related to the extent to which you feel you are able to put these factors into practice. Furthermore, your intentions will be asked about adopting these factors in your working method. Lastly, the researcher will ask about bureaucratic and organizational environments that might hinder putting your intentions into practice.

#### **Your cooperation:**

Data for this research will be collected by means of semi-structured interviews. Collected data will be treated carefully, meaning information will be anonymized. This ensures that no participant is recognizable for third parties in the final research. Data will be stored in a secure data management program provided by the University of Utrecht: Yoda. At any time during the interview you are allowed to not answer a question, take a break or opt out.

By agreeing with this form, you give permission to take part in this research. After you have agreed, you are still allowed to opt out of this research at any time. However, your participation is strongly appreciated.

*Appendix H*

Code tree

Head code	Subcode 1	Subcode 2
Attitudes prior to the Learning	Negative	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
	Positive	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
Social norms prior to the Learning Trajectories	Negative	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive

	Positive	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
Perceived behavioral control prior to the Learning Trajectories	Negative	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
	Positive	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
Intentions prior to the Learning Trajectories	Negative	Decreasing stress Establishing a meaningful professional-client relationship Working integrally

		Providing tailor-made support to the client Addressing preventive
	Positive	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
Attitudes after the Learning Trajectories	Negative	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
	Positive	Decreasing stress Establishing a meaningful professional-client relationship Working integrally Providing tailor-made support to the client Addressing preventive
Social norms after the Learning Trajectories	Negative	Decreasing stress

		Establishing a meaningful professional-client relationship
		Working integrally
		Providing tailor-made support to the client
		Addressing preventive
	Positive	Decreasing stress
		Establishing a meaningful professional-client relationship
		Working integrally
		Providing tailor-made support to the client
		Addressing preventive
Perceived behavioral control after the Learning Trajectories	Negative	Decreasing stress
		Establishing a meaningful professional-client relationship
		Working integrally
		Providing tailor-made support to the client
		Addressing preventive
	Positive	Decreasing stress
		Establishing a meaningful professional-client relationship
		Working integrally
		Providing tailor-made support to the client

Intentions after the Learning Trajectories

Negative

Addressing preventive

Decreasing stress  
Establishing a meaningful professional-client relationship  
Working integrally  
Providing tailor-made support to the client  
Addressing preventive

Positive

Decreasing stress  
Establishing a meaningful professional-client relationship  
Working integrally  
Providing tailor-made support to the client  
Addressing preventive

Hindering bureaucratic environments

Decreasing stress  
Establishing a meaningful professional-client relationship  
Working integrally  
Providing tailor-made support to the client  
Addressing preventive

Hindering organizational environments

Decreasing stress  
Establishing a meaningful professional-client relationship

Working integrally  
Providing tailor-made  
support to the client  
Addressing preventive