

Justitiële verkenningen

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Socially vulnerable groups

Summaries

Paternalism between embracement and revilement; changing ethics of social work since 1950

E. Tonkens and J.W. Duyvendak

Nowadays social work has a double attitude toward paternalism. On the one hand, there is a strong aversion against paternalism, on the other hand a renewed embracement of paternalism can be discerned. This article tries to explain and come to terms with this double attitude by tracing both aspects back to changes in the social professions in the 1960' s and 1970' s. In this era paternalism was refuted as being opposed to the ideals of autonomy and democratisation. This refutation of paternalism evoked two kinds of reactions in the 1980' s and 1990' s. On the one hand, a *liberal* paternalism came to the fore, which stated that paternalism was indeed not justifiable, unless harm was done, like in cases of crime or of exterme noise or stinch caused by formerly institutionalised patients. On the other hand, as a reaction to liberalism, an *anti-liberal* paternalism came into existence, out of concern for e.g. neglected, lonely formerly institutionalised patients who are neglected precisely because they do not cause much harm to others. It is concluded that social professions cannot do away with the issue of paternalism. As the issue is here to stay, social professions should better try to find a more balanced attitude between embracement and revilement.

People in the margins; characteristics of socially vulnerable groups

J. Wolf, E. Bransen en S. Nicholas

This article is about marginalised people in Dutch society. In this very diffuse and heterogeneous group often different, but overlapping groups are distinguished. This paper gives a definition of these so-called socially vulnerable people. It goes on with the presentation of some of the results of a survey on 'public mental health' amongst workers in four different sectors (shelter facilities, mental health, substance abuse, municipal health service) in seven Dutch municipalities. The workers were asked - amongst others - to rate characteristics of the socially vulnerable population that they were engaged with one way or another. A cluster-analysis revealed four clusters in this population. These clusters are presented as well as the excess value of their use and the unintended consequences of often used classifications. In the second part of the paper, important aspects of social vulnerability are described, i.e.: severe and long-term mental health problems, poly drug use, street prostitution, homelessness, and self-neglect and filthiness.

' Onbemiddelbaren' in Amsterdam; aiming at integral care

G. van Brussel

The role of Public Mental Health Care is discussed in reaching chronically addicted and chronic psychiatric patients. The nature of Public Mental Health is defined as an addition to regular medical care for those patients dropping out of treatment, with often severe social handicaps with a high risk for homelessness. These patients do not ask for help themselves, but assistance is called for by third parties or persons. Various public health innovative approaches aimed at societal integration and a resumption of regular care are mentioned. In sectoral specialisation and exclusion of clients might be overcome.

Socially excluded groups; the approach of the Salvation Army

J.H.C. van de Paal, J.A. van Vliet and H.M. Don

The authors discuss the concept of social exclusion from the perspective and approach of the Salvation Army. The authors perceive a deadlock in social assistance that could be improved by having care authorities work more closely together. The question of how new forms of case management can bring about this desired change in cooperation, is discussed. Finally they discuss three projects in which the Salvation Army provides care to people that have come into contact (regularly) with judicial authorities: Herstart, Domus and Vast en Verder. What is striking about these projects is that the supply of care - especially housing facilities and counselling by the parole boards - is matched with the situation of each individual client.

Underprivileged en privileged prisoners; selectivity and partition in Dutch prisons

P. Ph. Nelissen

In this article the engagement of prisoners in rehabilitation is examined from the perspective of correctional decision-making and selection. Of old, discretionary decision-making by employees in the correctional apparatus may, to a certain extent, have the character of discriminatory decision-making. Discriminatory patterns in the context of the prison and of rehabilitative services are conceptualized as the structural underrepresentation of prisoners with a low socio-economic status. On empirical grounds it is shown in this article that these discriminatory patterns tend to occur in Dutch prisons either by *self selection* or, in the case of explicit selection, by *creaming off*. To a certain extent both forms of bias are inevitable in a prison setting. However attempts at diminishing the problem are needed on humanitarian and legal grounds. Unfortunately a more restrictive and instrumentalist penal policy which stresses selection-criteria such as motivation and cooperation reinforces the exclusion of socially less privileged inmates. Finally a plea is made for more a more evidence-based and balanced decision-making in the penal setting.

The concept of intractability in the Dutch tbs-entrustment order

H.J.C. van Marle

The legal basis of the Dutch entrustment order TBS (terbeschikkingstelling) is detention and care for dangerous mentally disordered offenders as long as they are a risk for violence towards others. Whether or not the TBS-patient is treatable, is not the issue for the sentence by the Court. If this patient is diagnosed to be persistently dangerous, as a result a life-long incarceration in a maximum security TBS-hospital is the matter. As such a broadly recognized definition of intractability with its ethical consequences regarding health care is necessary, matched with the purpose of the TBS. Intensive treatment is a possibility within the TBS but recent research has shown that about 20 % of all TBS-patients cannot return to society without being a severe risk because of the offered treatment did not succeed in diminishing their risk. The limit on treatment is 6 years on this moment as research nowadays shows a length of nearly 6 years. The expectation as to be shown in the future research programs is that this period will differ with different patient groups and with different treatment methods. The proposition made is to apply the same strategies with regard to long-stay with these patients as with the psychiatric patients in the general health care.