

Welcome EU-Promens Den Bosch

1st november 2024

"The paradigma shift"



"Being homeless first felt like freedom until | Wanted to go home. Then | realized | didn't have a place to go to. "

How it all started.

















Sam Tsemberis on Housing First

LIFEWISE

Sam Tsemberis Watch on VouTube vays to Housing









Housing Europe Hub First

Housing First is originally focussed on solving longterm homelessness regarding people suffering addiction and psychiatric problems.

It works!

and then what happened...



5th december 2022. The Dutch National Action Plan on Homelessness

It is committed achieving a paradigma shift in the Way in which we approach and deal with homelessness.

Homelessness is a housing problem instead of a care problem and prevention is better can cure (Wonen Eerst).

tackling homelessness

Wonen eerst, prevention saving humanitarian- and civil costs (it's better and cheaper!)

- from shelter to housing
- approach



from large to small scale and from central to regional

Based on factsheet 1 november 2024

In december 2022, MO Den Bosch, in collaboration with housing association Zayaz and the municipality, launched the project "Wonen Eerst" (translation of Housing First). The goal is to end homelessness by 2030. The basic principle is moving from shelter to housing: "First a (t)home and then the rest, based on the Housing First principles."

The Wonen Eerst project focuses on preventing and shortening shelter stays, thereby preventing and reducing homelessness. Additionally, we also focus on other action lines from the national action plan, such as income security and strengthening integrated service delivery.



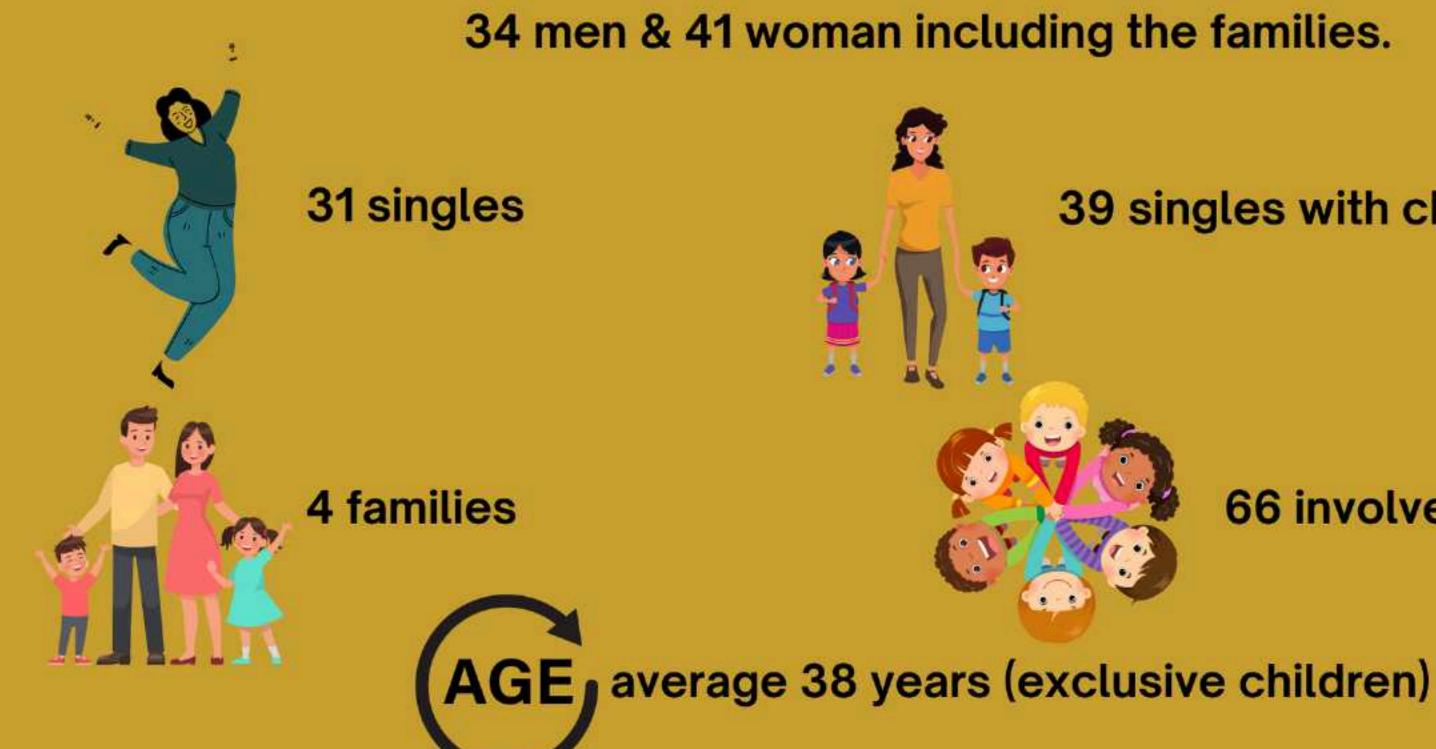
Total overview





2022	2023	2024	TOTAAL
7	39	33	79
	3	2	5
			74
2	31	36	69
		5	5
	31	32	63
		1	1
		5	5

composition caseload 74 housekeepings In total 136 people.







39 singles with children

66 involved children

Conditions

(social) housing asocciation wanting to take responsibility

supporting municipality social support organization



People and money talks

In less then 2 years we supported 139 people including the children, preventing in 55% of the cases the use of social shelters and did not spend ±€1.500.000





let's see if we can answer some questions





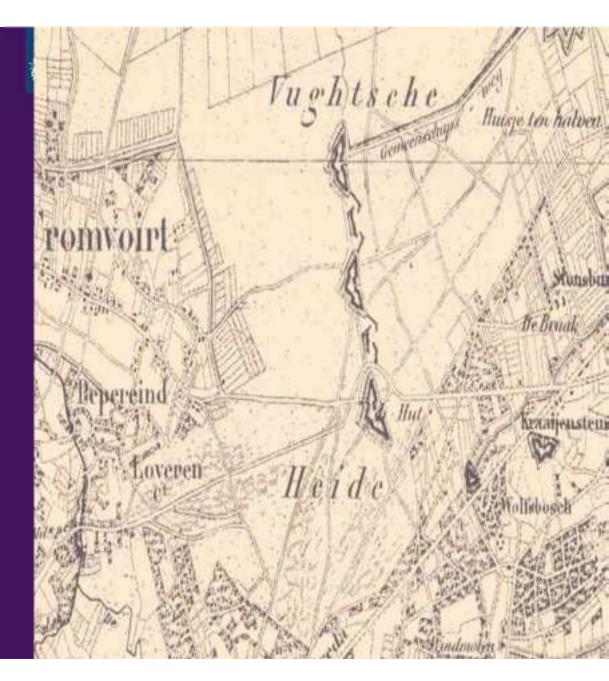
Dienst Justitiële Inrichtingen Ministerie van Justitie en Veiligheid

This is PI Vught

History, facts & numbers

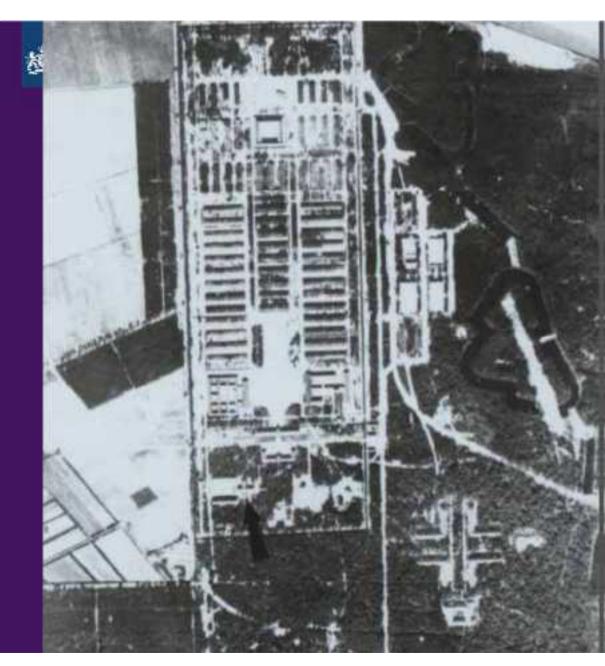
History

- Strategic military area since the 17th century!
- 2nd half 19th century trees were replanted.



History

- WWII: Klein Herzogenbusch
- Only SS camp outside of nazi-Germany
- 26th & 27th Oct 1944
- 5th & 6th Sept 1944
- 6000 German evacuees



History





In 2024 an average of 670 prisoners stayed in PI Vught. The total workforce of PI Vught consisted of 42% women and 58% men. The average stay of the prisoners in PI Vught was 327 days, average age of the prisoners was 40 years old. The terrain is 300.000 square meters, with 8 buildings that house the prisoners. The smallest ward has 6 places and the largest 28. There are 8 different regimes. PI Vught is a custodial institution for adults, from 18 years old onward, and mainly male (there a few female exceptions).

Those 8 regimes are:

BeheersProblematische Gedetineerden (BPG)

Inrichting voor Stelselmatige Daders (ISD)

High Intensive Specialistic Care (ZISZ)

Penitentiairy Psychiatric Center (PPC)

Maximum Security Unit (EBI)

Terrorist ward (TA)

General population (GW)

On remand (HvB)





Who?

Adults who have been sentenced. Adult prisoners in need of psychiatric care. Adult prisoners with a high security risk.

Adults on remand. All are reffered to as 'prisoners'.

PI Vught has **747** places.

Each year **292** new prisoners arrive.

Average age **40** years old.

What are their backgrounds?

Distribution of nationalities (2022):

Dutch	79%
Polish	3%
Maroccan	2%
Unknown/other	16%



PI Vught employees

PI Vught has **1146** employees

42% women & 58% men

Age distribution

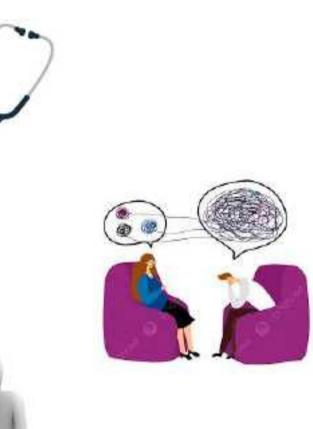
- **6 %** is 24yr or younger
- **14 %** is between 25 & 34 yr
- **19 %** is between 35 & 45 yr
- **30 %** is between 45 & 54 yr
- **31%** is 55 or older

Average years of service: **15** yr



Types of care

- Medical care
- Psychological care
- Regular ward care







In 2024 the medical team consisted of **30** employees. **21** justitieel verpleegkundigen (forensic nurses), 4 general practioners (with knowledge of prison health), 4 administrative support, 1 nurse practioner, 1 GP support.

Dia 11	
VW1	We hebben 3 tandartskamers en 2 tandartsen die verantwoordelijk zijn voor de mondzorg Voets, Wendy; 23-10-2024
MC1	verwerkt Macfarlane, Clare; 25-10-2024
VW2	misschien iets noemen over het equivalentiebeginsel dat ged dezelfde zorg krijgen als in de vrije maatschappij geboden wordt Voets, Wendy; 23-10-2024
MC2	Goeie, heb ik toegevoegd aan de uitleg. Macfarlane, Clare; 25-10-2024

Since **2018** PI Vught has a skills lab. This helps the nurses to keep up to date with their skills without having to leave the site for <u>external training</u>.

In **2023**, **5** blended (combination of theory-practice) modules were offered.

6 nurses have been trained as instructors and can assess the progress.

There were **90** practice moments/ exams.

On average the skills lab is open for 2 afternoons per week with 2 instructors present.





Penitentiairy Psychiatric Center (PPC)

Number of fte: 279

The PPC can house up to **278** patients.

60% of the prisoners is on remand.

The top **3** psychiatric disorders: psychotic disorder, schizophrenia, personality disorder. The patients are spread out over **27** wards. Depending on the type of ward there are **6**, **8** or **12** cells.

Average stay is **195** days.

VW3

Regular ward care

- Backbone of the organisation!
- 24/7, 365 days a year.
- Spider in the web.



Dia 14



Dienst Justitiële Inrichtingen Ministerie van Justitie en Veiligheid

Q & A





Netwerkpsychiatrie Samenwerken aan herstel en gezondheid



Welcome Participants EU Promens

Chamroeun Chann & Chris van Doren

28-10-2024

CD0 Chris: positieve gezondheid toevoegen multidisciplinair team RT Groepen/behandelvormen weergave steungroepen in afbeelding? Doren, Chris van; 2024-10-28T18:03:33.430

Getting to know each other



Getting to know each other

Students?



Getting to know each other

Health Care Professionals?



Policy Makers



Teachers? Education?



Scientific Researchers?



None of the above



Reinier van Arkel

Mental health care institution

History First guest house (1442) From mental health care for infants to elderly

Outpatient care and clinical care





Management Philosophy

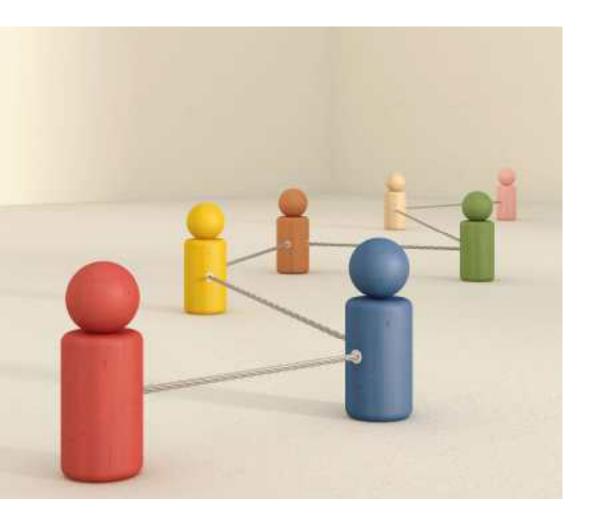
Quality of care takes place in the consultation room

Responsibility of this quality of care is with the professional

Most people want to change, but don't want to be changed

In short: personal autonomy, within a collective ambition

Why we chose for Network care



Fragmentation of Mental Health Care

Various organisations and domains

Many transitions during a treatment course

Transitioning Process

Past

Diagnose/disorder specified teams and care

Difficulties in patient route in case of co-morbidities

Present

Generalistic teams in the lead (Region teams and FACT); evidence based mental health care, transdiagnostic care

Clusters; disorder specific treatment

Clinical care if needed



Principles of transitioning process

Short cycles of change

The patient is at the center of every elaboration

Every elaboration is an addition to the collective ambition

Every elaboration has it's place within the framework that was set

What is Network Psychiatry?

Network Psychiatry: Collaborative Care for Mental Health

Network psychiatry is a model for delivering integrated care to individuals with complex mental health issues. It emphasizes collaboration between healthcare disciplines and the social domain. Here are some key points:

- **1. Maximizing Recovery**: Network psychiatry aims to improve the chances of recovery by creating (learning) networks. These networks combat fragmentation in healthcare and promote inclusion in society.
- **2. Flexible Care**: care and guidance can be scaled up or down based on individual needs without compromising continuity of care.
- **3. Effective Collaboration**: Effective collaboration between healthcare professionals and social services is crucial for successful network psychiatry.

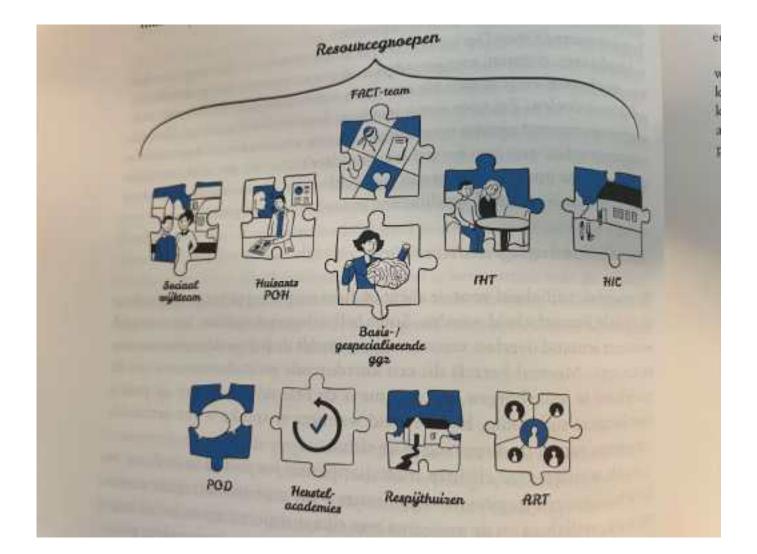
Benefits of Network Psychiatry:

• **Improved Treatment**: By working together in networks, existing initiatives can unite at both patient and organizational levels. This leads to better treatment, reduced fragmentation, and efficient use of limited resources.



Core elements of network psychiatry:

- Recovery support
- Consistently involving and supporting loved ones
- Emphasis on the client's own control
- Mental health care and social domain



Transdiagnostic perspective on mental health problems

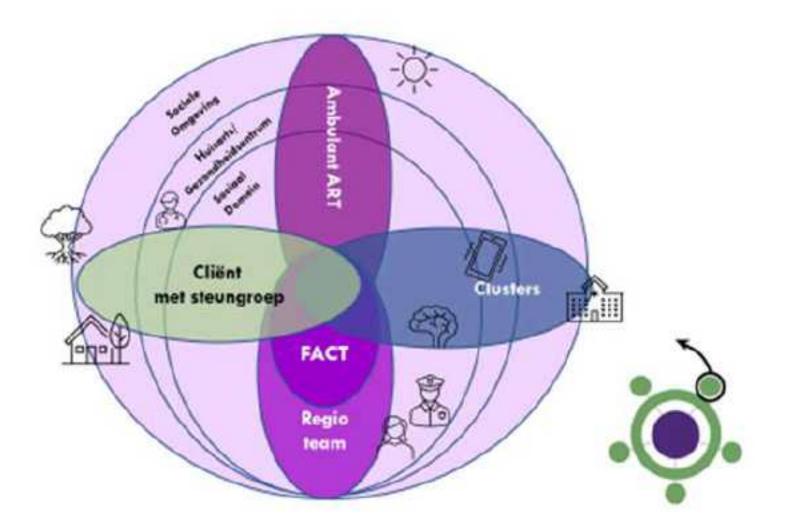
What is a common factor among different types of disorders? For example problems with regulating emotions, abuse of substances or poor self image.

Treatment for these common factors

Why is a fir a fir? Why is a palmtree a palmtree? What are the differences between a fir and a palmtree?

What do a fir and a palm tree have in common?

Networkpsychiatry within Reinier van Arkel ZALTBOMMEL Bommelerwaard MAASORIEL Dan Brech Zuid Oost & Binnenstad Dan Beach Neurd Wast -**Expertise clusters** SINT MICHIELS Wight Acute zorg VUGHT GESTEL Klinieken SCHUNDER Molarli BOXTEL -----



Health care models

- Outpatient care
- 1) YPSE
- 2) Region teams
- 3) Functional assertive community treatment (FACT)

Active Recovery Triad (ART)

Intensive Home Treatment (IHT)

Clinical care High Intensive Care (HIC) Active Recovery Triad (ART)

Results

Working area is divided in 5 regions

Each region consists of 3 mental health care models that plot out a course of treatment and evaluate Increase Patiënt satisfaction

- shared decision making
- taking in account the wishes of each patient
- the health care professional is more Approachable

Reduction of the waitlists in each region 1900 (2023), 700 (May 2024)

Increase collaboration between teams

Region teams (Regioteams)

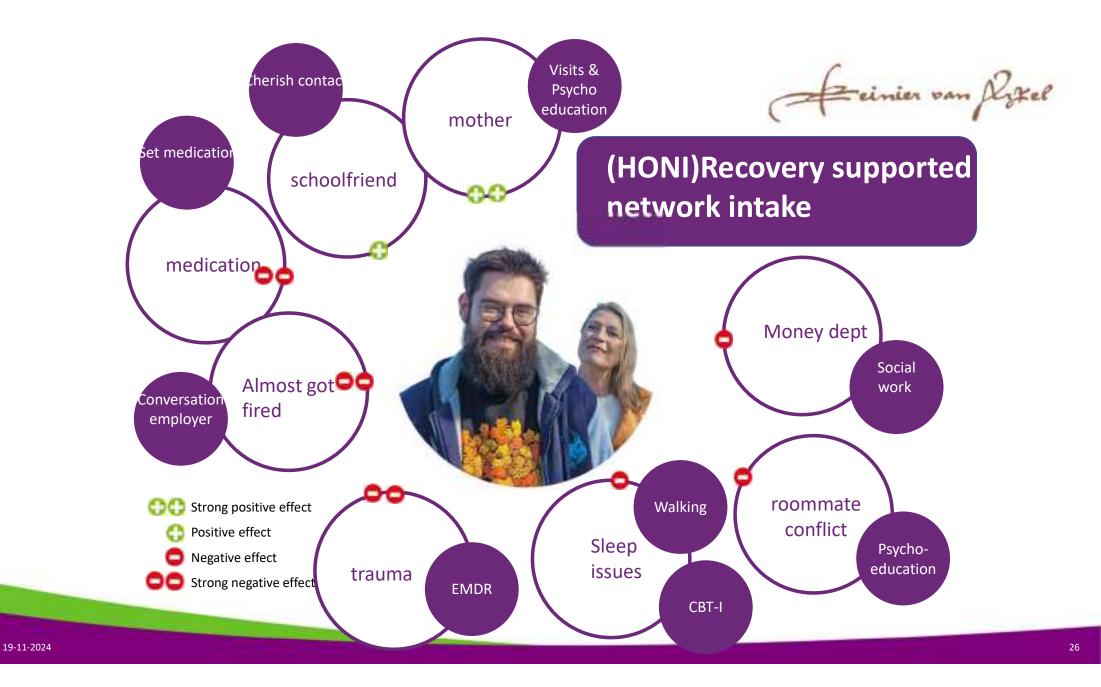




Elements of what we do in Regioteams

- HONI; recovery supported network intake
- Recourcegroups (steungroepen)
- Individual treatment
- Transdiagnostic groups: o.a. cognitive behavioural therapy, acceptance & commitment therapy, schema focused therapy, startgroup (crisis signal detection plan, psycho-education), music therapy,
- Short evaluation cycles : every three months.

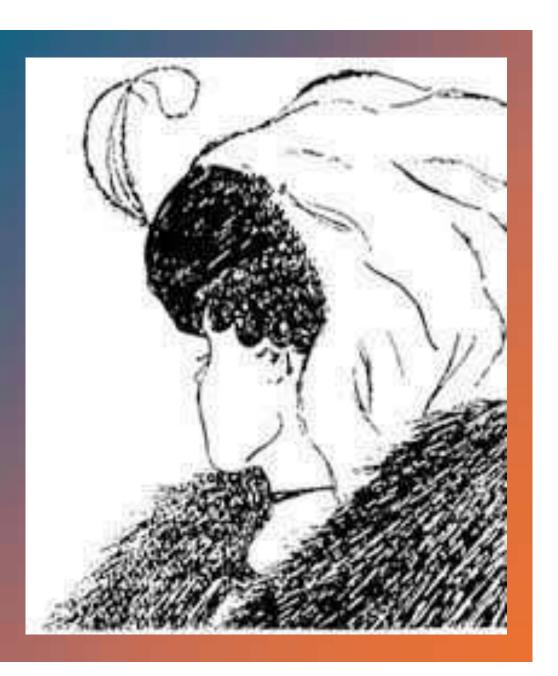




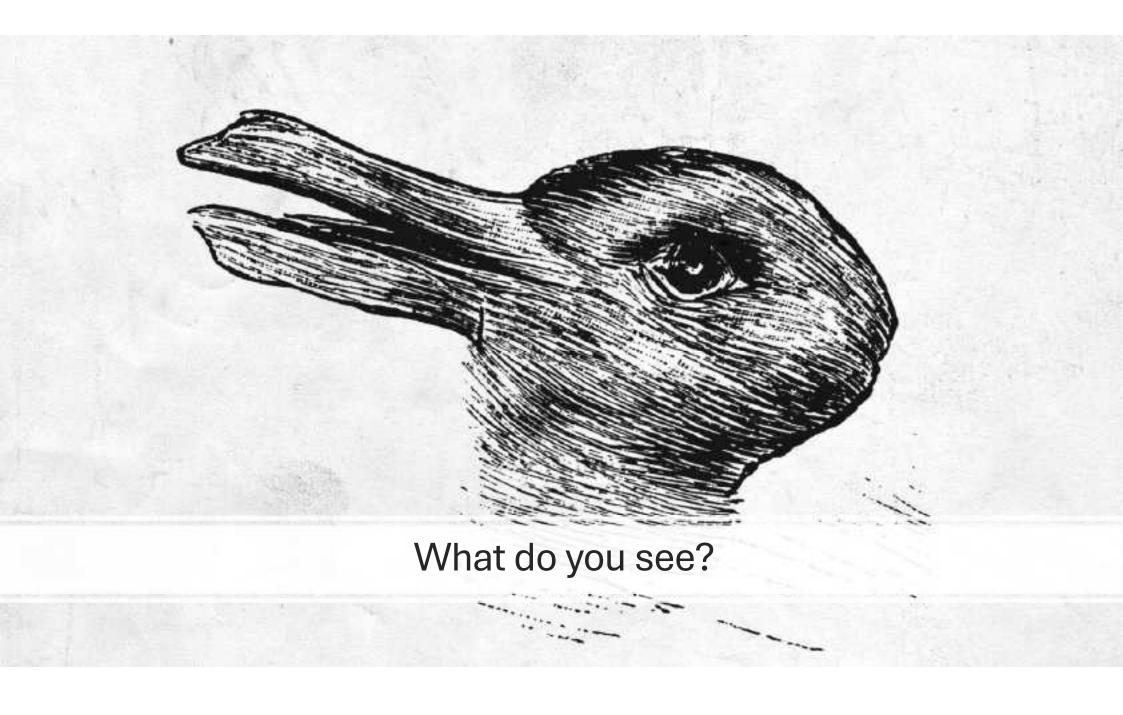


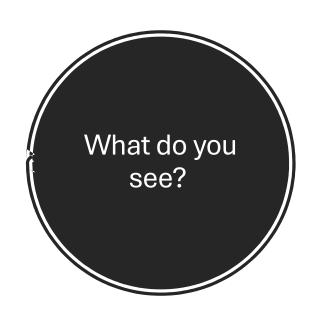


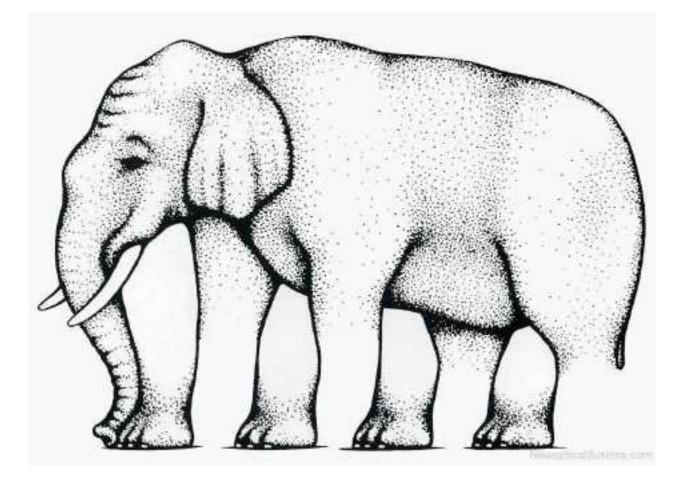
Functional Assertive Community Treatment (FACT)



What do you see?









What do you see?



What do you see?

Functional Assertive Community Treatment (FACT) Assertive Community Treatment: US, 60's

- Severe mental illness/disorders
- Multidisciplinary
- Outreaching
- Shared Caseload
- Daily Patiënt Evaluation
- Long term perspective on personal, clinical and communal recovery
- Flexibility in intensity of care



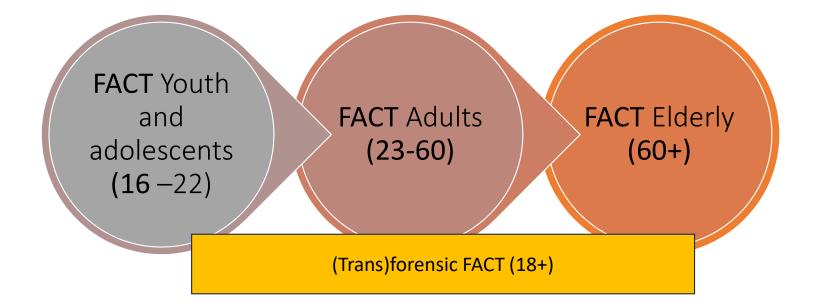
Domains of recovery



Symptomatic domain

Personal domain

Social domain



Trajectories

- 1) Crisis: shared caseload, multiple engagements during the week, monitoring, interventions at home, sometimes clinical admission
- 2) Stability: appointments with casemanager, specific treatments/interventions



Process

Assess needs Plan interventions Carry out interventions Check response Change interventions as needed

Continuity and coordination



Needs

- Financial stability
- Housing
- Social Support and social relations (inclusion)
- Personal Growth (study, work, daily activities)
- Health care (medical and psychological)
- Sense of purpose/meaningfullness

= Recovery

Recovery: Sense of Purpose





Disciplines

Directing practitioner: psychiatrist, nurse practitioner, post master psychologist Casemanager (nurse) Specialised nurses Peer counselor Social work Family therapist Jobcoach Home coach Expertise: mental disabilities, substance abuse, Kennis: LVB, verslaving, physical health and ilnesses

Period of introduction

Establish a base (6 – 8 weeks)

- The patients story
- The patients strenghts
- Be present, guide where necessary
- Meetings with patients take place outside of the office (80%)
- The community is an oasis of resources

After 6 – 8 weeks

First meeting: treatment, interventions

Relatives/ social relations Formal network

Active cooperation with social relations is the norm Take part in evaluations

Assess the capacity of the social network

Family therapy

Cooperation other health care professionals

Interventions

Casemanagement Information Medication management Psychological interventions Family therapy/support Treatment of substance abuse disorders Individual Placement and Support (IPS)

Network

General Practitioners

Municipality

Housing companies

Social work

Shelters

Organisations for addiction care

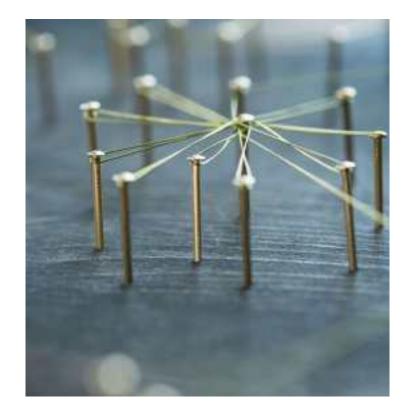
Organisations for mental disabilities

Housing and treatment for severe substance abusers

Police

Hospital

Curator



Present challenges

Distinction between the 3 models of health care

Process of decision making when plotting a treatment course

- reducing the waiting list
- when is a treatment completed?

Collaboration between teams/health care professionals

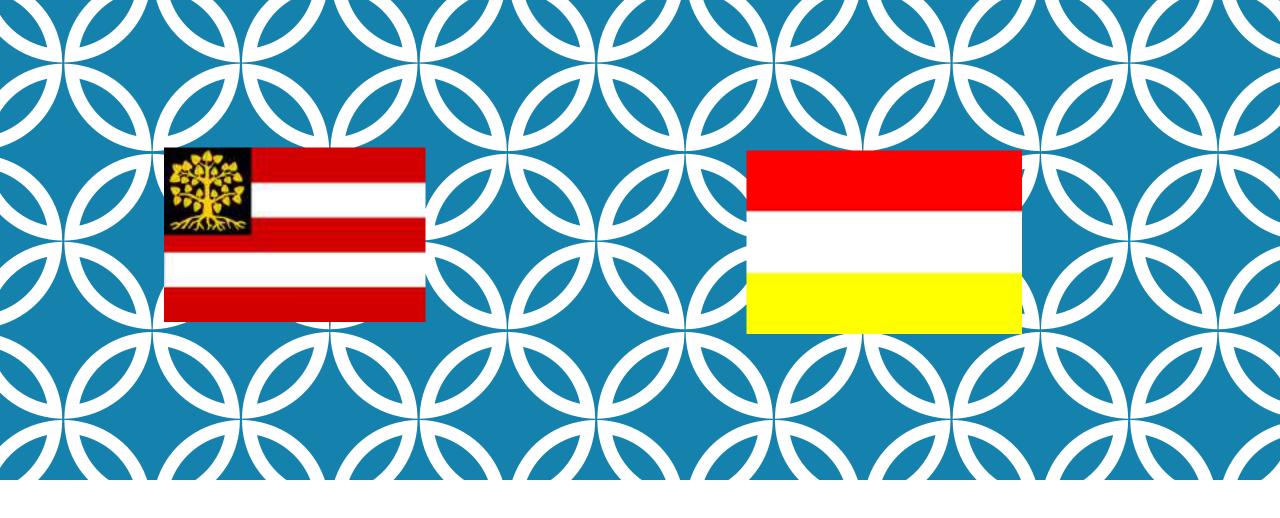
Collaboration with the municipality

Collaboration with other institutions in our working area

Attract and retain employees







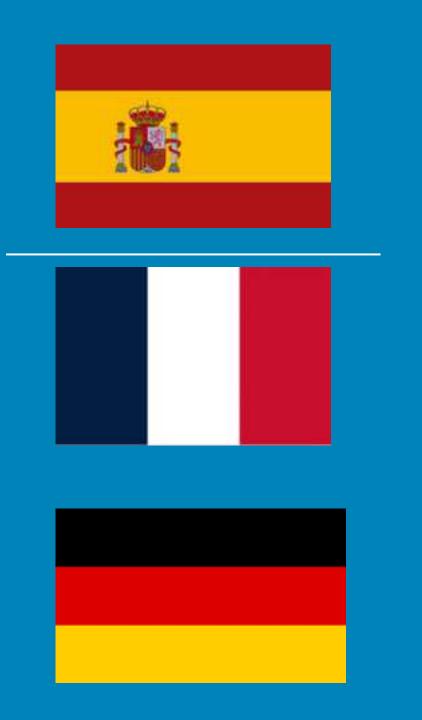
DEN BOSCH/ 'S-HERTOGENBOSCH/ OETELDONK

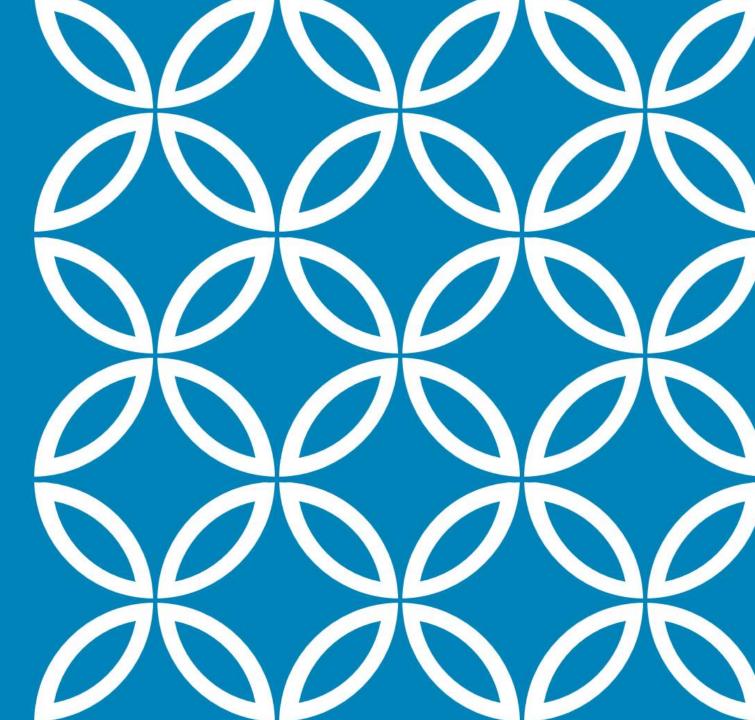


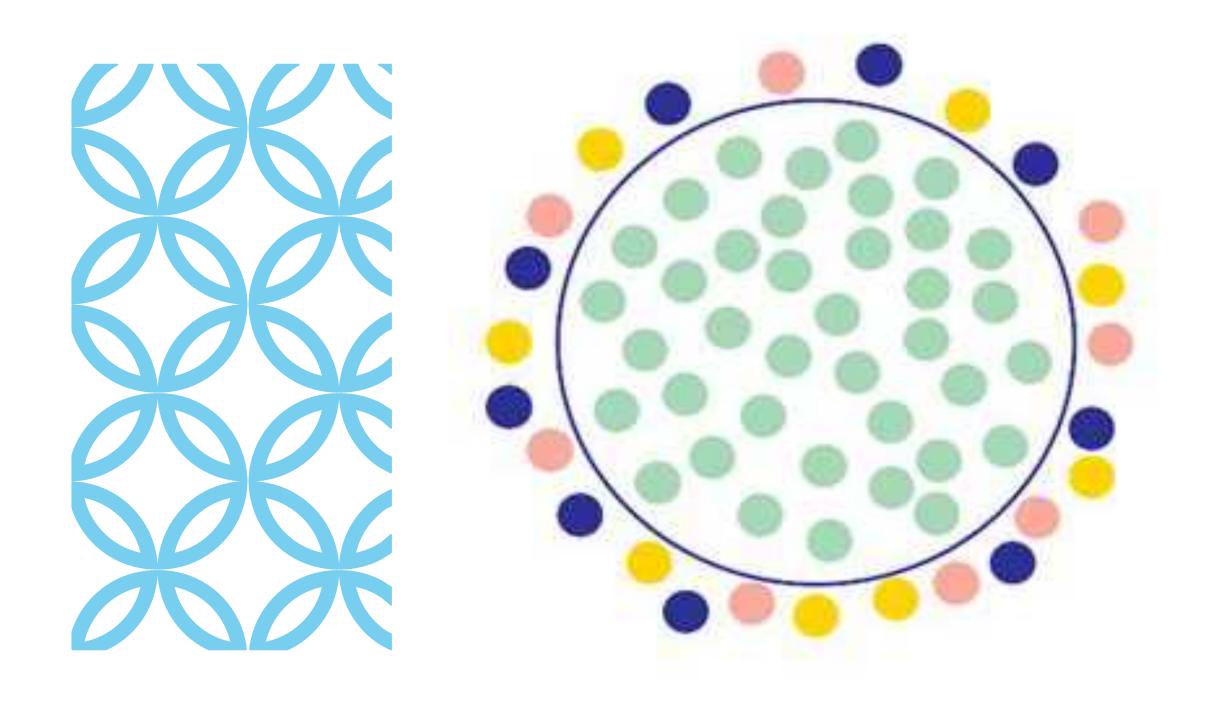


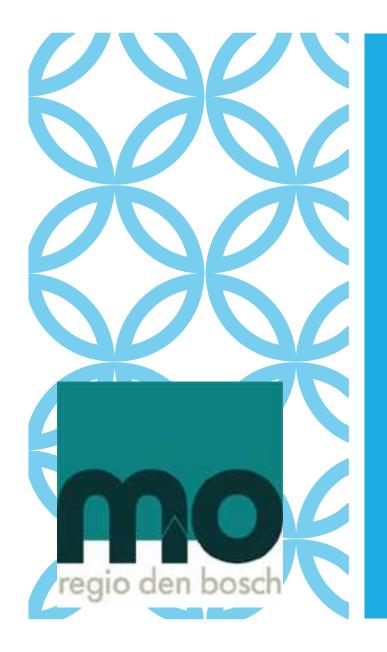










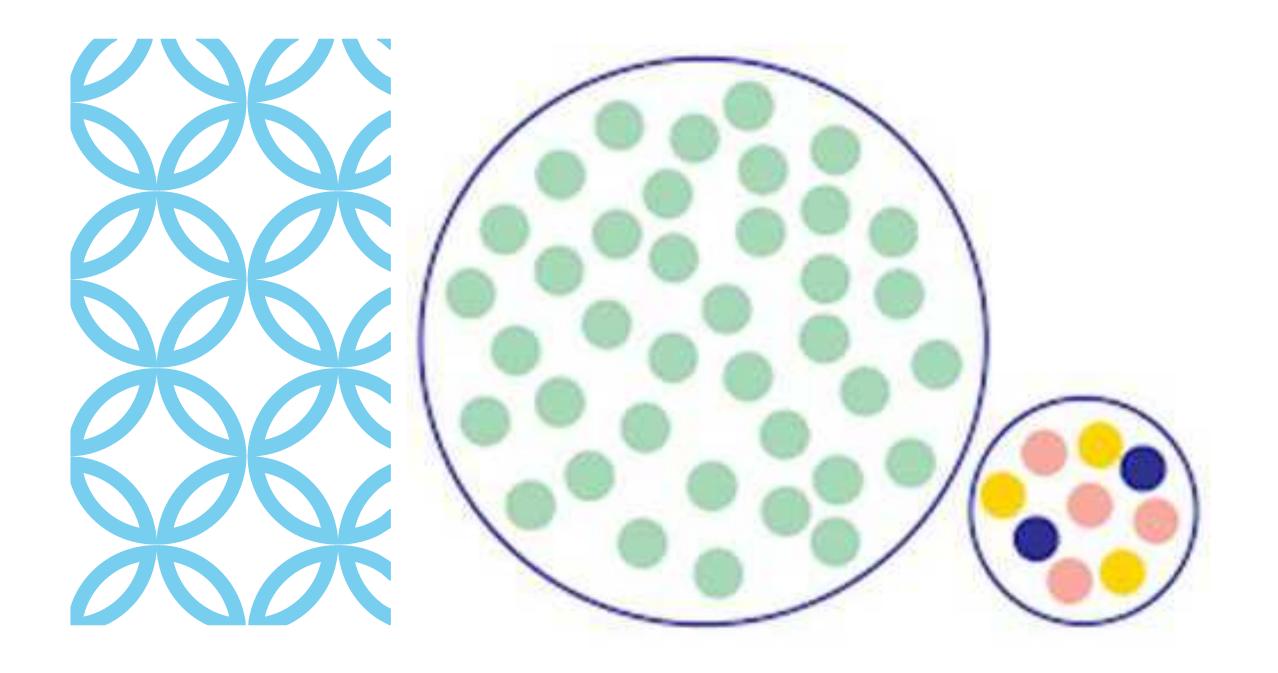


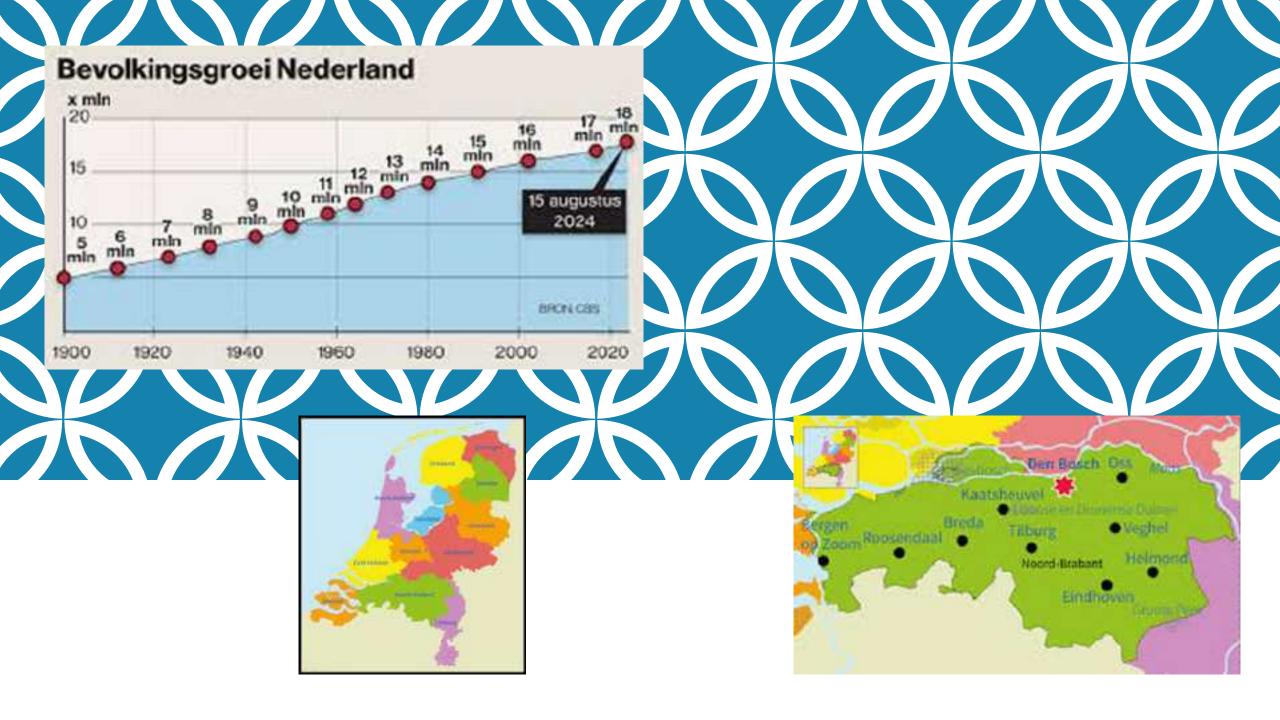












"Travel is the only investment that makes you richer,"

25,32 MIO (STRANGERS) + 27,22 MIO (DUTCH) X 146 (EURO) : 2 = 3.835.420.000 EURO

A HOME COST 398.000 EURO

3.835.420.000 : 26.600 : 398.000 = < 4 MONTHS

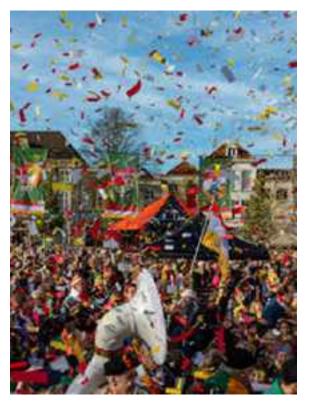


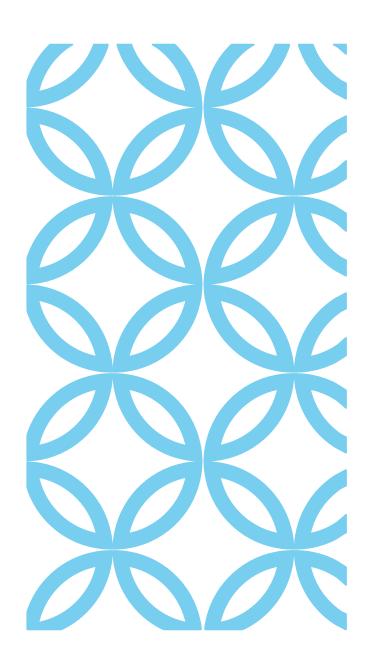


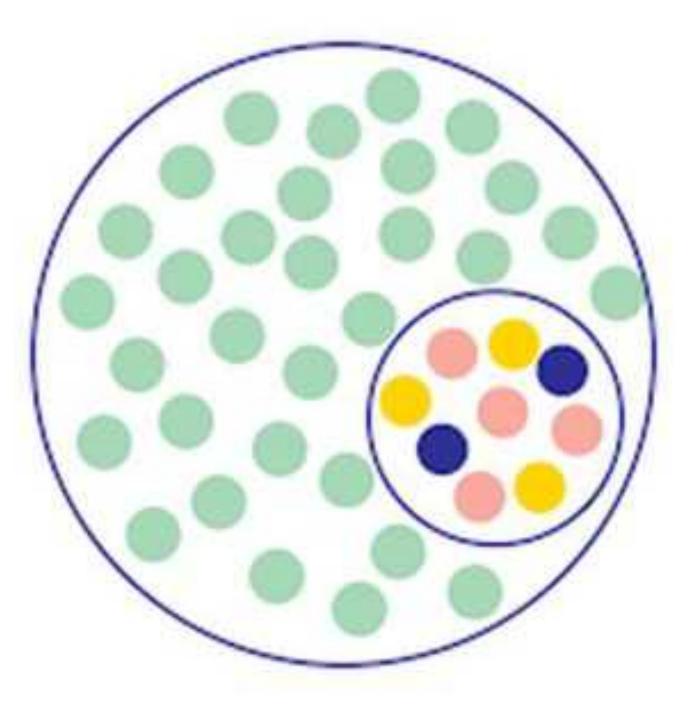




















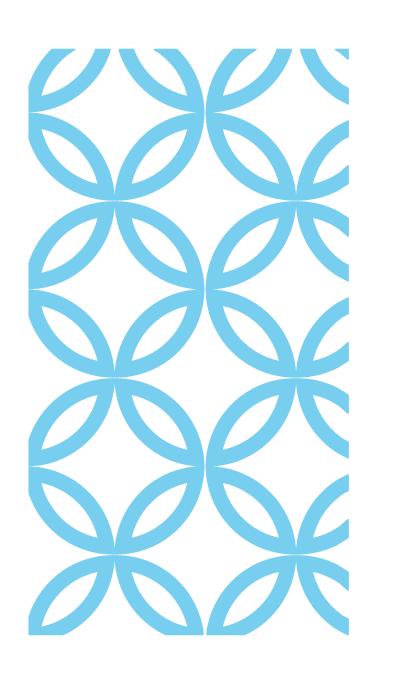


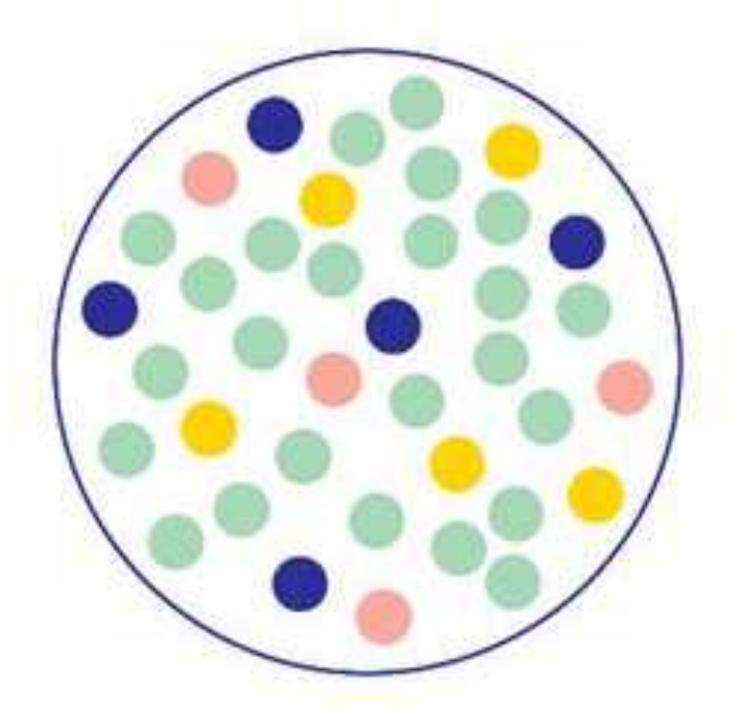












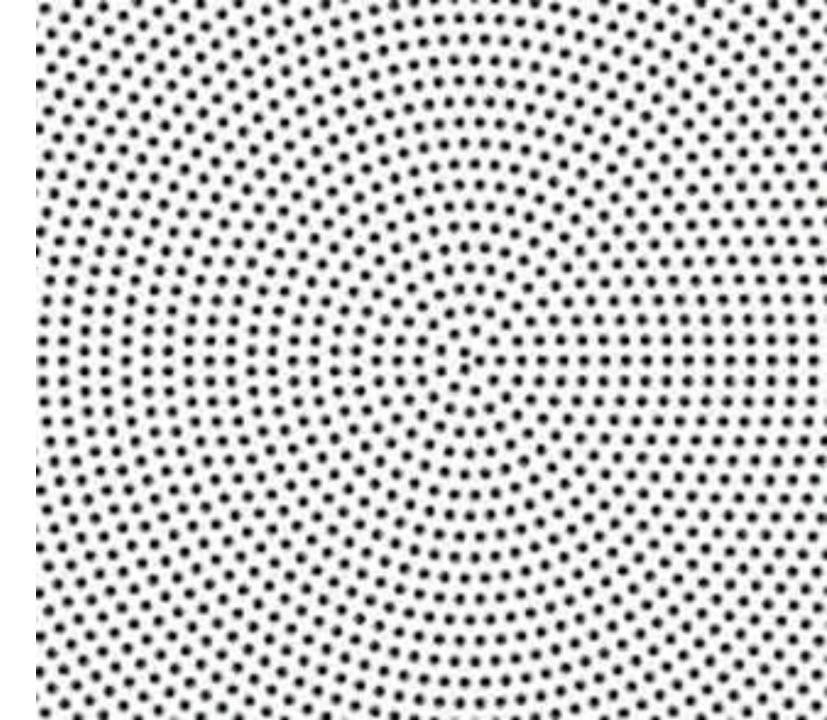
"Humanity is not made up of individuals, but of a coherence of differences."

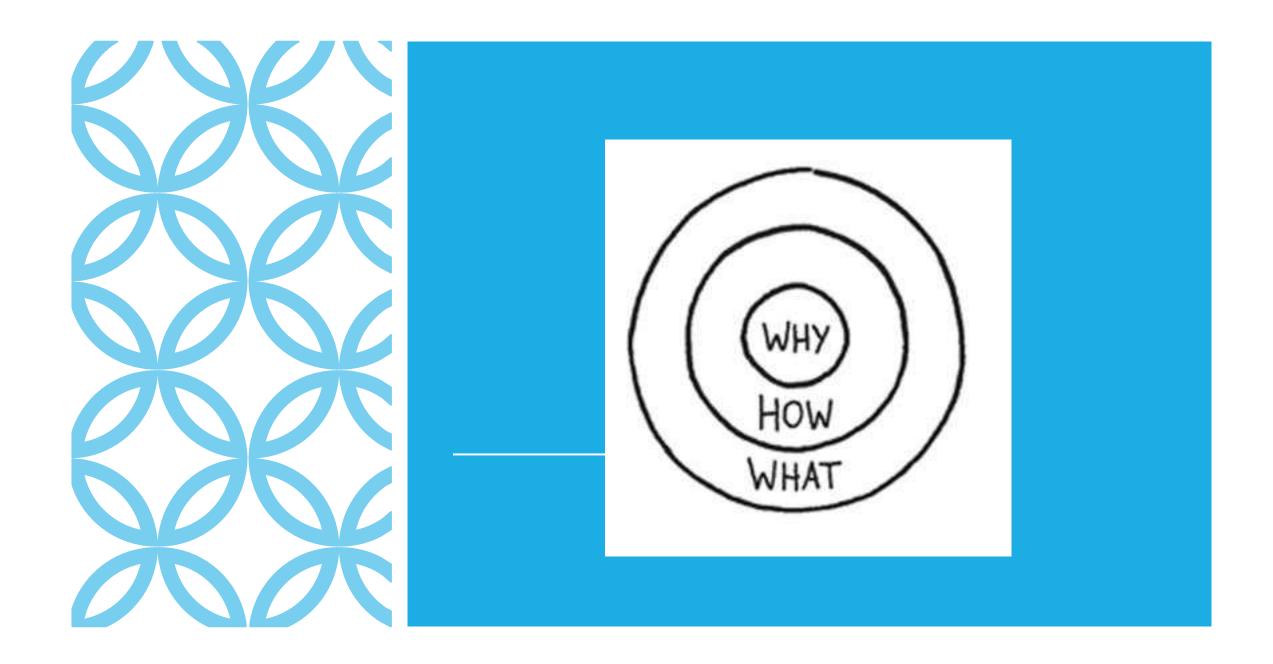
German philosopher Johann Wolfgang von Goethe



All animals are created equal, but some are more equal than others.

George Orwell Animal Farm 1945



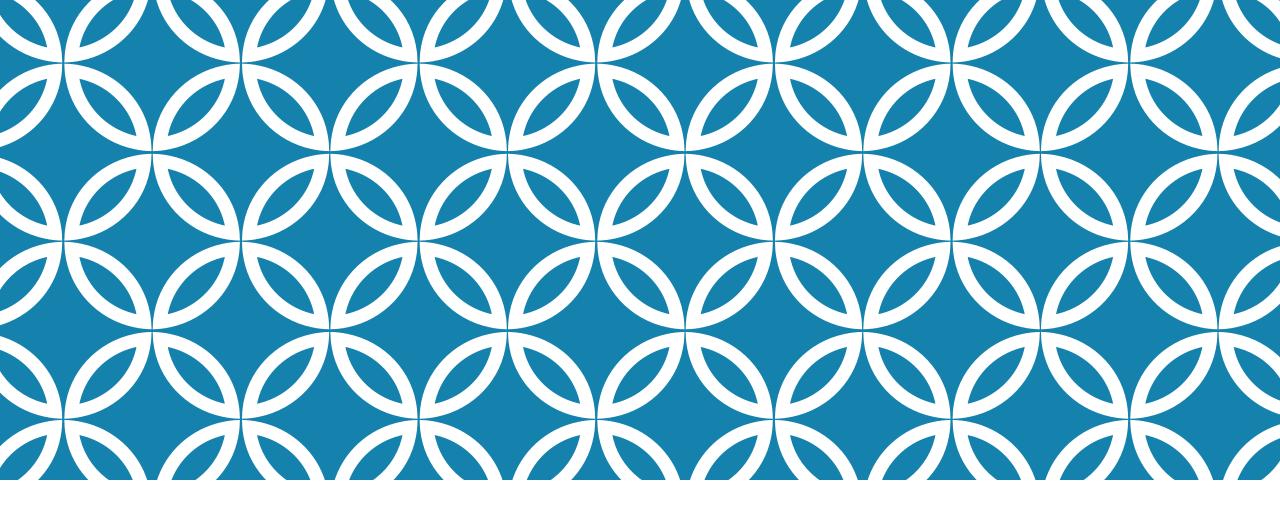


"TRUE FREEDOM DOES NOT LIE IN THE ABSENCE OF CHAINS, BUT IN THE ABILITY TO RECREATE OURSELVES."

FRENCH PHILOSOPHER ALBERT CAMUS







THANKS... QUESTIONS?

t.honig@modenbosch.nl



Welcome Great that you are interested in Koninklijke Visio. My name is Femke Molenschot, occupational therapist at Visio de Vlasborch

De Vlasborch focuses on older people with a visual impairment.



-Living (24 hour care)-Daytime activities-Expertise





Programma



- Introduction
- Eye disorders
- Consequences in daily live
- Mobility with an eye disorder

Common eye conditions

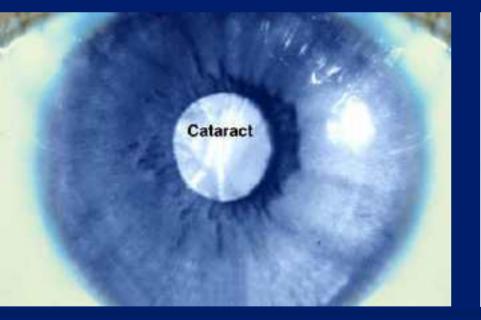


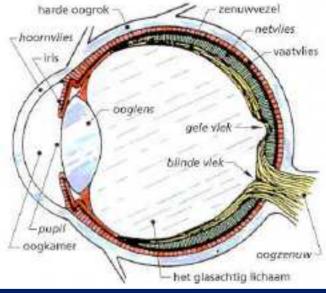
- Cataracts Macular degeneration (MD)
- Glaucoma
- Diabetic retinopathy
- Charles Bonnet syndrome*
- Acquired Brain Injury (NAH)*

Cataracts (cataracts)



Clouding of the lens.Congenital or onset later in life.





Consequences of cataracts



Increasingly reduced detail vision (Scatter) Light nuisance









Wrong glasses

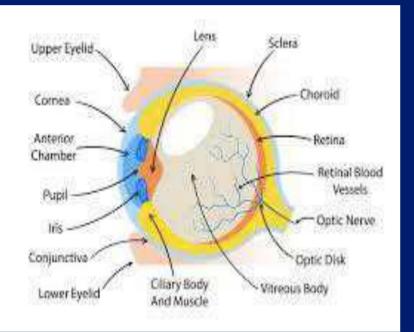
Healthy eye

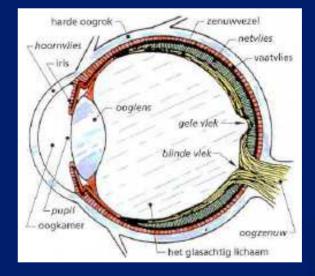
Stray light



Macular degeneration (MD)

Deterioration in the function of the yellow spot (macula).







Macular degeneration (MD)

Visid

The conversion of the light is done by light-sensitive cells: * Rods: perceive light and dark, so we can see even when there is little light. * Cones: perceive colors and contrast and are necessary to see details clearly. In the yellow spot there are a lot of cones together. As a result, we see most clearly with this part of the retina.

Consequences of macular degeneration



- Increasingly reduced detail vision
- Central field of view loss
- Image distortion
- Impaired color vision





Macular degeneration (MD)

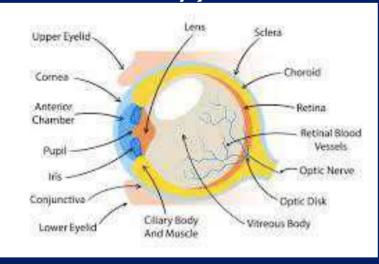


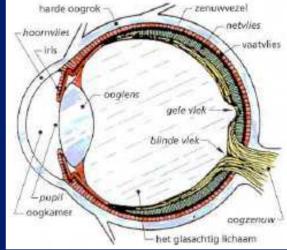


Glaucoma



Damage to the nerve fibers and optic nerve. Usually caused by increased <u>eye pressure</u> (caused by a disturbed ratio between the production and discharge of the fluid in vitreous body).





Consequences of glaucoma

Visid

Field of vision loss

- May prevent impaired vision in case of Suffering from afterimages
- Poor vision in twilight and/or darkness

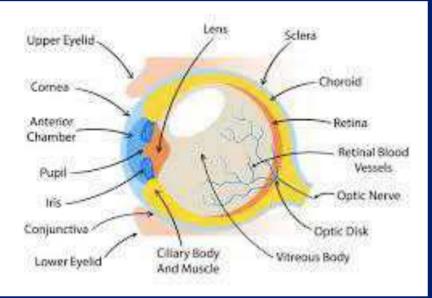


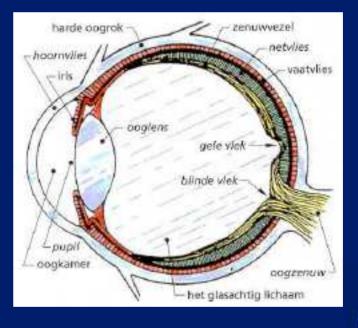


Diabetic retinopathy



As a result of diabetes, damage can occur to the blood vessels.



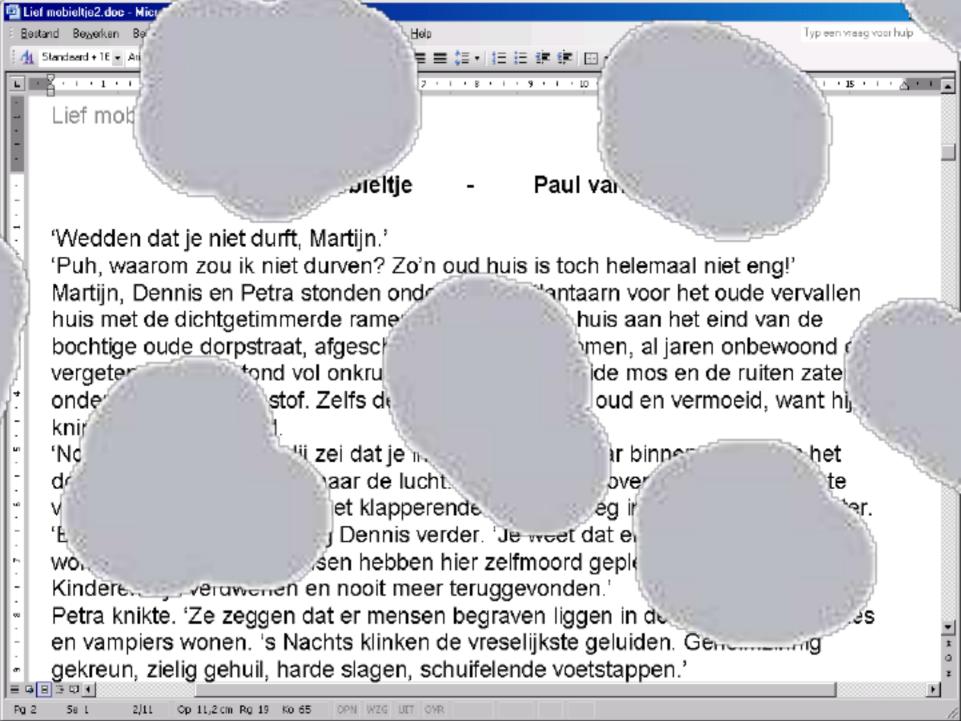


Consequences of Diabetic retinopathy



 Visual field loss Reduced detail vision Image distortions Varying visual acuity (you see spots)





Charles Bonnet syndrome



Non-psychotic visual hallucinations in the visually impaired or blind. Images are sharp and clear. Realistic or fantasy images. Acknowledges that the images are not real Is often concealed Especially in macular degeneration



Acquired Brain Injury (NAH)



Acquired brain injury (NAH) is any abnormality or damage to the brain that has developed after birth. Brain injuries can have a variety of causes, but they always lead to a break in the lifeline.
The eye is still intact, the brain can no longer form the image.

General tips and guidelines within De Vlasborch



- When you enter, say who you are and what you are here to do.
- Do not place obstacles in the walking route; Materials are placed in the middle of the hallway so that the walkway is free.
- Make an agreement about doors opening or closing;
- Have a new space explored; Notifies you if a room has changed; Be specific; Don't use words like "here" and "there."

General tips and guidelines within De Vlasborch



- Don't touch a person unexpectedly.
- Raise your face towards the person.
- Respond with words. Facial expression is not perceived
- Be specific "Ask" if a person wants to be helped.
- Put an object in their hand.
- Tell them what food is on the plate.
- Do not move an object without being asked.
- Name it when you leave a room.

And now in practice



I'll give you an eye condition with VR glasses. And a blind guide stick. Now you can try out what it feels like to move around like this. I will stay with you and give verbal instructions.



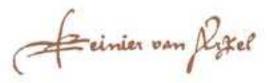


Thank you for your attention.



You have had a small glimpse into the world of visually impaired people. Hopefully it has inspired you. Good luck.

Magnolia



Magnolia psychiatric care for older people

- 55 years and older
- 24 hours care
- Complex and chronical psychiatric problems in combination with somatic problems (Multi problems – life style problems)
- 76 beds / 4 departments / 2 athmosphere's

Psychiatric care for older people Reinier van Arkel

- Psychiatric department in the JBZ Hospital (COZ)
- Sheltered housing
- FACT care
- Magnolia



Magnolia psychiatric care for older people

- We work on stabilisation, maintance of skils, and ensure a good and meaningful life.
- We work with the recovery method (ART), but for older people the focus is more on a meaningful life, stay as healthy as possible en maintance of skills.
- Family and friends of the clients are important and involved in the care
- Most clients stay permanent at Magnolia
- This year 13 new clients
- How to come in Magnolia?
- Finance (ZPM WLZ Meerzorg indication statement care)

Feinier van Ritel

Different Atmospheres / smal units

Structure

- 6 beds / 1 crisisbed.
- Small group, low stimulus, prodictable program, care is nearby <u>Active groep</u>
- 10 -12 beds
- Autonomy, client makes own choices, day activity outdoors if possible, more independent
- Client does much thing himself, contributes in housing tasks.
 <u>Sfeer Balans (warm and pleasant atmosphere)</u>
- 10 12 bedden
- Balance in rest and activity, dagactivity on locaties, safe, care is nearby and 'warm' care.

Feinier van Ritel

staff

- 4 teams of nurses (different levels) in combination with social skilled people.
- 1 team for day activities (12 persons / 8.30 16.30)
- Hostess in the evening
- Assistents
- Team with psychiatrist, psychologists, psychiatrist in training, social worker, senior nurse, Family doctor, manager, paramedic team (fysiotherapist, dietician, occupational therapist)
- At least once a year a plan evaluation for every client
- Reinier van Arkel is a training institute, training for nurses in different levels, social worker, but also for psychologist and psychiatrist and lots of other jobs.

Eeinier van Ryxel

Important issues in care

- Client is centre
- Working with the family of clients
- We work with a plan and evaluate this
- We work to reduce polyfarmacy
- Wet zorg en dwang (law about restrictions of liberty)
- Senior nurse continiouis attention for nursing skils
- Palliative care quality of life
- Is somebody still on the good place here?
- Shortage in staff / look in what is possible

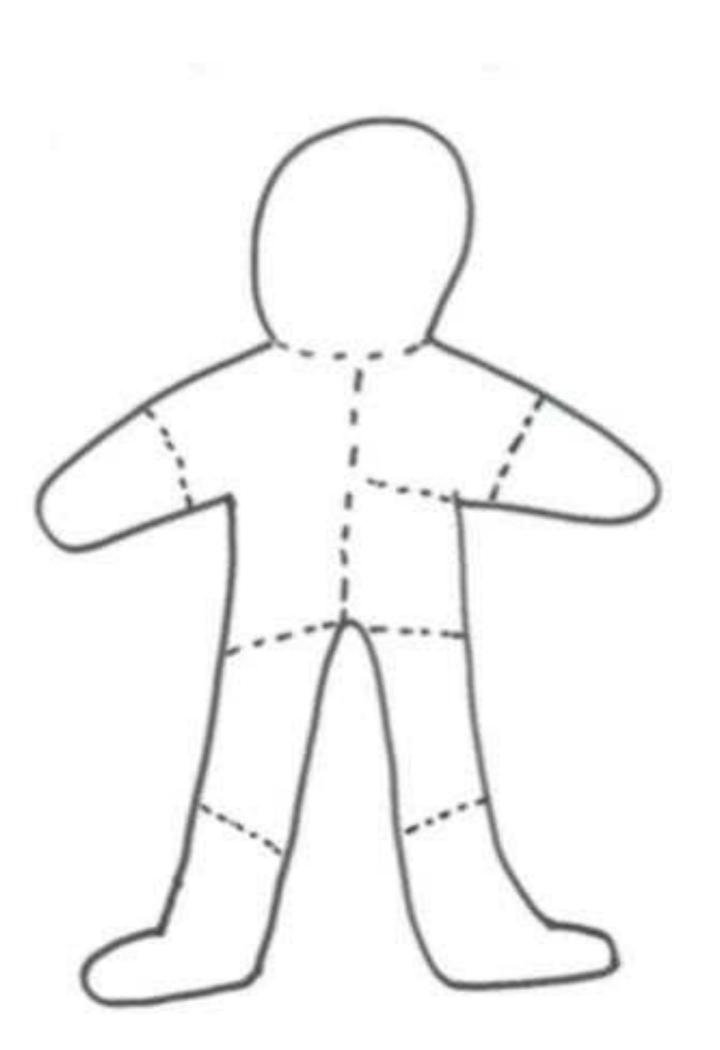
Social Approach to Dementia

Van Neynsel Elderly Care





Developed by



What is the Social Approach: Seeing the person, not the disease. Write something in each section that is crucial for your happiness/quality of life.

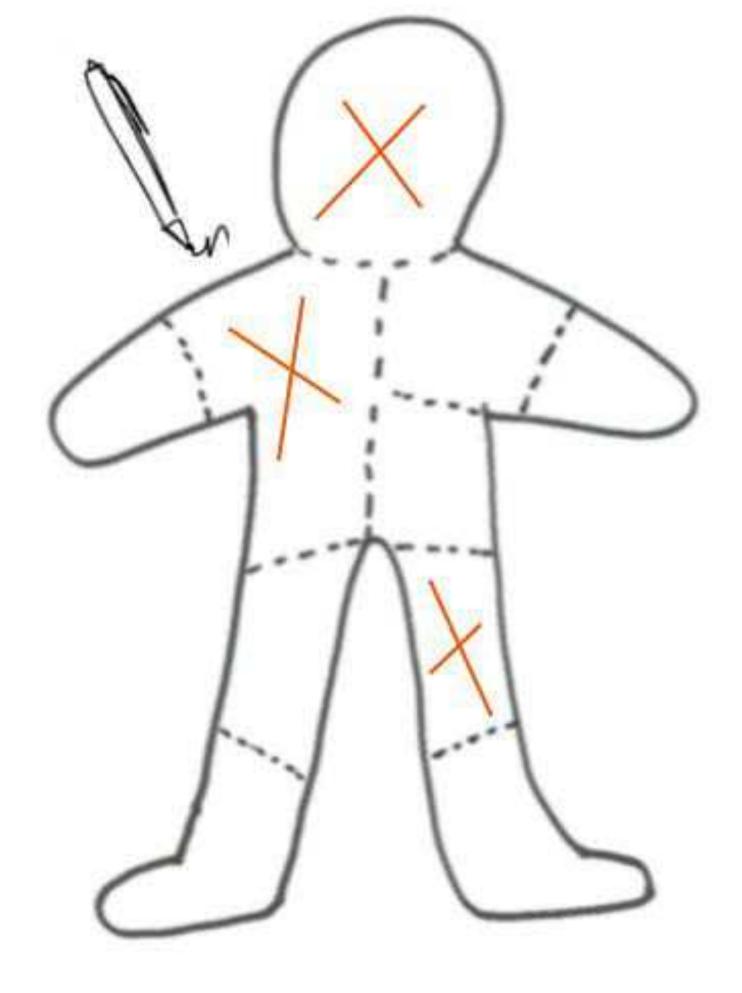




Quality of Life

Exchange the figure with the neighbour on your right.

Now randomly cross out 5 sections in the figure of the other person.



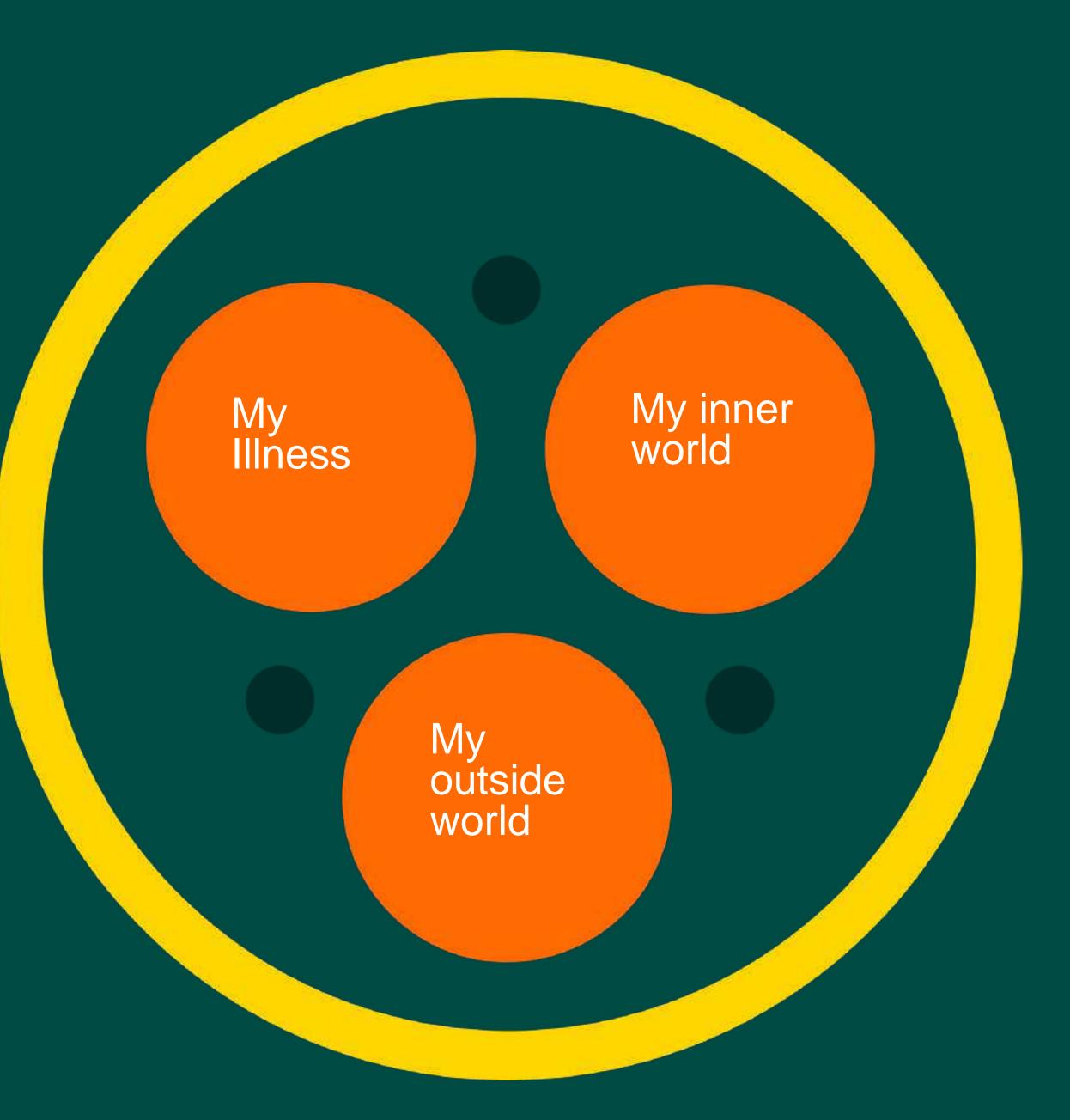
analysing the problem

Dementia is a disruptive disease that has a tremendous impact on daily life.

Things that previously filled the day and made life worthwhile have become strained (inner world).

Relationships and one's place in society also become more complicated (outer world).

Health care currently focuses mainly on the disease, not on the inner and outside worlds.



analysis problem

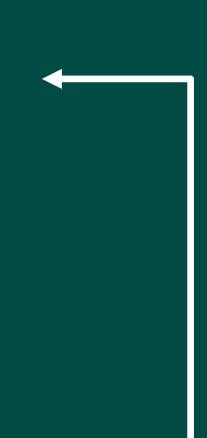
Dementia is an interplay between the disease, the inner world, and the outside world.

The disease has an impact on the person

has an impact on their environment

has an impact on the disease

has an impact on





Interaction disease and living environment

Forgetting, confusion affects purpose and self-confidence affects relationships, social roles & environment affects forgetting, confusing Affects my illness

Affects my inner world

Affects my outside world



afname sociale rollen

Every person has multiple social roles. They shape who you are. After the diagnosis, these roles remain just as important, but due to dementia, it becomes harder to fulfill them.

Less of a parent, less of a partner, less of a friend, less of an employee, less of a teammate, less of a hobbyist, less...

Less of a parent

Less of a partner

Less of a friend



Patient role

After the diagnosis, these roles remain just as important, but an additional role appears: dementia patient.

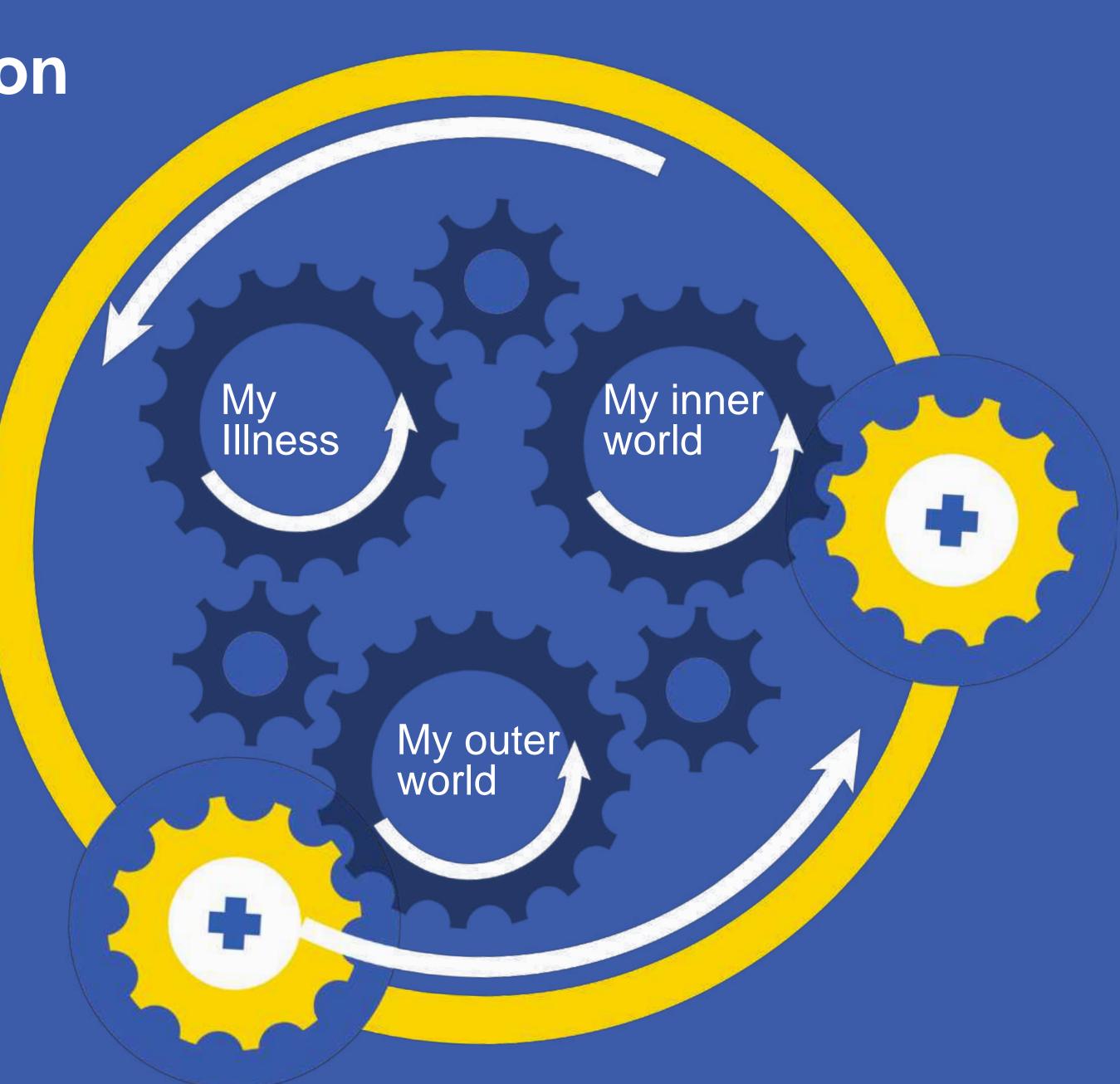
And then something strange happens: the environment mainly focuses on the role of dementia patient.

There is professional support for the patient role, but not for the other roles, even though there is a great need for it.

I am a patient

Solution: stop the interaction

By paying attention to both the inner and outside world, the Social Approach to Dementia ensures that the pattern (negative spiral) stops and the interaction starts to work in the opposite (constructive) direction.



Life/personal world at the center

Makes space for normal everyday life challenges

No solutions for individual problems, but instead influencing the interaction

By focusing on both the inner and outside world, you can influence the pattern

First, look for solutions within everyday life and your own network

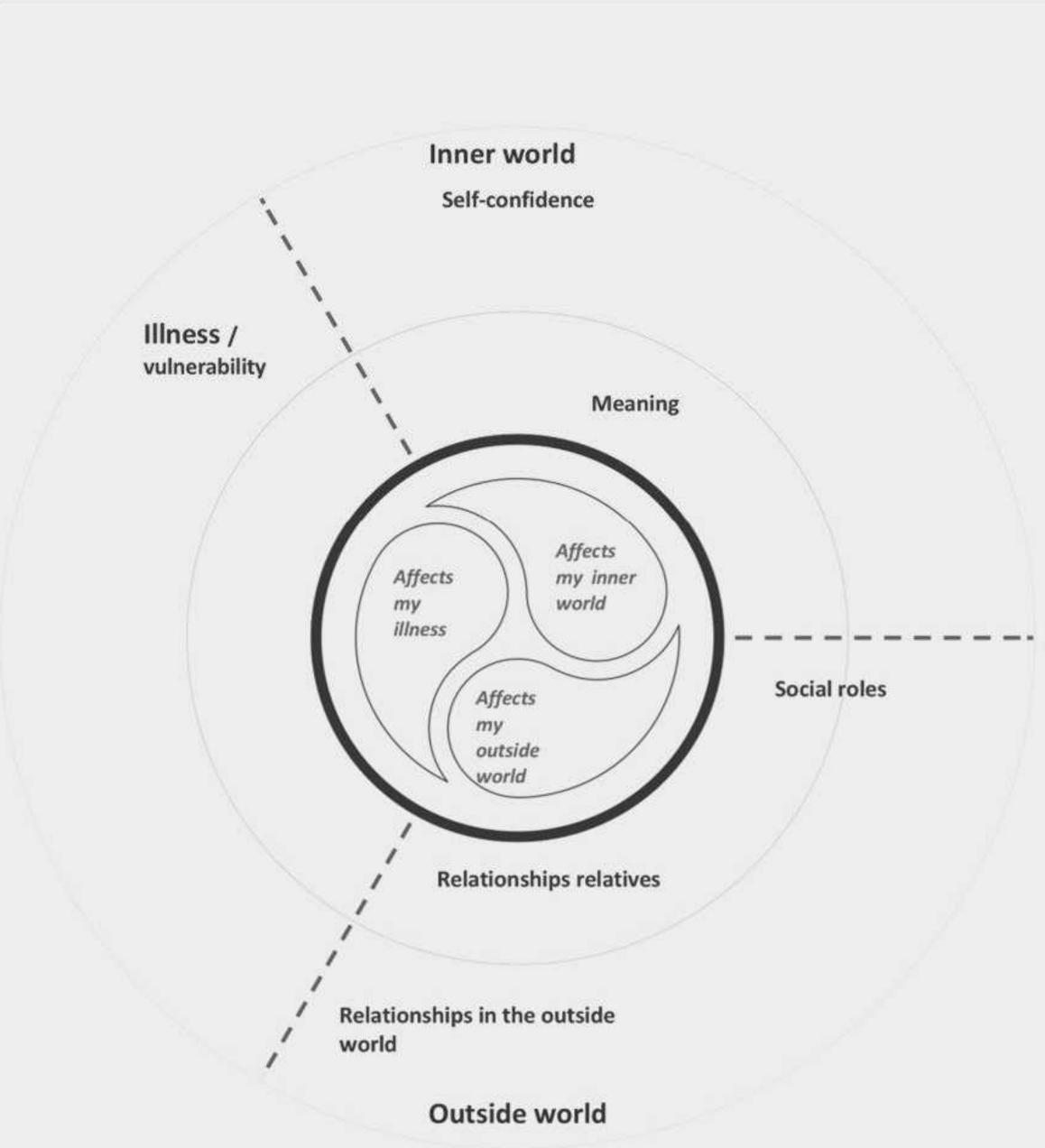
I am a Human

A case study

- illness
- meaning
- self-confidence
- relationships relatives
 - -- outside world
- social roles



Circle of Interaction



Social Approach

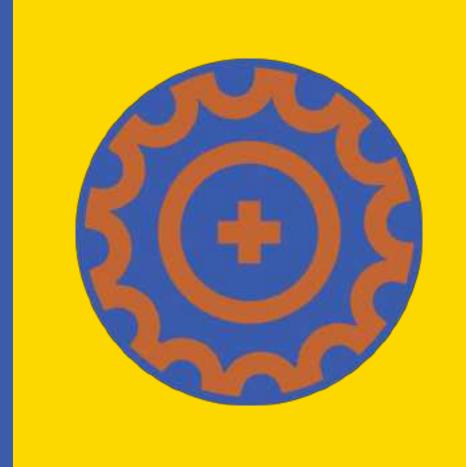


Core elements

- People are more than just the patient. We have an eye for all the roles of that person
- Interaction between illness, the inner and the outside world
- Equivalence and reciprocity, having an eye for stigma, taking yourself and others seriously
- We connect sincerely and listen without judgement
- We are guests in the living environment of our resident and do not unnecessarily take over from them or their loved one
- Curiosity and situational customization IS that so?



How? Social Approach Dementia



3-part training

Time for development and growth The job is not yet done

Conversation tools

Supported by experts



CONVERSATION TOOLS AN CHECKLISTS

(O)

HET GESPREKSINSTRUMENT

Onderwerp	Score & uitieg	Aandachtspunten
Relaties met naasten		Gelijkwoordigheid Sérieus nemen
Relaties buitenwereid	1-2-3-4-5-6-7-8-9-10	Vrienden Welkom voeien Belangrijke plekken buiten het verpleoghvis
Zelfvertrouwen		Onzekerheid Terugtrekken
Zingeving	1-2-3-4-5-6-7-8-9-10	Expert zijn Nuttig bezig zijn Talent gebruiken Spiritualiteit
Ziekte en kwetsboortield		Import op het gewone leven



SOCIALE ROLLEN



1. OUDER	2. PARTNER	3. VRIEND	4. EXPER
Antwoord	Antwoord	Antwoord	Antwoold
5. WERKNEMER	6. TEAMGENOOT	7. VERTROUWENS- PERSOON Antwoord	8. IK ZIE MEER SC ROLLEN Antwoord

HET NETWERKINSTRUMENT Een gesprek over de aandachtsgebieden



Om mij heen staan de volgende mensen:	
Dichtbij	
lefs verder weg	
Op afstand	
Hoe beschrijf je de relatie tussen de SBD-er en de deelnemer?	Hoe tevreden ben je over de relatie?
P = Projetuche idean G = Gemischop A = Advies E = Einatlantile stean E = Deze personn begrigt ocht wat a daarmack	 1 = Tevredem 2 = Ruimite voor verbeheining 3 - Were tot verbindering



Thank you for your attention!

How can you apply the Social Approach in your work?

Any questions?







More information?

https://socialebenadering.nl

Sociale Benadering Dementie (Dutch only website)

Or contact

the trainers Ina Snier i.snier@vanneynsel.nl or Yvonne Boudewijns y.boudewijns@vanneynsel.nl



Huis73

30 oktober 2024 Caroline Boogaard Silke Dragstra





Huis73

- House of library and culture
- Locations in Den Bosch, Rosmalen, Boxtel, Sint-Michielsgestel and Vught
- 130 colleagues / 700 volunteers
- 85 libraries at school





Huis73

- Visitors: 31.000 a month in Den Bosch
- Members: 21.000 in Den Bosch (46.000 in total)
- Borrows: 23.000 books a month in Den Bosch





Library, art and culture

- Collection: more than 50.000 books
- Language lessons
- Reading sessions
- Innovation labs
- Music lessons
- Workshops
- Exhibitions etcetera





Geheugenhuis

- Problems with memory
- Visitors at walk-in hours and activities
- Cooperation with welfare organization
- Activities to train the brain: singing, dancing, braintraining
- Dementia partner group



Memory House

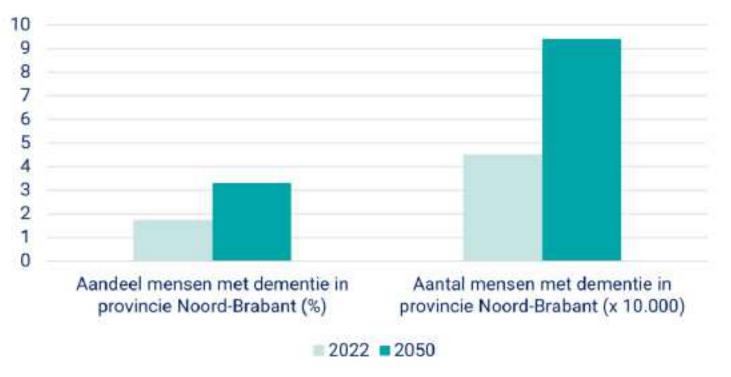
The Memory House is about People





Dementia in the Netherlands

Dementie in Noord-Brabant



Bron: Cijfers Alzheimer Nederland (Mensen met dementie per gemeente, 2022)

Dementiafriendly community

Focus on support and participation in society



Positive Health

• Is about quality of life



Memory House

"Doing new things and doing things you enjoy create new connections in your brain"

Dr. Paul Dautzenberg, local geriatrician, at the opening.



Programme

- Walk-in hours with trained volunteers
- Switch to Move
- Sing-along café / participation choir
- Shared reading group
- VR -bril Into 'dmentia to experience dementia for better understanding
- Kiekjeskist
- Memory training
- Wereld Alzheimer dag
- Lectures
- Peer groups / discussion groups for informal caregivers



Cooperation

- Farent welfare
- Dementia core group
- Dementia-friendly City center group
- Erfgoed 's-Hertogenbosch



In 2023

- Walk-in: more than 100 visitors
- Beweeg je Blij (weekly): visited 400 times
- Sing-along café (biweekly): visited 270 times
- Lecture about Palliative Care: 80 visitors
- Lecture of a dutch author on life when you get older: 80 visitors
- Information Market Positive Health: 60 visitors
- Memory fitness hour: Average of 3 participants per week



Project 'Space for Yourself

Geomew C, sameping 7

The focus on illness shifting to the focus on the well-being of the patient. Presentation EU-Promens Thursday October 31

In the morning, you will get acquainted with a long-term residential setting for clients who, in addition to an auditory impairment, have psychiatric problems, often in combination with a mild intellectual disability. In the afternoon, we will introduce you to the training opportunities within Dutch healthcare. Yvette Vreeker, verpleegkundig specialist ggz (Mental Health Nurse Specialist) and trainer and Daniël van de Wetering, verpleegkundig specialist ggz in opleiding, take you into the practice.

Link to presentation Daniël van de Wetering:

Internationalization Presentation by Daniel van Rozendaal on Prezi

This is the flag of Den Bosch and for Oeteldonk....

Welcome to our wonderful city, 's-Hertogenbosch! And let's start with a small challenge: who dares to pronounce the word 's-Hertogenbosch correctly? Not so easy, huh? Just try it, it's a real tongue twister!

Care and safety. Let's see how we can work together to ensure safety. In doing so, we will occasionally delve back into the past and look at live ability as a basis for safety. We cannot see safety solely as something that can be enforced or solved by care or by material efforts. Safety and care are complex issues.

So, a little about Den Bosch... now that we're here... The radiant pearl of the south! This city is like a beautiful book that you open, and every page you turn captures your heart. With its breathtaking medieval architecture—such as the majestic St. John's **Cathedral—and the atmospheric, winding streets,** Den Bosch exudes history and charm. You can't get any safer than this, you think. Just a quick addition about Den Bosch compared to the countries you are visiting today; together we have an impressive history of our beloved city 's-Hertogenbosch. A history that not only tells our own story, but also has a deeper connection with the broader European context in which we find ourselves. Sometimes also through war and violence... Let's look at some of the most significant periods.

The Eighty Years' War with Spain between 1568 and 1648 was a crucial period for our city. Den Bosch was besieged and battles took place in and around the city. In 1629 Den Bosch fell into the hands of the Dutch Frederik Hendrik. This war gave the city the nickname 'Swamp Dragon'. This name reminds us of the impregnable fortress that Den Bosch was at the time, surrounded by swampland such as Het Bossche Broek.

Then we came to the French Period (1795-1813). During the Napoleonic Wars Den Bosch was occupied by French troops. The city served as an important strategic point in the region. And then there was the Second World War (1940-1945). During this dark period, we were confronted with bombardments and the devastation of the German occupation. It was not until October 1944 that we were liberated by the Allies, a reminder of the resilience of our people and the power of working together. These events have not only shaped our military history, but also our culture and identity.

As the Hungarian writer Sándor Márai once said: "History has no other function than to illuminate the present."

The name 's-Hertogenbosch comes from the time that this city was founded in the 12th century by the Dukes of Brabant. And what does it actually mean? It literally means "the forest of the dukes." If I translate that into Dutch, I end up with the word 's-Hertogenbosch. A beautiful reference to the lush forests that our area was rich in at the time.

At that time, there were no large cities in this region. That is why it was high time for a capital in the north, and so Den Bosch became the administrative center of this region around 1160. This strategic settlement -with city rights-(thanks to Godfried the third; from Belgium) Den Bosch grew into an important trading center. The Roman Catholic stronghold is reflected in our beautiful art and impressive churches. The Sint Jan Cathedral, the highlight of the late Brabant Gothic, proudly shines as a symbol of our rich history. When you walk in there, you really feel the history around you! Within the city walls, a new city was being built, while there is also a downside to looking only within the city walls...

The rich history of Den Bosch, both economically and culturally and from Gothic architecture to a lively art scene, remains an attractive basis for living and working. From that moment on, we expelled people from the city centre with a 'scratch on their soul'. Vagrants and people with deviant behaviour were thrown over the city walls, far away from the city life that excluded them. Here we see the difference between people who are green and red as if these were personal characteristics.

Exclusion is the process by which certain groups are excluded from

social, economic, political or cultural activities. Historically, people who did not fit into the cityscape, such as the homeless or vulnerable residents, were often banished to remote areas by city councils; see all colours when the green colours 'the normal people'are happy and safe in the city center. These measures, often under the guise of a 'cleaner' city image, have far-reaching consequences. Not only do those involved lose their networks and access to facilities, the social cohesion and the sense of equality within the community are also endangered. Now we know that exclusion can manifest itself in different ways: socially, economically, politically and culturally. It is crucial to counter this and create an inclusive environment where everyone feels welcome.

Speaking of safety.

I am the director of Community Shelter Den Bosch (**MO Den Bosch**), where Grip on Life is central to the people we do it for. We strive to end homelessness before 2030. Housing is a right and the basis for important conditions of existence such as fulfilling a social position, safety, meaning, independence and autonomy. If the mission is that people must have 'Grip on Life', you understand that if you are homeless you will never have Grip on Life and if everyone has a home, the mission is completed (and I can take early retirement). No home, no safety. So we have to ensure that everyone has somewhere to live. Super simple.

Our approach is based on our principle of "Housing First." We organize a suitable place to live as quickly as possible for everyone who reports to us.

At a time when homelessness is increasing throughout Europe, as confirmed during the recent conference in Lisbon, it is essential that we bundle our efforts and strengthen our approach. As the famous writer Václav Havel once said: "Change is the essence of life." And that is exactly what we are striving for—a lasting change for the people in our city.

That man in the left center with those glasses in the middle is special; he was known as a client within mental health care (had been in custody for years because he had led a criminal organization, the man in the middle with those glasses is a man who was someone's neighbor and a tenant of a house, The man with those glasses in the middle on the right is a man who works as an experienced worker for the Dutch government. If you can lead a criminal organization, it seems to work well in mental health care. Speaking of safety the same person in various roles and viewed from various perspectives.

In Den Bosch, we have discovered that our tenants, clients and residents are often the same people... let's focus on people who are homeless....

This is a complex problem, and if we do not look at it with a broad perspective, we risk that those who are in a vulnerable position will never get the appropriate solution they deserve.

Imagine if we all looked at the situation through a straw. In social care, people who are already dealing with enormous challenges are called 'clients'. They live in a four-person room and wait an average of 13 months for a follow-up place. This long-term uncertainty can only increase their vulnerability. The housing problem cannot be solved through care alone.

At the housing cooperative, they see these people as 'tenants' or potential tenants. But if you are homeless and your average waiting time in Den Bosch is 15 years, what use is that? A more distant perspective.

And what about the municipality? They call the people they work for every day 'residents'. The government contribution that is available to care for these residents is distributed fairly. But if there is a shortage of shelter places, and if the waiting time in the shelter is also so long, what does that mean for someone who is homeless, and perhaps also has a wife and children? What we see here is that the problem cannot be solved if we all continue to look at the 'target group' through our own limited view—our straw. We assume that the municipality, the care and the housing cooperative are all doing their best. And they do! But the result of all these efforts does not always correspond to what someone really needs: a safe place to live and as soon as possible; that is necessary.

If we now put down our straw and look at each other, we understand that the mission behind all our organizations should not be self-interest, but a common goal: improving the life path of these people. Only by joining forces and taking a broader view of the situation can we really make a difference. Look to each other in the eyes and find solutions.

Let's focus on our beautiful city of Den Bosch... **in 1422 Reinier van Arkel** was founded to help senseless people and this was about insane care. Reinier van Arkel is now a great organization that has focused on mental health and network psychiatry from a psychiatric hospital (you have heard a lot more about this last week). Only in London was there such an institution before. In the early years Reinier van Arkel was located on the Bethaniestraat in Den Bosch. However, the limited facilities and the growing influx of patients made it necessary to move to a new location.

This move was crucial for several reasons. Firstly, space: the new location offered the opportunity for expansion and the development of modern care facilities, essential for a good living and treatment environment. Secondly, peace and privacy: the rural environment offered a quieter climate, which was conducive to recovery.

Unfortunately, in the Netherlands we also separated vulnerable groups under the guise of re-education, often under appalling conditions. This is a dark side of our past that reminds us of the responsibility we have not to isolate the vulnerable, but to connect them. **The word Segration** is at the heart of what has happened; this process of separation, in which groups of people are excluded based on characteristics such as race, ethnicity or social class, is an important issue in our society. Segregation manifests itself in various domains, such as housing, education and social interaction. Take spatial segregation for example: in many cities, different groups live in separate neighbourhoods, which leads to unequal access to resources and opportunities.

Let us work together towards a society in which no one is left behind.

Back to 's-Hertogenbosch for a moment; Den Bosch; your Hotel De Den! Of course, the name is a nod to our beautiful city, Den Bosch. A place where staying is a pleasure, but unfortunately sometimes also inaccessible and unaffordable for many. Let's dive into the world of numbers, and I promise to make it exciting!

Did you know that there are approximately 18 million people living in the Netherlands? And in our own city, Den Bosch, that's about 160,740—yes, that's roughly 1% of the whole of the Netherlands. Not to mention, a city full of history, culture and... your amazing hotel! Your hotel De Den... what is the meaning of a hotel and hotels in general... in the Netherlands...

Now, when it comes **to the number of hotel guests**, the numbers are truly impressive. Last year, no less than 25.32 million foreign guests slept in our hotels, compared to 27.22 million Dutch. This means that there were 1.5 times as many foreign guests as Dutch residents! They often say: "Travel is the only investment that makes you richer," and that certainly seems to be true for our tourists!

Imagine that each room here in Hotel De Den costs an average of 146 euros per night. That is the average hotel price per night per room. If two people sleep in a room, that quickly adds up to a staggering total of 3,835,420,000 euros per year—almost 4 billion euros! Those are numbers that make your head spin, don't they?

And then we have the people in our society who are struggling. For the approximately 26,600 people who receive care because they are homeless,

they receive an average of 1,309 euros per person. This adds up to a total of about 450 million euros per year. If you were to do the math, these people could all buy a home within four months with more than 120,000 euros per month—that's more than enough for an average home costing 398,000 euros!

Now, before I end, let me share with you something from the great French writer Victor Hugo, who once said, "A time will come when humanity will forget to yearn for the past and will begin to invest in the future." Maybe we should invest in a place to live instead of care for people who need this care much less or not at all if we use something other than care alone. Let us also think - when we turn over in the hotel tonight - about how we can contribute together to a future in which everyone has a place to live.

Let's take a leap into the world of numbers. We're talking about homes in the Netherlands here, and the numbers are impressive, so hold on!

In the Netherlands, we have no less than 8,045,600 homes! That sounds like a huge number, and it is. That is 2.1 people per household. So, what does this mean? While we now have an average of 55 square meters per person to stretch out, in 1900 that was only 9 square meters. A big leap, but here is the crux: there is sufficient living space, but the available places are often not enough.

On average, 2.1 people live in a Dutch household. Back in 1963 that was still 3.5! So there may not be a shortage of living space, but there is a shortage of places to live. As long as an awful lot of money is made in the Netherlands from owner-occupied homes and subletting homes, the right to live seems to be secondary.

Now, let's take a closer look at the types of homes. Of all homes in the Netherlands, 52% are owner-occupied. The average value in 2023 is a hefty 398,000 euros. That is a serious investment! For the tenants among us: 33% of the homes are a rental cooperative, and 14% comes from other rent.

We have in the Netherlands. Currently we still have a shortage of 331,000 homes in the Netherlands. I have four children and I am afraid that they will continue to live with me in beautiful Den Bosch for a long time.

Oeteldonk

I will take you to one of the most unique traditions of our city: the Carnival, which we celebrate here in 's-Hertogenbosch—Oeteldonk! Imagine: our city comes to life with colors, music and a magical atmosphere. During Carnival, 's-Hertogenbosch transforms into the Burgundian Oeteldonk, a party where everyone comes together.

The red-white-yellow tricolor of Oeteldonk is not just any flag. These colors radiate the pride and solidarity that we feel in our city. This emphasizes that we are all equal. When the mayor hands over the city key to the carnival mayor, we celebrate solidarity and freedom.

Imagine: more than 100,000 people on the streets and in the pubs for four days - dressed in colorful outfits, filling the streets with music and laughter. The parades are grandiose, but the real heart of Oeteldonk beats in the small cafes and on the street, where we enjoy ourselves together. Also a concern for the city; how much police are deployed because people not only come to party but there are also fights on the street because of drunk people.

You can participate in carnival if you want (as long as you adhere to our traditions). Let us pause for a moment to consider the theme of **integration.** After the period of segregation, we thought that people with a scratch on their soul also deserved a place in our cities. But this special group was often not fully recognized. We placed them within the city walls of Den Bosch, with the idea that they had to stay there and adapt to our community. However, their unique needs and cultures often went unnoticed.

Here, 'healthy people' and people who may have had different characteristics lived side by side. We can clearly see that on the sheet. It was as if we had created two worlds, but with a wall in between. These people, with their challenges — whether it concerns psychiatric problems, behavioral problems, addiction or poverty — were put in a box, with the implicit message that they should just conform to the norms of the dominant group. But let us realize that these power dynamics are in our way. We need to work towards social inclusion, so that people can develop the skills to become independent and build social networks. We need to ensure that everyone feels recognised, regardless of their background.

Den Bosch also excels in the field of care. Our city invests intensively in innovative care projects and welfare initiatives that are tailored to the needs of our residents, with positive health, prevention and wellbeing at the core. The result? A warm, accessible approach to care that ensures that everyone feels heard and supported. I think you have already seen several examples of this in the past week.

Den Bosch is not only a beautiful place to live, but also a great place to live. I would like to conclude with a powerful quote from the French writer Antoine de Saint-Exupéry: "Only with the heart can one see well; what is essential is invisible to the eyes." Of course, this also applies to safety. If we stop looking through our straws, look at each other and continue to look at what is really important-the connection between us, the warmth of our community and the opportunities we offer each other. In addition to the connection of culture (besides tulips and windmills), we also have traditions such as our **cycling culture** (almost 300 deaths per year, talk about safety). Last Friday, a few of you came by bike to the Dungense Polder to hear something about housing rights and Housing First. Some were a bit faster than others... Here, the bike is more than a means of transport; it is a lifestyle! Everyone cycles—from children going to school to elderly people doing their shopping. It is a beautiful sight and a symbol of our connection with the environment. And then there is our water management (98 people drowned in the Netherlands last year) and in 1953; 1836 people died of the flood disaster. The Netherlands is largely below sea level, and that has forced us to find innovative solutions. The Binnendieze in Den Bosch is the water that runs through the city walls in Den Bosch; under the city where The true labyrinth is a total of 12 kilometers long. A third of this is still intact and can be visited by boat; highly recommended. Our delta works are not

only technical wonders, but also examples of how we adapt to nature. A true masterpiece of engineering! Terrible what happened last week in Spain in the Valencia region.

And then there is our **coffee culture!** Coffee is not just a drink here; it is a social moment. Whether you are in a cozy café or at home with friends, getting together is what counts. Here in Den Bosch with a **Bossche Bol**... (According to the American test, someone weighing 70 kilos could drink themselves to death with 97.98 cups of coffee).

Den Bosch… regarding the level of education: 25.6% of our residents are low-educated, 36% have a secondary education and no less than 38.5% are highly educated. This offers us the opportunity to work together, share knowledge and strengthen each other in our joint quest for progress. The average income per resident in Den Bosch is €33,300. However, there are still households that are struggling, with 6% living at or around the social minimum. This reminds us that we need to be there for each other and that there is always room for improvement in our community. Den Bosch....one more time the Sint Jan (a bit of our pride)...

De **Moriaan** is the oldest existing brick house in the Netherlands. This iconic building houses our tourist office and is a beautiful example of the rich history that is present here in the city. Among them is my favorite pub; plein 79.

The only famous artist was **Hieronymus Bosch** (but his most famous work hangs in Spain...).

About the industrial history of Den Bosch: wages in the south were lower, which led to the relocation of many manufacturers to our region. In 1898, the Royal Dutch **Cigar Factory** opened its doors in Den Bosch. This factory building is now a pop center, and in this way we have managed to combine history with contemporary culture.

Another important milestone is the establishment of **De Gruyter** in Den Bosch in 1818. This grew into a major player in the food trade with no fewer than 550 stores in the Netherlands. The Gruyterfabriek is now a vibrant business center where creative entrepreneurs and artists make their mark. And let's not forget the Verkadefabriek! This historic biscuit and pastry factory, , is now a cultural centre and theatre, a place where art and culture come together.

And let's not forget the spherical houses. These unique homes, designed in the 1970s, are a beautiful example of experimental architecture, comparable to the famous cube houses in Helmond and Rotterdam. **The Armada buildings**, inspired by the Spanish navy, are also a striking feature of this area. The modern architecture such as the neighbourhood where you will be sleeping, located against the historic city centre. Because everyone matters and everyone has their own contribution to society; **inclusion** at its best, you might say. The diversity and inclusion in our society are also a point of pride. The Netherlands is a multicultural melting pot with a rich mix of nationalities and traditions. Our strong laws and initiatives promote inclusivity, which strengthens social cohesion. This is a place where different voices are heard and valued. We can learn a lot from each other, both inside and outside the EU. The perception of safety also has to do with knowing each other.

When we look at our residents, we see a diverse mix: 43.2% have a Western migration background, while 14.6% come from Morocco and 8.5% from Turkey. And recently we see many new faces from Ukraine, Poland and Germany. This colorful diversity makes Den Bosch a vibrant place, where different cultures and traditions come together!

With **Inclusion**, we see that the red and green people (the healthy and the people with a scratch on their soul) live together. In this, we assume that vulnerable people are 'allowed' to live together with people who are 'not different'. This is about inclusion, a fundamental principle for a just society. An inclusive community is one where everyone, regardless of background or ability, can fully participate and is recognized.

Imagine a society where diversity is celebrated, where equal opportunities are available to everyone, and where the voices of all groups, including vulnerable people, are heard. It is a place where respect and appreciation for differences are central, and where discrimination and exclusion are combated.

In healthcare, **inclusion** means that care is accessible and available to everyone. This requires cultural sensitivity, accessible facilities and an individual approach to patients. It is essential that healthcare providers are trained to take into account the unique backgrounds of their patients and actively involve them in their treatment process.

However, we must realize that there is a difference between integration and inclusion. Integration may mean that individuals have to adapt to a dominant culture, while an inclusive society offers space for everyone to

maintain their identity. As British writer Virginia Woolf once said: "The path to freedom lies not in equality, but in the recognition of our differences."

Let us work towards an inclusive society, in which no one is left behind, and in which we build together a future that does justice to our diversity.

As the German philosopher Johann Wolfgang von Goethe said: "Humanity is not made up of individuals, but of a coherence of differences." Let us appreciate these differences and work towards a society in which everyone feels recognized and supported.

You could say all's well that ends well, but 's-Hertogenbosch/Den Bosch/Oeteldonk has invented something new;

You could hardly say it could be more inclusive, but... perhaps an inclusive society is not enough;

Ussing

In Den Bosch, we are convinced that the term "vulnerable people" does not give us the right picture of reality. It is not the homeless that we should see, but people in a vulnerable position—people who may have become homeless because of system choices, not because of their individual problems.

It is essential to realize that the colors we see in our community do not only refer to personal challenges, but are mainly influenced by the context in which someone finds themselves. We live together in this municipality and each color represents a unique story. It is important to understand that the circumstances in which someone finds themselves, such as poverty or social isolation, are much more decisive for their well-being than the labels we attach to them.

Life does not start with serious psychiatric problems, an addiction and the desire to become homeless. This is the result of failed policies and we can make the choice to put a stop to this.

When we look at homelessness, we see that the problem often does not start with psychiatric disorders or addiction, but that long-term

homelessness can lead to these complications. Statistics show that only 30% of mental health problems are genetic; the remaining 70% are determined by environmental factors. This includes where someone was born, what life events they have experienced, and whether they grew up in a healthy environment with good nutrition.

Here in Den Bosch we believe that no one is 'normal' or different. We are convinced that we can reduce the scratches on the soul by providing customization. We have to ask ourselves: "What does this person want? What do they need? And how can we support them?"

In Den Bosch we are convinced that people are not the same but should be treated equally. We can assume standard procedures in this respect, but we must also be able to make exceptions. The reason is that we are then looking at changing a vulnerable position and that will lead to a reduction in the chance of skewed growth; social and societal but also in the long term on psychiatry and/or addiction.

Imagine: a single asylum seeker, schizophrenic, arrives in the Netherlands with the conviction that he is the ambassador of his own country. This man, who cannot be adjusted by medication, shows transgressive behavior—he travels illegally by train, but does no harm to anyone. Every day he sits in a suit, with a suitcase in his hand, comfortably in first class.

When the conductor asks him for his ticket, he cannot hand it over. Instead, he tries to solve this problem with his "secretary" via telepathy—an attempt that is of course unsuccessful. What follows is a fine, and although it seems an almost comical story, it is the background that should worry us. This man has spent no less than 13 months in prison in the past two years, simply to serve the fines he has received.

In a cross-domain consultation we discover that the Dutch Railways are losing a lot of capacity to issuing fines. The justice system is wasting time on this man, the prison is overcrowded, and the mental health system is complaining that they can't help him this way. And the housing corporation? They're constantly losing revenue because, when you're incarcerated, you have no income. It costs society more than 100,000 euros to keep this man in prison for 13 months—a scandalous 280 euros a day.

But here's the good news: in that same meeting, we decided to take a step. We all put down our hourly wages for the duration of a two-hour meeting and bought this man an annual pass. A year later, we adjusted his working hours, and he is now the ambassador for the Mental Health field.

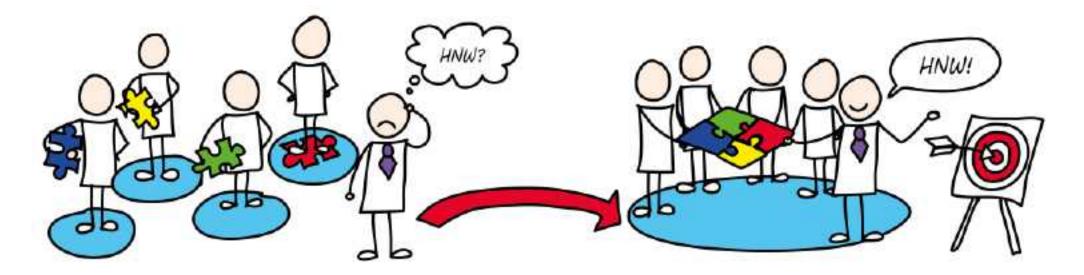
Let's remember what the French philosopher Albert Camus once said: "True freedom does not lie in the absence of chains, but in the ability to recreate ourselves." Let's not forget that this man, and many others like him, deserve the chance to be recreated—not in prison, but as full members of our society.



We would love to meet you and aim for mutual inspiration!

7 november 2024





What do you think we do?







- Explanation of the directing task Zorg- en veiligheidshuis
- Conversation about pratice
- Your tips to us





Directing

We manage the process of implementing an integrated and person- oriented plan of action together with the partners.

When do we take control?









Problems in multiple areas of life (Threatening) criminal/ nuisance behavior or social decline Cooperation between multiple chains (care and safety) is necessary Problems have an impact on the social learning environment





The municipality reports the case to ZVH after consultation with the police and Mental Health Services



Care and safety

- Seperate worlds with a different purpose
- Realize that we cannot excist without each other, without cooperation
- Partners connect care and safety because they see added value
- The Zorg- en Veiligheidshuis Brabant Noordoost is an instrument for this





Goal

Contribute to:

general safety

improving the personal situation



preventing and reducing (serious) nuisance, crime and/or social disruption

This is done through a combination of criminal, civil and governant interventions and care in personal approaches



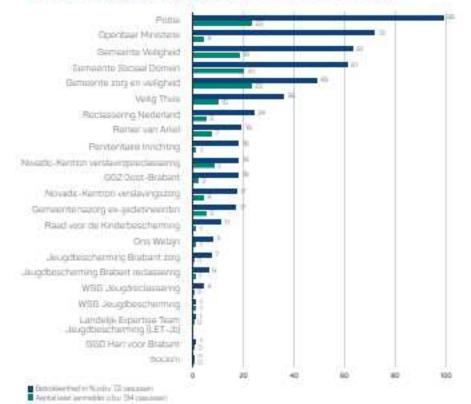
What are we responsible for in case studies?

- Independent imaging
- Contributing expertise
- Comply with privacy rules
- Good process
- Good cooperation
- Support
- Compliance with the agreements





Aanmeldingen en betrokkenheid casuïstiek



Hoofdproblematiek zorg en veiligheid in COM's

5%

216

Advertin

ALCA++

Totaal

Commospaceum (Henerveldrom)

Veiligheid Spouller Deer last (22%) Geentike owwettereging (B%) Badropong/munutane/Stalling richmog portugionals (B%) 22% Partnergaweitt (7%) Bedresong/Intrindatia/Stalking nchiting burgars [790] Stateno In huserika knool 15% Zirthie 476. Anders namelijk 14% Duiteionmichandising (2%) Radicalisating (196) Hindemistrandeling (7%) Eargenitations disant (We) Zorg Zurgen om untwäkkling mindurgang kind (2014) Pagebiame [2013] . 20% Zimprighting (19%) Dubbeerociematels (7%) Verslaving (\$90) tues beau -Hussenstriggestremanek (#%) Trologrobiematies (3%) Platangepmfilomatiek (2%) (Tater (294) Intergenerationeleproblematele (TRi) Octame on Transmiss Overzicht casuïstiek Adviezen Soort casuEstick Antital Scort advies Aantal 154 Processgal total Histolunend Adves Aargamold in 2029 84 Urgebrard achies 25 50 143 Description of the environ Totaal

Scale up! 2023 totaly 134 cases

143

13 2

293

2023 GGZ/ RvA reports 9 case – they participates in average 40 % of the cases



Our partners

- Covenant partners
 - Local authority
 - Care and safety partners
- Agenda participants: based on involvement with the client, their knowledge or expertise.
- Covenant and privacy protocol







Previously homeless, living in a tent and with a network.

Lives in an anpartment complex; conditions attached to his rental agreement.

Pratical guidance from the healthcare party

Nuisance:

- noise
- Fill the common space with stuff (fire hazard)
- Takes people in their home
- Agression towards fellow residents

Case Peter Risks

- Safety of local residents due to behavior
- Peter (threat/ destruction)
- Safety Peter; neighborhood revolts against him



Behavior that stands out:

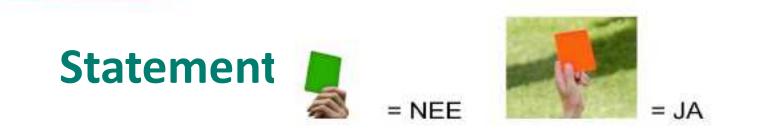
- Verbally strong
- Possibly autism
- Cooperative, approachable
- Overstimulation with "too much"
- Use resources (drug, drink)
- Aggressivevly/ unpredictable

Criminal law • Arson hearing scheduled • Investigation into abuse

To collaborate:

How was the collaboration lately?What can be improved in this regard?





Mental health does not join the partnership due to the client's privacy.



Statement



The police are responsible for ensuring that Peter does not cause any nuisance in the apartment complex.







Mental health services do not have to do anything, after all, there is substance use!







It is good that the munipality are evicting Peter from the home tot protect the neighborhood.



Statement



The Public Prosecution Service must use information from Mental Health Services in the criminal case.







Care is responsible for the nuisance behavior of Peter.



How do you make contact with safety partners from a healthcare perspective.

What do you recognize in our approach?

What tips do you have for us!

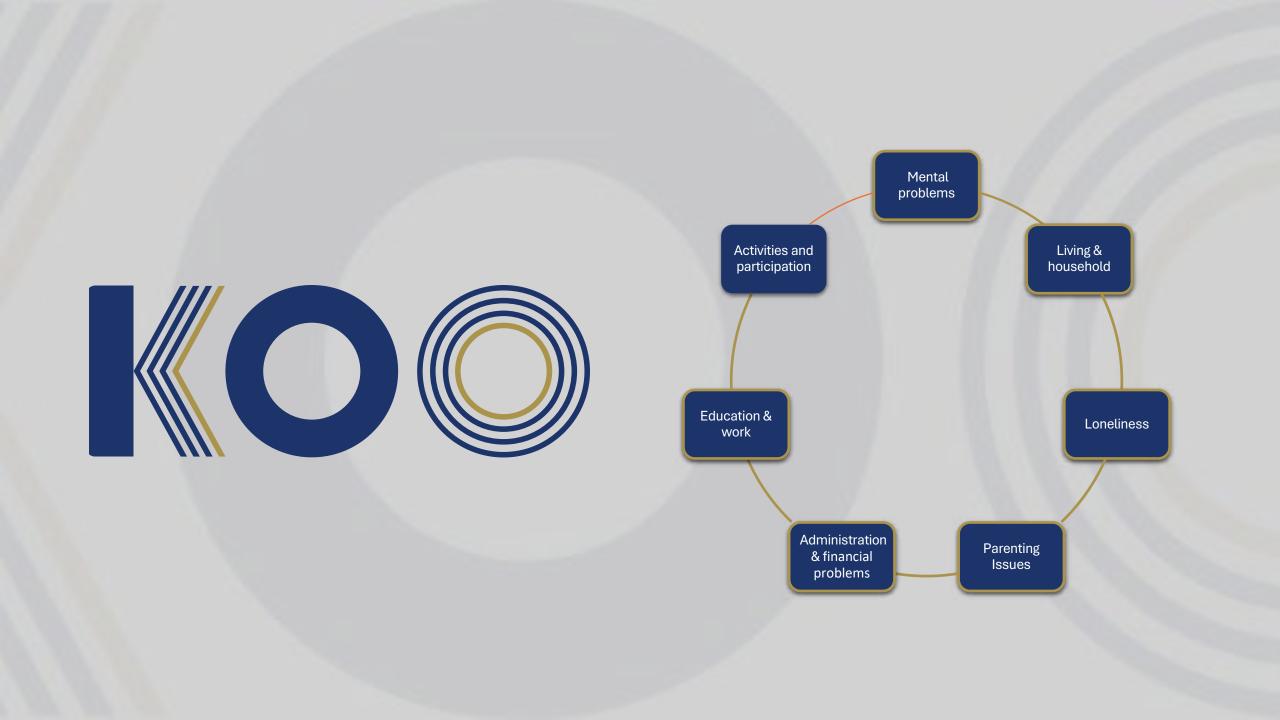


Thanks



Wijst u de weg naar de juiste hulp en ondersteuning

Welcome



Entrance

Call or app Koo 073-6153225



www.kijkopKoo.nl <u>Website</u>



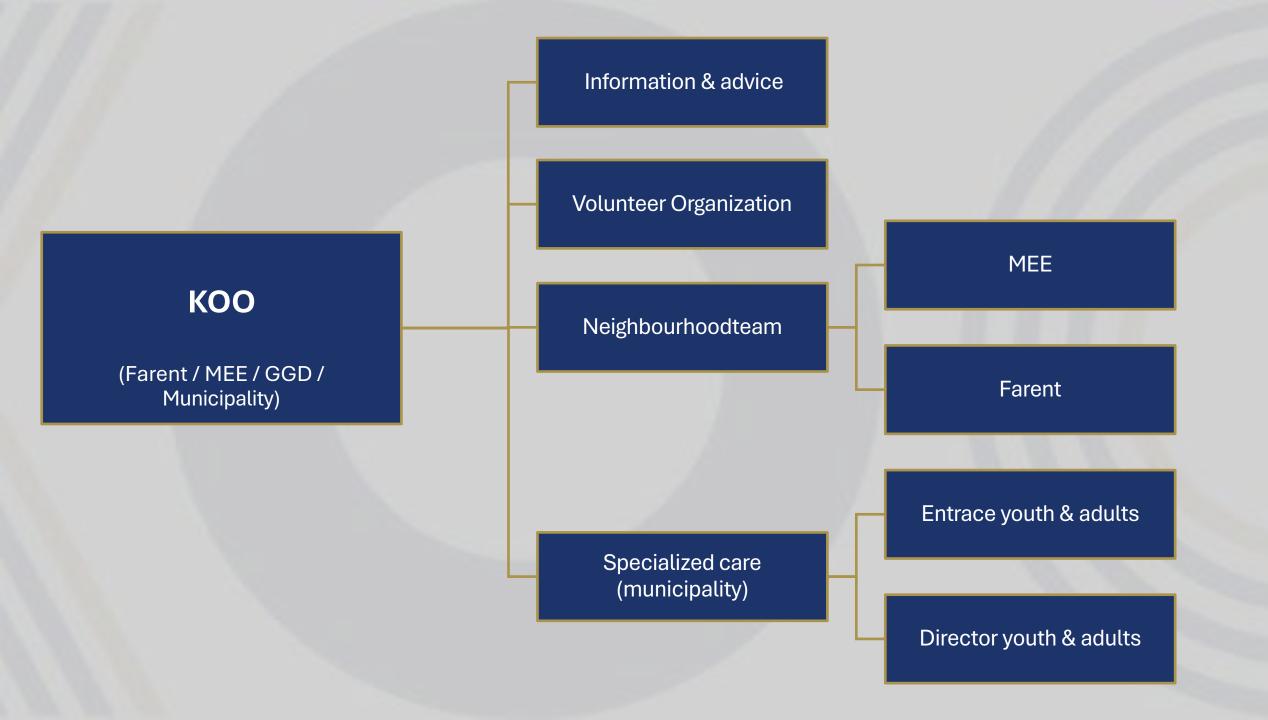
Visit Koo <u>Wijkplein</u>



Entrance

Call or app Koo 073-6153225





Entrance

www.kijkopKoo.nl <u>Website</u>





Thank you for your time!



Wijst u de weg naar de juiste hulp en ondersteuning

Questions?

OLJA & Kansrijk

Resultaten gebruikersevaluatie en vervolgonderzoek

19 september

Glenn Elstgeest I TNO

Margje Kroese I Kansrijk

Mentimeter: Scan de QR met je telefoon

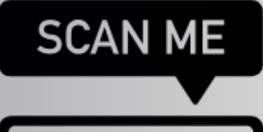
Of ga naar menti.com en voor deze code:

7628 5330





TNO innovation for life





Onder mijnings lab 2.0

Innovatie op het grensvlak tussen wetenschap en praktijk voor de aanpak van ondermijnende criminaliteit



Even voorstellen

Glenn Elstgeest Sociaal psycholoog Onderzoeker - consultant TNO



Margje Kroese Forensische jeugdzorg Projectleider Kansrijk Regiecentrum Bescherming & Veiligheid





Jonge aanwas

- (kwetsbare) jongeren die zich bevinden in beginfase van een criminele carriere en betrokken raken bij georganiseerde criminaliteit.
 - Kenmerken:
 - 0 tot 2 registraties van ondermijnende criminaliteit
 - risicofactoren > beschermende factoren
- In 2023 waren er op iedere 1.000 jongeren tussen de 12 en 18 jaar 13,9 minderjarige verdachte. NJI: <u>Cijfers over delinquentie | Nederlands Jeugdinstituut (nji.nl)</u>
- Van de 16.870 verdachte minderjarigen vorig jaar, waren er 10.800 'first offenders'. NJI: <u>Cijfers over delinquentie | Nederlands Jeugdinstituut (nji.nl)</u>





Ontwikkelingen door de jaren

- Breed Offensief Tegen Ondermijnende Criminaliteit (BOTOC)
- Preventie Met Gezag (PMG)
 - Versterken multidisciplinaire teams
- Initiatieven zoals kansRIJK
- Landelijk kwaliteitskader effectieve jeugdinterventies

> OLJA





kansRIJK

- Wat is Kansrijk en waarom belangrijk initiatief?
 - Forensische expertise naar voren
 - Proactief en Preventief
- Doelgroep en werkwijze
- Verbinding ketenpartners
- Samenwerking TNO OLJA
- Ervaringen OLJA in kansRIJK → het gaat erom dat teams een idee krijgen waar OLJA allemaal zou kunnen landen
- Casus







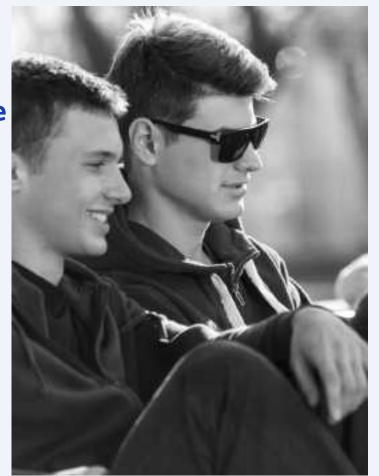
Een kwetsbaarheidsanalyse instrument



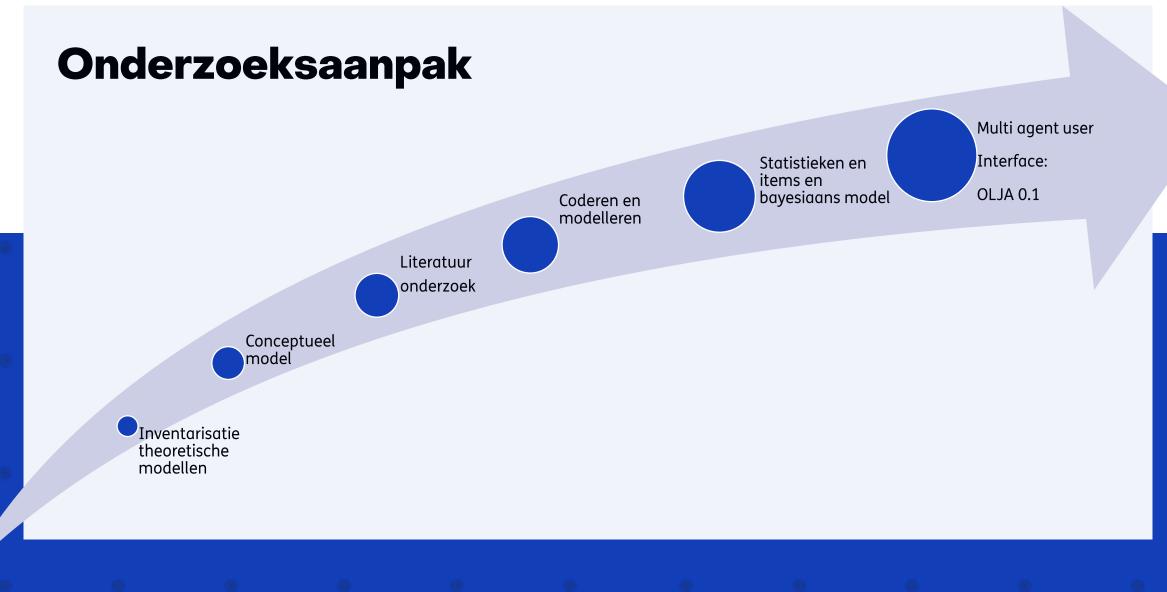
Doel instrument

Ontwikkeling van op wetenschap gebaseerd instrument dat multidisciplinaire teams helpt om een inschatting te maken van de kwetsbaarheid van jonge mensen om betrokken te raken bij georganiseerde criminaliteit

- Verklaren
- Dataverzamelingsproces
- (Interdisciplinaire) communicatie
- Scenariovorming
- Toewerken naar interventies









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04.01	01 Start	02 Informable toevoegen	04 Analyses	OS Conclusies	1
OLJA					
Selecteer hieronder een casus of mi	aak een nieuwe casus aan				
Kies een bestaande casus:					
SELECTEER CASUS					
Of maak een nieuwe casus aan	1				
Persoonlijke identificatiecode					
De haam van de heuwe cesus					
O Man Vrouw					
Rollen					
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Provincie					
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OLJA

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TNO innovation for life

06 Actes



B

INFORMATIE TOEVOEGEN

In deze individuele fase volgen alle leden van het feam leder op basis van hun eigen inzichten en kennis informatie toe.

O1 Start

Selecteer da juiste rol. Doorloop daama de onderwerpen en beantwoord de vragen. Onderbouw desgewenst je antwoord met opmerkingen in het vrije invulveid, Het komt vaak voor dat veel vragen niet te beantwoorden zijn. Geef dat in die gevallen aan met de optie "Weet hiet". In fase 5. waarin gezamenlijke oordeten worden gevormd, wordt duidelijk hoeveel informatie ontbreekt en nog uitgezocht zou moeten worden door de samenwerkende

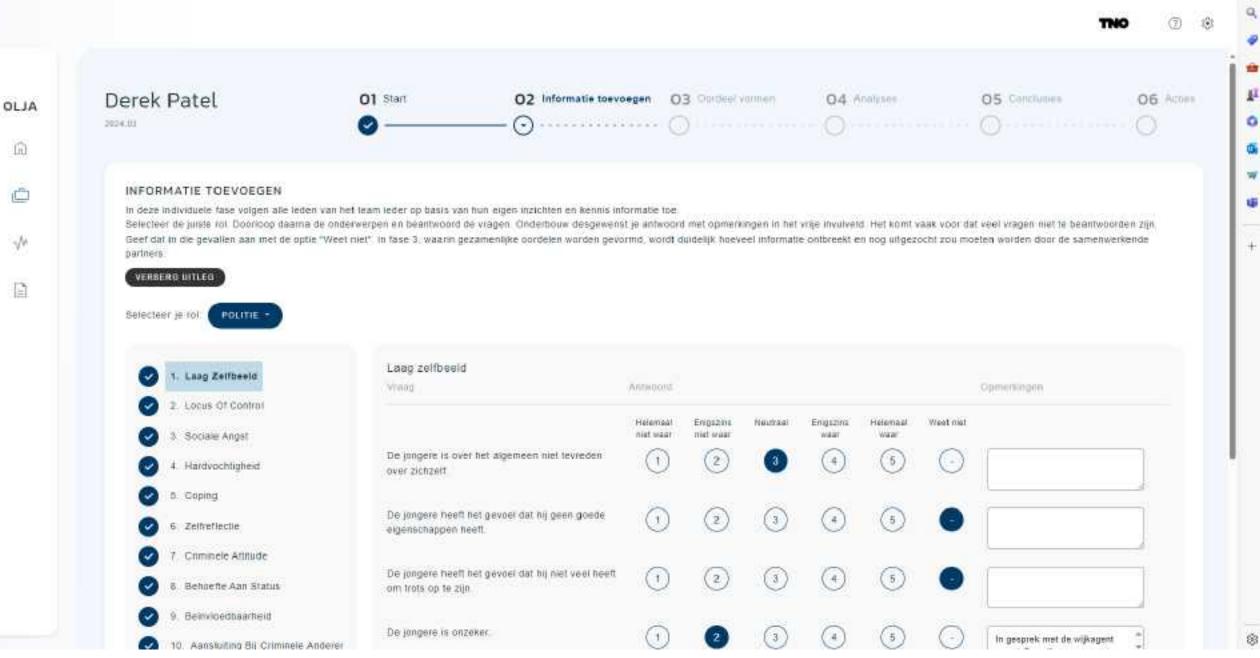
02 Informatie toevoegen 03 Condeel xormen 04 Analyses 05 Conclusies











o innovation for life



DORDEEL VORMEN

In deze fase van het gezamenlijke oordeelsvorming krijgen de leden van het team de antwoorden en opmerkingen van alle teamleden te zien (teamantwoorden). Op basis van de gezamenlijk beschikbare informatie besluit het team tot een gezamentijk antwoord.

Wanneer het team niet over de informatie beschikt om gezamenlijk een vraag te beantwoorden, kan een van de partners de taak krigen daarover op tater moment meer informatie te verkrijgen.

Nadat alle vragen in een onderwerp beantwoord zijn, bepaalt het leam of ze een factor risicoverhogend vindt of niet. Ze wordt daarin ondersteund door de grenswaarde die uit de literatuur is verkregen. Ligt de gemiddelde score daarboven, dan is een factor volgens onderzoek risicoverhogend.

VERBERG UITLEG

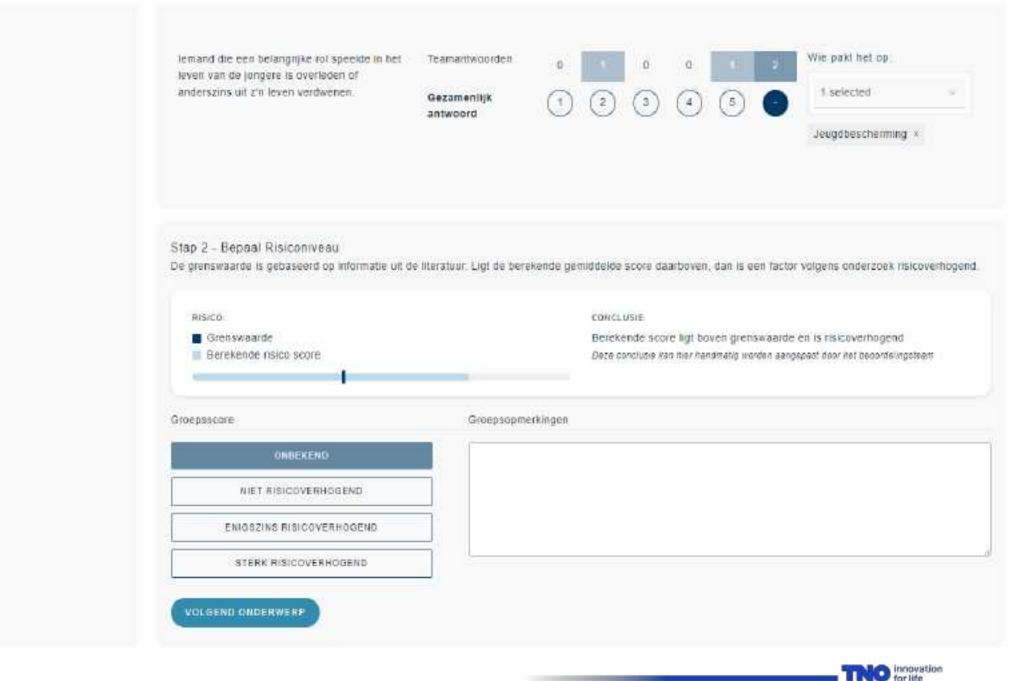
1. Loag Zelfbeeld	Vraag	Antwoord							Ideer info verkrijgen:	
2. Locas Of Control			Helemaat	English	s Neutra	# Enigszi	te Helem	aat Weet		
3 Sociale Angst			miet waar			waar	9933			
4. Hardvochtigheid	De jongere is over het algemeen niet tevreden over zichzelf	Teamantwoolden	ū	p	2	1	ß	11	Wie pakt het op	
5. Coping		Gezamenlijk antwoord	\bigcirc)	0	٢	\odot	Seidoloer	. *
6. Zeiheflectie										
7. Criminele Attitude	De jongere neeft het gevoel dat hij geen goede eigenschappen heeft.	Teamantwoorden	ø	0	a.	91.	0	3	Wie pakt het op	
0. Behoeffe Aan Status	Sherr references	Gezamenlijk antwoord	\odot		()	\odot	()	0	Selected	Y
9. Beinvioedbaarheid										
10. Aansluiting Bij Criminele Anderen	De jongere neeft het gevoel dat hij niet veel neeft om trots op te zijn.	Teamantwoorden	0	0	0	- 11	1	3	Wie pakt het op	

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06 4

OS Conclusies



ANALYSES

SAMENVATTING ANALYSE

Hieronder staan de factoren die invloed lunnen hebben op de xwetsbaarheid van de jongere. Er is een onderscheid tussen

- « de vertgestelde aanwezige factoren (enigszins of sterk risicoverhogend), die een ongunstig effect hebben op de twetsbaarheidsscore van de jongere;
- « de vastgesteide niet aanwezige factoren, die door afwezigneid een gunstig effect hebben op de kwetsbaarheidsocore van de jongere.
- a de factoren waarvoor het team nog geen risicobepaling heaft gemaakt, maar mogelijk wel een invloed kan hebben op de kwetsbaorheid van de jongere

AANWEZIGE INVLOEDRIJKE FACTOR	er ()	
Faster	Gezamentijs portied	Inviolent
Middelengebruik	Stenc	10000
Delinquence	Enigszine	-
Spannoysbebashe	2ter/c	-
Agressie	Esigazine	•
Regeloveritrestend gedneg	Enipszine	
Beitvipeitbaarheid	Exigszins	
Losus of series	Eterc	47
Laag settleest	Brank	80 M
Aftend toliniet-criminele enderen	Enigazina	
Sociale angst	Exigozina	
Cealing	Exiperine	-

AFWEZIGE INVLOEDRIJKE FACTOREN	0		AWETERAARHEID ()
Factor	Gazzmanlijk opržesi	Invited	
Benokkenheid bij georgeniseerde idruge urbritadiek	Niel earwezig		
Envines stitute	filet sanawsig		
Banoatte san status	Niet zanwezłą		
trate is an up with	Net annealg		
UNBERENDE INVLOEDRIJKE FACTOR	EN ()		
Factor	Queementijk oordeel	Inviced	
Apartiting bij eriminele phytenen	Nut sanwezig	44	
Zethefieotie	file: nanwezig		
Negatiove levenspeciaurtenissen	Niet sahwezig	1	

CONCLUSIE OF GASIS VAN DE LITERATUUR.

Op basis van het instrument is er sprake van een redelijke kwetsbaarheid voor de jorgere om in de drugscriminaliteit te belanden. De zwaarst wegende fectoren die de jongere invetsbaar maken zijn middelengebruik, spanningsbehoufte, locus of control, laag zelfbeeld, delinquentie, agressie, regelovertredend gedrag, beinvloedbaarheid, afstand tot niet-criminele anderen, sociale angst, en coping. Fectoren betrokkenheid bij georganiseerde (drugs) criminaliteit, criminele attitude, behoefte aan status, en hardvochtigheid bijven juist de livetsbaarheidsscare te verlagen van de jongere.

BESCHROF HIER JULLIE EIGEN CONCLUSIE

we weten eigenlijk nog heel veel dingen niet over Derek, maar er zijn wel veel zorgen op basis van wat we zien. Op een aantal ounten komt naar voren dat we eigenlijk vooral informatie missen vanuit Derek zelf. We moeten meer informatie verzamelen en met Derek in gesprek om hem beter te gaan begrijpen.

06 4

OS Conclusies



ANALYSES

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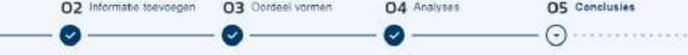
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OG Acties



Derek Patel 01 Start 02 Informatie toevoegen



ARGUMENTATIE OP BASIS VAN PERSPECTIEVEN

Leg gezamentijk zorgvuldig de conclusies vast op basis van de beschikbare informatie en gezamenlijke oordeien zodat in een later stadium deze conclusies gecontroleerd of herzien kunnen worden en nieuwe acties kunnen worden uitgezet.

Selectéer vervolgens een van de 4 mogelijke uitkomsten van het proces:

- 1. Niet kwetsbaar: Advies om casus te verwijderen
- 2. Mogelijk kwetsbaar: Advies om meer waarnemingen te verzamelen
- 3. Kwetsbaar, Advies om mitigerande en preventieve maatregelen te nemen (interventies)
- 4. Risico: Advies om juridische of handhavingsmaatregelen te nemen, met in achtneming van de inzichten uit OLJA

VERBERG UITLES

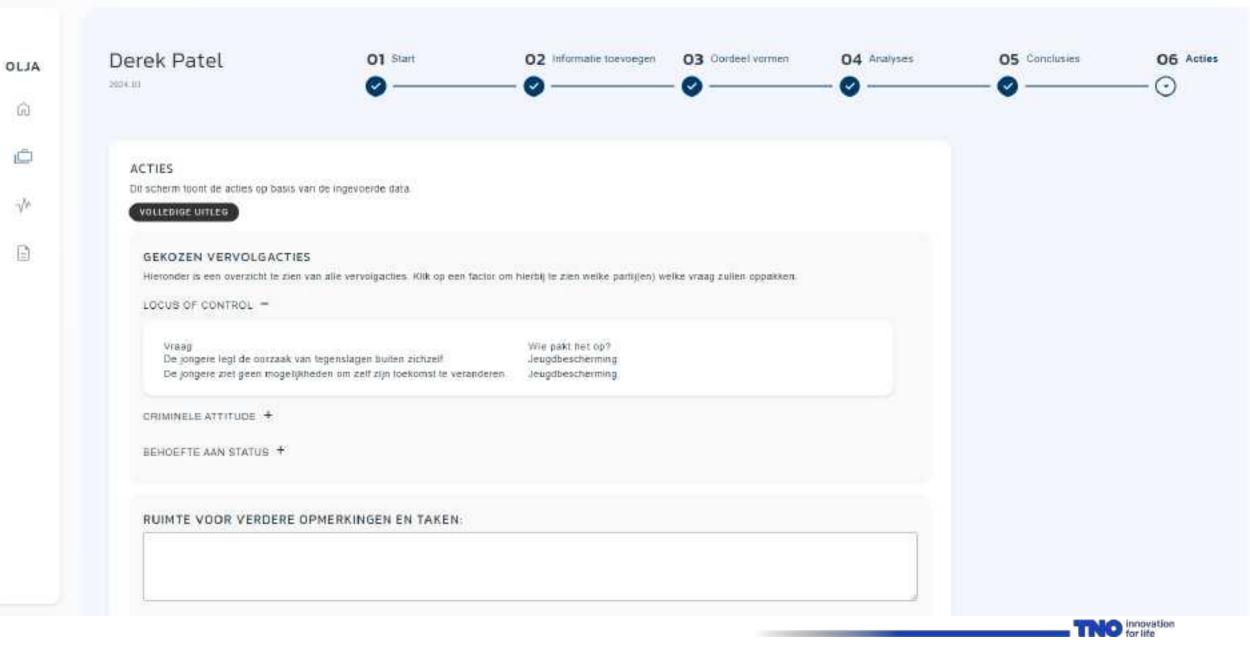
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KIES VERVOLGSTAP







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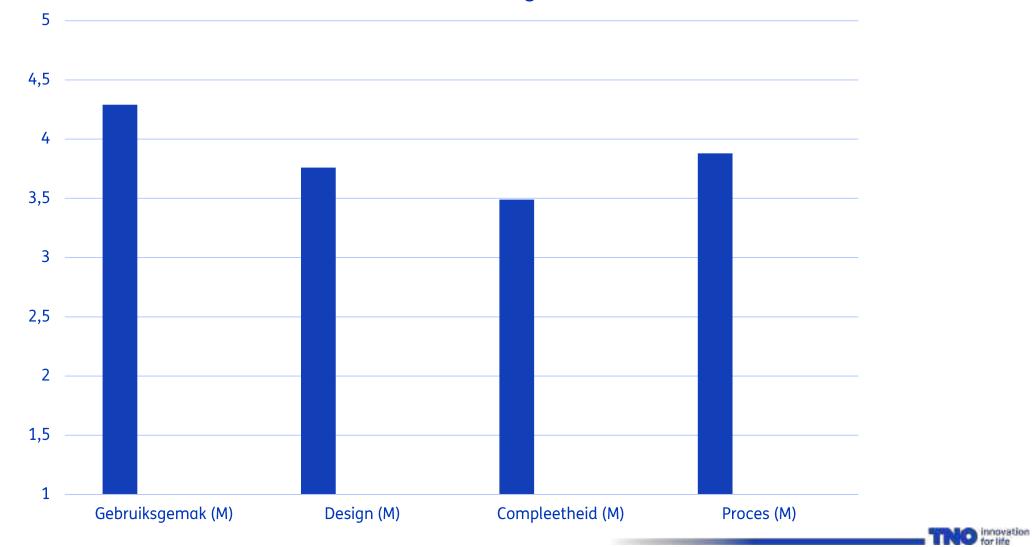
Eerste pilotfase afgerond

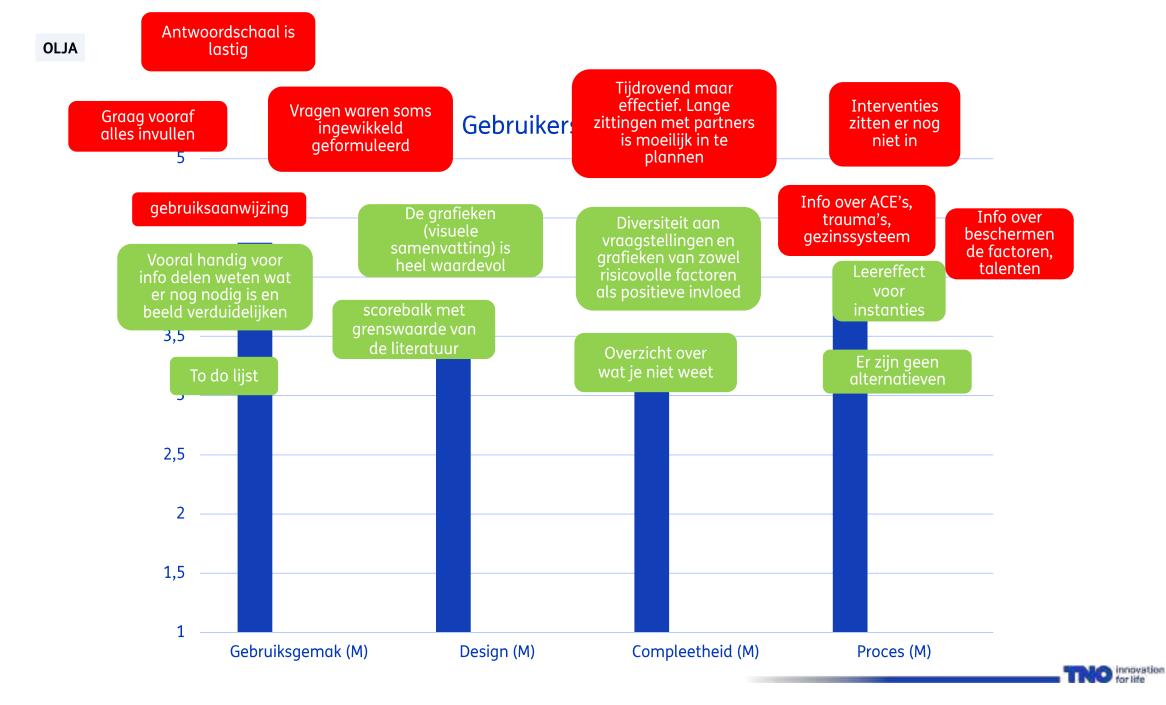
- 6 pilotsessies gehad
 - Leeuwarden (2x), Twenterand, Noordwijk, Gouda, Zaanstad
 - Veel interesse van andere gemeenten
- Evaluatiethema's
 - Gebruiksgemak en design
 - Volledigheid en alternatieven
 - Behalen van doelen

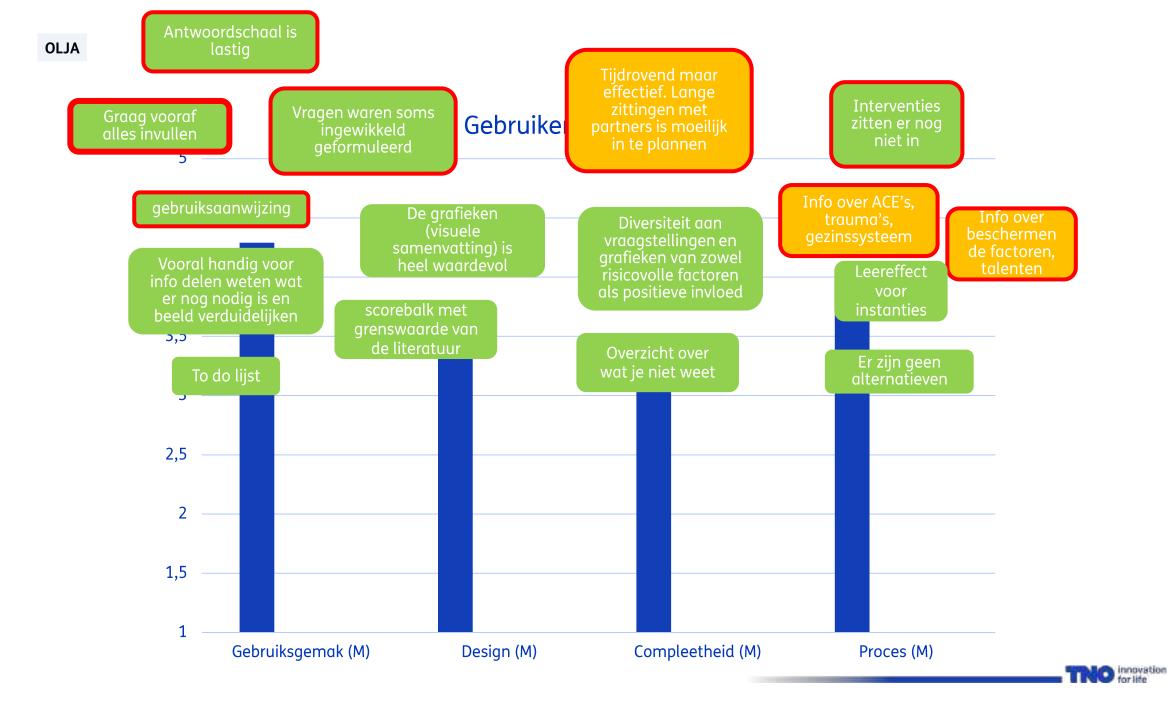




Gebruikerservaringen







Doelen

Ik geloof dat dit instrument bijdraagt aan een betere ondersteuning van kwetsbare jongeren op de lange termijn

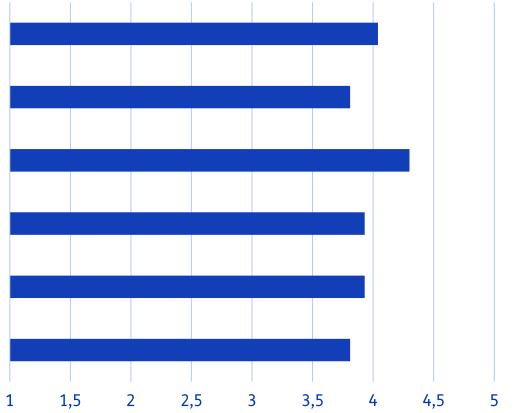
Het instrument ondersteunt effectief bij het plannen en uitvoeren van betere interventies voor kwetsbare jongeren.

Het gebruik van het instrument leidt tot betere inhoudelijke gesprekken en onderling begrip tussen betrokken partijen.

Het instrument heeft het proces van het verzamelen van informatie over een jongere vereenvoudigd en verbeterd.

Met behulp van dit instrument kan ik beter verklaren waarom een jongere wel of niet kwetsbaar is voor criminaliteit.

Het instrument heeft mijn vermogen verbeterd om te voorspellen of een jongere kwetsbaar is voor criminaliteit.





Wat doen we nu

- Verwerken van feedback
 - Vier grote onderwerpen:
 - > Veilig en online
 - Interventies
 - > Modellering
 - > Wetenschappelijke output





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uctrics In adversion de sons opti Commencies	lancie dringeroed) data				harmatudio hartaret ani dis-duati fantsuari s Nationari kalifandi ganti idanismita, maati			planets standard they d	tive factories nam
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Evel, C.R. (Chrisea)

the second

Wat kan jij? # Pilotfase 2

> Werken met de tool in pilotfase 2 (validatieonderzoek)

criteria:

- 6-12 maanden zelfstandig gebruik tool
- Multidisciplinair team onder een bestaand convenant
- Ondertekening samenwerking- en verwerkersovereenkomst en DPIA (reeds opgesteld)

Wat bieden wij:

- Training in gebruik voor regisseur/voorzitter
- TNO als back up en intervisie met andere teams



Wat kan jij? # Pilotfase 2

Ga naar je andere scherm voor de Mentimeter vragen



Uitrol tweede pilotfase OLJA

Webinar

OLJA pilot

Samenwerkingsovereenkomst Getekend F2

Toegang en gebruik OLJA



overzicht

- OLJA gaat naar pilotfase 2
- Veel positieve reacties
- Feedback verwerken



- De kans om deel te nemen aan pilotfase 2!
 - Meld je aan via <u>remco.wijn@tno.nl</u>



Vragen en reacties...



