Social integration in a reversed integration neighbourhood?

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Chapter 2

Safety First! The topic of safety in reversed integration of people with intellectual disabilities

Abstract

Background: Physical integration is believed to be a precondition for social integration. One might expect that in so called reversed integration, where people without intellectual disabilities actively choose to live next to people with intellectual disabilities, conditions for physical integration are more optimal, and social integration is enhanced. If this hypothesised benefit of reversed integration settings indeed holds, however, is yet unknown. **Specific aims:** The aim of the present study is to examine barriers for social integration of people with intellectual disabilities. In this context, the present article focuses on the role of safety and safety concerns. **Method**: A semi-structured interview was conducted with 28 DSPs, 25 family members and 25 neighbours, aimed at their attitude towards social integration in a reversed integration neighbourhood. Several topics were dealt with, like the neighbourhood and contact between people with intellectual disabilities and neighbours. There were no explicit questions about safety in the interview. **Findings**: The topic of safety was spontaneously mentioned 90 times by 26 DSPs, 15 times by 9 neighbours and 36 times by 18 family members. Three main themes were found in the total group of statements touching upon the issue of safety: environmental aspects, client characteristics and working conditions. The most often mentioned subthemes were the openness of the neighbourhood, and the traffic. **Discussion**: In reversed integration, safety is still a highly relevant topic and of great concern for the DSPs and the family members. DSPs are more concerned with controlling risks and keeping everybody safe than looking at the opportunities the new environment offers, like enhancing social integration.

2.1 Introduction

Since the 1960s, the predominant approach to the support of people with intellectual disabilities gradually shifted from care in residential facilities to support integrated within the community. Countries differ in the manner in which this paradigm shift was implemented. For example, in countries such as the United States, the United Kingdom and Scandinavia (Chowdhury & Benson, 2011; Mansell, 2006; Tøssebro et al., 2012), many residential facilities closed and were replaced by community-based homes. Some countries, such as the Netherlands, have a twofold policy where people with intellectual disabilities live in the community but residential facilities also continue to exist (Mansell & Beadle-Brown, 2010; Nieboer, Pijpers & Strating, 2011). Continuing the use of residential facilities is also reflected in the choice for those 'who are left behind': mostly those with high support needs such as people with severe or profound intellectual disabilities (European Intellectual Disability Research Network, 2003; Mansell, 2006) and people with a combination of intellectual disabilities and psychiatric or behaviour problems (Mansell & Beadle-Brown, 2010).

However, specific projects have been developed within Dutch policy to enable these specific groups of people to become part of the community; these are known as 'reversed integration' projects. While in regular integration projects people with intellectual disabilities move into the community, in reversed integration the mobility is the other way round: people without intellectual disabilities move into the grounds of a residential facility where people with intellectual disabilities are already living (European Intellectual Disability Research Network, 2003). In other words, reversed integration is transforming the residential facility into a neighbourhood where people without intellectual disabilities choose to live next to people with intellectual disabilities. This type of integration is relatively new and has been first initiated thirty years ago (Hansen, 2007). Since 2000 more residential facilities were transformed into reversed integration neighbourhoods. At the moment, there are about 15 reversed integration settings in the Netherlands.

When reversed integration is implemented, care organisations sell part of the grounds of the residential facility to investors. These investors will build houses on these grounds, ranging from detached houses to terrace and social houses, both rentals and privately owned houses. The income level of the people without intellectual disabilities in these neighbourhoods varies from low to high. In this context, the present study investigates the obstacles for social integration in the

transition from institutional care to such a reversed integrated facility for people with high support needs. Herein, the emphasis is specifically on the topic of safety.

The policy aim of countries such as the Netherlands is for all people with intellectual disabilities, including those with high support needs, to eventually be integrated into the community. This integration contains three aspects: physical integration (being present within the community), functional integration (using public facilities such as shops or joining the local soccer club) and social integration (van Alphen, 2011; Nieboer et al., 2011). This last aspect is defined as having valuable relationships with other members of the community, in which the person with intellectual disabilities is accepted and appreciated (van Alphen, 2011).

Many studies have been conducted on the integration process and its effects. In a review study, Chowdhury and Benson (2011) found that moving to the community improves the quality of life of people with intellectual disabilities. Other studies, however, have shown that, in practice, people with intellectual disabilities are often only physically integrated, but not functionally or socially (van Gennep & Ruigrok, 2002; den Daas, Nakken, Smrkovsky & van der Struik, 2007; Chowdhury & Benson, 2011). Indeed, people with intellectual disabilities living in ordinary neighbourhoods tend to continue to use the facilities directed at their specific group (i.e. people with intellectual disabilities) rather than engage with the broader community. They participate in activities especially targeted at people with intellectual disabilities or make use of transport facilities for people with intellectual disabilities (Cardol, Speet & Rijken, 2007).

The literature discusses various *obstacles to the social integration* of people with intellectual disabilities (van Alphen, Dijker, Borne & Curfs, 2010; Clement & Bigby, 2009; Cummins & Lau, 2003). A very prominent point here is the possible *reduction in safety* when people with intellectual disabilities are integrated in ordinary neighbourhoods. Safety is defined as "the absence of unwanted outcomes such as incidents or accidents" (Hollnagel, 2014). Some people with intellectual disabilities find it difficult to deal with changes in the living environment, and the unpredictable aspects of a new environment, such as meeting unfamiliar people, can give a sense of insecurity (Alaszewski & Alaszewski, 2002; Cardol et al., 2007; van Alphen, Dijker, Borne & Curfs, 2009). Residential facilities typically adapt their entire environment to the lives of people with intellectual disabilities. Clients are protected from the dangers caused by influences from the outside world. Once integrated support is introduced,

the environment changes automatically. People with intellectual disabilities can come into contact with all aspects of the so-called ordinary world, including its dangers. Sometimes this results in a restriction in their freedom of action, especially if there are not enough direct support professionals (DSPs) to accompany them outside (den Daas et al., 2007). Therefore, if people with intellectual disabilities are not taught the functional skills necessary to cope with various aspects of the new environment, the potential dangers 'out there' will hinder both functional and social integration processes (Thorn, Pittman, Myers & Slaughter, 2009).

One might assume that safety is a less prominent topic when people with intellectual disabilities live in a '*reversed integration' setting*. The effectiveness of reversed integration is an as yet under-researched topic. Looking at the three aspects of integration mentioned above, in reversed integration the physical integration is achieved through the choice people without intellectual disabilities make in moving into the grounds of a residential facility. The buildings of the residential facility become part of the neighbourhood. For people without intellectual disabilities, it can be expected that they would know of the presence of the people with intellectual disabilities. The deliberate choice to live in close proximity to people with intellectual disabilities carries with it the potential to create an environment of acceptance and openness, and should enable functional and social integration processes. People without intellectual disabilities are expected to take those people with intellectual disabilities into greater account, and to be open to some specific adaptations in their living environment. For example, the traffic rules can be adapted to enhance the safety and functioning of people with intellectual disabilities (e.g. stricter speed limits or more parking restrictions), resulting in more freedom of movement for those with intellectual disabilities. Another advantage is that people with intellectual disabilities can continue to use the facilities they are familiar with. Moreover, they can continue to live in the same home with the same people and, quite often, the same DSPs. The hope is that it should be easier in such an environment for people with intellectual disabilities to become part of community living.

Taken together, the expectation is that the conditions for integration are more optimal in a reversed integration setting than within 'ordinary' community living. As the boundaries for *physical* integration are low, one might expect that the limitation in the *social* integration of people with intellectual disabilities will also decrease. People

with intellectual disabilities are known in the neighbourhood, and, therefore, neighbours should be more willing and prepared to take into account their specific needs and limitations. Accordingly, DSPs and family members of people with intellectual disabilities are expected to be less concerned about their safety. But does the assumption of less concern about safety within reversed integration, correspond with practice? Do safety and safety concerns play a role in the attitude of the parties involved in reversed integration? The research question in this study is: Are the DSPs, family members and neighbours concerned about the safety of the parties involved in a reversed integration setting, and if there are such concerns, which are these?

2.2 Methods

Participants and setting

The research was carried out in a neighbourhood in the north of the Netherlands, where a reversed integration project had been in operation since 2008. In this specific setting 154 people with intellectual disabilities live, with the vast majority of these people having high support needs (e.g. severe to profound intellectual disabilities or a combination of intellectual disabilities and psychiatric or behaviour problems). DSPs, family members of the people with intellectual disabilities and neighbours were interviewed about their attitudes towards reversed integration. The goal was to get 25 persons from every group participated in the study, a sample size that has been recommended in phenomenological research (Creswell, 2007).

By the time the data were collected, there were 307 DSPs working in this specific setting of reversed integration. DSPs are trained professionals who support the clients in their daily activities and outside their homes, and depending on the severity of the intellectual disabilities; they assist in the clients' personal care tasks (e.g. Mansell, 1995; Todd, 2000).

The *DSPs* who participated in this study met the following inclusion criteria: 1. worked in a residential facility before the reversed integration project started; 2. worked at least one year in this reversed integration setting; and 3. have been appointed for at least three days per week. Of the total of 307 DSPs, 237 met these requirements. The goal was to have 25 DSPs participate; moreover, from every home in the setting of reversed integration at least one DSP was interviewed. To reduce the probability of dropouts as much as possible, the DSPs obtained

permission to be interviewed during their working hours. If necessary, there was an option to hire stand-in DSPs to cover while the interview was being conducted. Because of the small probability of dropouts, 28 DSPs were chosen randomly using a stratified sample. Ultimately, there were no dropouts and all the selected DSPs participated in this study. The participants were randomly chosen to represent the same age and gender ratio as the whole DSP population working at this specific setting of reversed integration. They were aged between 25 and 56 (average age is 38 years), and worked at various locations in the setting of reversed integration (see Table 2.1). Eight DSPs were men and twenty were women.

The *family members* sample was gathered using stratified sampling: one family member from one client with intellectual disabilities was randomly chosen from every home in the setting of reversed integration. Two participating family members had two siblings with intellectual disabilities in this setting, they provided information about both clients. Twenty-five family members were interviewed for this study: this number of participants was achieved after a total of 35 family members had been selected and approached. If a family member did not want to participate, a family member of a different client from the same home was approached. The participating family

Table 2.1. Workplaces of participating DSPs

Location	Number of participating DSPs
Home for people with profound intellectual and multiple disabilities (ID)	3
Home for people with ID and psychiatric or behaviour problems who need constant support	9
Location where people with ID work and participate in daily activities	7
Home for people of heterogeneous levels of ID and behaviour problems	9

members were ten parents, six brothers, five sisters, two cousins and two mentors. The mentors were not relatives but they had adopted this role because the person with intellectual disabilities had no surviving family members or no family members

were involved in their support. They were predominantly friends of the deceased parents. Mentors often visit the clients on a regular basis and can therefore be considered comparable to relatives. The people with intellectual disabilities lived between 2 and 43 years (average stay is 33 years) in this location.

The participating *neighbours* were recruited using quota sampling: the neighbourhood consists of eight streets and a total of 83 homes. The researcher (i.e. the first author of this article) went from door to door in every street till four or five neighbours in the street agreed to participate. A total of 27 neighbours were approached until 25 participants were found (indicating a high degree of compliance). Of the total of 25 participating neighbours, 21 neighbours had one or more children (aged between 2 months and 22 years) living at home and 22 of the neighbours interviewed were from a two-income household. Twelve of the participating neighbours had contact with people with intellectual disabilities before living in the reversed integration setting. Eight neighbours were men and 16 neighbours were women.

Procedure

The DSPs chosen received information about the study and an invitation for the interview via email. They were given the opportunity to indicate which dates suited them best. The family members of the people with intellectual disabilities were given information about the study before they were invited for an interview. They received a letter by regular mail with information about reversed integration and about the research. This letter also informed them about the possibility of being invited for an interview. The participating neighbours also received information about this study before they were approached by the researcher. They received a letter by regular mail with information about reversed integration and about the research. They were also informed about the possibility of being invited for an interview. The interviews took place in the period from September 2012 to January 2013. The DSPs were interviewed first, followed by the neighbours and finally the family members. The interviews were recorded and processed verbatim. The interviews lasted approximately half an hour. Participation was voluntary and not linked to any rewards.

Instrument

A semi-structured interview format was developed for each group of participants (DSPs, family members and neighbours). The format was tested with a pilot involving a DSP, a family member and a neighbour. The questions were subdivided into three categories for each group of participants. The first category of questions differed for the three groups: DSPs were asked about their experiences with reversed integration, family members about the information they received about reversed integration and the changes it implied for their relatives, and neighbours about their opinions about the neighbourhood. The two other categories were the same for each group: the contact between the people with intellectual disabilities and their neighbours, and their attitudes towards reversed integration. Together, these categories provided a clear impression of the three parties' experiences with and the practice of reversed integration. The categories were addressed via a list of open questions. Where necessary, participants were asked to further explain or specify their answers. Examples of questions include: What is your opinion about reversed integration? What is your opinion about the neighbourhood? What do you know about the contact between your child/family member and the neighbours? Importantly, participants were not explicitly asked about the subject of safety in the setting of reversed integration, because we did not want to push this issue. Therefore, any comments about the safety issue can be regarded as having been made spontaneously, and not triggered by a response bias[1].

Analysis

Atlas.ti (Friese, 2012), a qualitative data analysis program, was used to analyse the interviews. We focused on the issue of safety in our analysis for this article. Quotations about safety were coded using open coding, meaning that we did not use a list of codes at the start of the analysis. Every explicit mention of safety by the participants was coded. The mentioned cause of their sense of safety or unsafety was the name of the code. For example, DSP 13 stated that 'Some clients were walking outside on their own, but that isn't safe anymore. There is too much traffic now'. This quotation was coded as 'traffic'. If a new quotation did not suit the used

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[1] In the context of the present chapter, we only focus on the issue of safety. Other data from the interviews regarding the attitudes towards reversed integration are analyzed and discussed in chapter 3 (Venema, Otten, & Vlaskamp, 2016).

codes, a new code was made. After all the quotations were coded, the code list was checked for codes that could be merged into a new, more inclusive code. For example, the code 'aggressive behaviour' and the code 'aberrant sexual behaviour' were merged to the code 'problem behaviour'. When codes were merged, all quotations with these codes were carefully checked regarding the fit with the new, overarching code. After the final code list was created, the codes could be linked to one of three themes: 1. environmental aspects, 2. characteristics of the clients or 3. working conditions of the DSPs. The interrater reliability was measured by two researchers, the first author of this article and a researcher who was not involved in this study, based on a random sample of 10 percent of the interviews using Cohen's Kappa. Both raters independently selected statements about safety. Next, they coded the statement with one or two words that contained the cause of the sense of safety or unsafety. An inter-rater reliability of 85 percent was found, which is very good (Landis & Koch, 1977).

2.3 Results

The subject of safety was spontaneously mentioned in the interviews at least once by 26 DSPs, 9 neighbours and 18 family members. This issue was therefore especially prominent for the DSPs (only two did not mention safety issues), followed by family members, and to a much lesser extent for the neighbours. The total number of safety-related quotes underlines this picture: in total, the DSPs mentioned the issue of safety 90 times, followed by family members (36 quotations) and the neighbours (15 quotations). This signals that safety is clearly an important concern for DSPs working in a setting of reversed integration.

Next, all available quotations touching upon the issue of safety were categorized into themes and sub-themes (see Table 2.2).

Three main themes were found: environmental aspects, client characteristics and working conditions. In the DSP interviews, quotations about safety especially referred to the openness of the neighbourhood, traffic, problem behaviour and the DSPs' tasks. The neighbours mostly construed a link between safety or the lack thereof and the clients' characteristics, while family members, similarly to the DSPs, worried most about the openness of the neighbourhood and the traffic. In the following we will provide more details of specific examples within the three broader categories.

Table 2.2. Number of quotations by DSPs, neighbours and family members about safety in a context of reversed integration and number of participants referring to the theme.

		Number of quotations			Number of participants		
		DSPs	neighbours	family members	DSPs	neighbours	Family members
Environmental aspects	Openness of the neighbourhood	14	0	11	12	0	9
	Traffic	15	3	13	13	3	10
	Dogs without a leash	7	0	1	7	0	1
	Strangers	6	0	1	6	0	1
	Ditches	3	2	2	3	2	2
Client characteristics	Problem behaviour	20	3	4	15	1	3
	Ignorance of neighbours	2	3	2	2	3	2
	Safety of children	5	3	2	4	3	2
Working conditions	Tasks	15	1	0	13	1	0
	Safety of the DSPs	3	0	0	2	0	0

Aspects of the environment

In general, the openness of the neighbourhood had various negative consequences. The family members and the DSPs experienced the residential facility as a safe environment before reversed integration was put into practice. By turning the residential facility into a general neighbourhood the protective environment was lost according to the DSPs and family members.

> "If you talk about safety, you shouldn't change the whole residential facility. You take away all their certainties." (family member 2)

The risk of clients running away was perceived as having increased after reversed integration was introduced. Clients are able to leave their homes and there is nothing to obstruct them. They can easily end up on a busy road. On the other hand, three family members mentioned that housing their relatives in the same home

with the same people and the same DSPs preserved a sense of safety for them despite the openness of the neighbourhood.

According to the DSPs, traffic created a feeling of insecurity for their clients. The family members even experienced traffic as the greatest danger for their relatives. Despite the speed restrictions, it was still considered too high in the neighbourhood. Since many clients were unfamiliar with traffic rules, this resulted in clients no longer being allowed to go outside on their own.

> "We have a few clients who went out on their own. Now they can't do that anymore because they aren't safe with all the traffic around. In the past it was like a big holiday resort, you were warned at the gate about the speed reduction of 15 km/h and that you had to watch out for the clients who were walking around in the residential facility. You were warned about that. Nowadays the residential facility is public and people drive fast. It's not safe for the clients anymore." (DSP 5)

Many family members also experienced the restriction of freedom as a great loss for their relatives. On the other hand, some neighbours mentioned that the clients often walked in the middle of the road and would not move out of the way. According to them, there were often only one or two DSPs accompanying a group of clients, which was felt to be irresponsible by some.

Another source of insecurity mentioned in the interviews, especially by the DSPs, was people walking dogs without a leash. Many clients were afraid of the dogs. Despite a rule requiring that dogs be kept on a leash, not all of the neighbours abide by this rule.

> "We have clients who are anxious about dogs that aren't on a leash. (…) I once experienced a client becoming very afraid. Clients look to the DSPs for safety, so he looked to me. This client was so afraid that he would try to hide behind me. (…) In these situations you try to talk about it with the neighbours but they react differently. Mostly, they understand and put their dog on a leash. Once, a neighbour told me that I should put my client on a leash. (…) If they don't listen I try to avoid meeting them." (DSP 6)

In a reversed integration anyone could in principle enter the homes where the people with intellectual disabilities live. The DSPs were concerned about the kind of strangers their clients would meet when walking through the neighbourhood. For example, some children would hang around and behave rudely towards the clients. In addition, the DSPs were also concerned about their clients´ reactions when strangers would talk to them.

> "They are already scared when a stranger walks up. I'm worried about what might happen if somebody speaks to them on the street." (DSP 5)
> "There are also people, like [client's name], who are naïve and will walk away with a stranger." (DSP 25)

Another point of concern was the deep, water-filled ditches found in the neighbourhood, into which people with intellectual disabilities could fall and drown. One of the family members recounted her experience of her relative falling into a ditch:

> "He always walked some distance in front of the group. They could still guide him by calling out to him and he would listen. Once he didn't listen and walked into a ditch. The DSP quickly went after him and a neighbour called an ambulance. It turned out that he had an epileptic seizure in the water, probably because of the shock. This startled me." (family member 20)

One of the neighbours stated that she had to help a client out of a ditch. Another neighbour had been afraid that a client would fall into a ditch while looking for frogs. She felt responsible for the safety of that client.

Client characteristics
Several interviewees mentioned that the new environment is less predictable than previous, which could increase the clients' behaviour problems. The DSPs mentioned that they never know how the clients are going to react when they walk through the neighbourhood and that they, especially those DSPs working with people with behaviour problems, were concerned about the neighbours' safety. For example, they knew that some clients might hit children. The DSPs working with these clients

were more alert and scanned the environment for potential problems when going outside. Some neighbours spoke of situations they had experienced in which they felt insecure. These situations were all related to the specific problematic behaviours of some clients, such as striking and screaming.

> "Once I was driving through the neighbourhood with my mother when a tall man stepped in front of the car. He looked very angrily at us. I thought that he would jump on the car so we stopped and waited. Eventually someone came and took the man away. That wasn't nice. I found it very intimidating." (neighbour 2)

Aberrant sexual behaviour was also mentioned as a risk for the clients and for the neighbours. The relevant DSPs found that they were able to offer less protection than they previously had been able to.

> "If the stress builds up, it will escalate. He learned not to hurt us but to step out of a situation and get a breath of fresh air. Nowadays he can run away and he has told us that it gave him a sense of insecurity. The question is whether he can control himself. We have no control over this except by adapting the protocols." (DSP 2)

Similarly, family members of clients with aberrant sexual behaviour were concerned about the clients' safety, but also about the neighbours' safety. The protection that a residential facility offers was absent and this makes it more difficult for those clients to resist temptation. Women and children walk past daily and it is hard for clients with sexual behaviour problems to ignore them and ignore their feelings when seeing those women and children. There has never been an incident but it is definitely a fear for some family members.

> "He really glued himself to women when aged 18, women with high heels, but also children. You won't get it out of him and the temptations become more intense if you aren't alert to them for a while. It will be a problem for him, especially in his head (…) Once he realised that he liked girls, it became difficult when children were walking around. He has to restrain himself. It

would be much easier if the children weren't there. Sometimes I ask myself when it will stop and how you can structure it for him." (family member 24)

A safety issue mentioned by the neighbours who moved to the setting of reversed integration is that they are not familiar with the clients' specific characteristics, which gives them a sense of insecurity, especially when a client is walking outside alone.

"I wouldn't just start talking to them. You don't know the severity of the client's intellectual disability and if they understand what I'm talking about. You also don't know if they want to talk to you or if they are in a bad mood." (neighbour 14)

As a coping strategy to deal with this insecurity, some neighbours instructed their children about how they should react when they meet a person with intellectual disabilities.

"I told my children that if a client acts strange and you don't know what to do, you just have to go away. Don't talk, just walk away and tell us about it." (neighbour 13)

Working conditions
More than half of the DSPs mentioned safety in relation to their tasks. The DSPs believed that it was their duty to take care of their clients' and also the neighbours' safety. They experienced a change in their tasks after the introduction of reversed integration. Their increased level of alertness when going outside with the clients was most frequently mentioned. Previously, the client was able to walk on ahead. In the new setting this was considered unsafe for many reasons, such as children playing in the street or traffic.

"When I go outside I'm alert and I scan the environment. If there are people outside I have to pay closer attention." (DSP 11)
"We have clients with profound intellectual disabilities, so you have to think about safety. We try to talk to people we find driving too fast." (DSP 5)

25

DSPs also spoke of the deterioration of their own safety. In their new environment, anybody can walk into the residential facility, which creates a sense of insecurity. Moreover, when the DSPs go outside in the dark, they do not know who they will encounter.

> "I don't feel safe. When it's dark you have to walk a long way to the car. (...) Before there was a person at the gate who controlled who came in and out of the residential facility. Things sometimes happened then too, but now anybody can enter the residential facility." (DSP 12)

2.4 Discussion

The aim of this study was to investigate whether, in a reversed integration setting, the topic of safety and safety concerns still play a role in the attitude of DSPs, family members of the people with intellectual disabilities and neighbours. Our data clearly reveal that safety remains a highly relevant topic for DSPs and family members, also in a reversed integration setting. Especially traffic safety is a point of concern, which has also been found in other studies that investigated 'ordinary' integration settings (e.g. den Daas et al., 2007; van Alphen et al., 2009).

The participating DSPs experienced that the clients do not feel, or simply are not, safe in a setting of reversed integration because of various aspects of the new environment. Importantly, this sense of insecurity, in addition to the sense of insecurity felt by the DSPs about their responsibility, is an obstacle to social integration. Reversed integration intends to create contact between people with intellectual disabilities and their neighbours, but this contact needs to be initiated and/or facilitated by the DSPs (Abbott & McConkey, 2006; van Alphen, 2011; Venema, Otten & Vlaskamp, 2015). Correspondingly, all concerns about safety that the DSPs have, most probably affect the frequency and intensity of that contact. As a result, many people with intellectual disabilities spend less time outside their homes because of anticipated or actual problems in interaction with neighbours and/or because of traffic in the neighbourhood.

This reasoning may also explain why neighbours were much less concerned about safety. The frequency of interaction between neighbours and clients is quite low, which could have also lowered the neighbours' perceived safety concerns.

Nevertheless, some neighbours feel insecure about meeting people with intellectual disabilities. All these problems make social interactions more difficult and less probable.

Many concerns found in this study were also found in the study of Van Alphen et al. (2009) in which people with intellectual disabilities were asked about their experiences with neighbouring, comparing two situations: living in an ordinary neighbourhood and living in an institutional setting. It is therefore a highly relevant task for the DSPs to facilitate social interactions with the neighbours, also in a 'reversed integration' setting. Moreover, DSPs could play a role in better preparing their clients for these contacts with people in the neighbourhood, for example, by teaching their clients certain functional skills such as how to say 'hello', how to make small talk or how to 'hang out'. In this way, clients would have a better chance of feeling safe and comfortable, which could have a positive influence on the process of integration (Thorn et al., 2009). However, this necessitates a change in professional attitude for the DSPs. In our interviews, almost all DSPs were concerned about the safety of their clients in the new setting. At the same time, and comparable with the findings of Bigby, Clement, Mansell and Beadle-Brown (2009), the DSPs in our study see very little point in the integration of these clients into this new environment. Several DSPs mentioned that their clients' disabilities were too severe and that their psychiatric or behaviour problems too hazardous for the environment. This is in line with Emerson (2001), who found that the clients' behaviour can affect the safety of people working with them and living around them.

DSPs who work with people with severe or profound intellectual disabilities or with people with a combination of intellectual disabilities and psychiatric or behaviour problems are usually principally concerned with controlling risks (McConkey & Collins, 2010) and keeping everybody safe. Moreover, McConkey and Collins (2010) found that DSPs consider assessing health and safety risks one of the most important tasks for professionals who engage in social activities with clients. This is opposed to one of the ideals of integration and reversed integration: the new environment must be regarded as a challenge, not as a restriction. Hence, accepting the challenges presented by a neighbourhood where people with and without intellectual disabilities live together, and recognising the opportunities this setting offers, is an important task for DSPs, neighbours and family members. To achieve this goal, organisations involved in reversed integration need to support the DSPs in

coping with the challenges of the new environment and the problematic situations it can provoke. In this context, safety should be judged in a different, not exclusively restrictive way, which should enable DSPs to invest more time and effort in creating and facilitating interactions between their clients and the neighbours in the reversed integration setting. Only if such measures are taken will there be a fair chance that the intended added value of such integration efforts can realistically be harvested.

Care organisations who are planning to create a reversed integration neighbourhood, should take the aspects found in this study, into account. First and foremost, DSPs need to reflect on their view about integration: what does social integration entail, and do they believe such integration to be possible for their clients? Can their clients make mistakes; are they allowed some 'trial and error' experiences in their new neighbourhood? Can DSPs teach their clients what 'being social' actually is in everyday practice? Next to such an investment in preparing a teaching course for DSPs, organisations should also take an active viewpoint in designing the neighbourhood. For example, the physical environment should be well-designed. This includes for example that the traffic rules should be adapted to people with intellectual disabilities (e.g., strict speed limits; and prohibited parking on sidewalks). Family members should be prepared for the new environment as well, and be given the assurance that safety of the clients is taken seriously by the facility. All together this would increase the sense of safety for DSPs and family members, and thereby, the probability that indeed more contact between clients and neighbours without intellectual disabilities will take place within a reversed integration setting.

In our view, a clear strength of our study is that it reveals the perspectives of the three different parties involved in reversed integration. In addition, in the interviews we did not prompt discussion of the issue of safety, but only recorded how often and in which contexts it was mentioned spontaneously. We thus obtained a more realistic picture of the prominence of this issue in a setting of reversed integration. At the same time, our study is not without its limitations. Firstly, all the participants lived in homes belonging to the same care organisation, located in the same neighbourhood. Secondly, there is a possibility of selection bias in the neighbours and family members interviewed. The DSPs are representative, but the neighbours and family members were selected through, respectively, quota and stratified sampling. Nevertheless, we did not have to approach many neighbours or family members – 27

and 35 respectively – to reach the maximum of 25 participants for each group. Therefore, the chance of a selection bias is quite small.

Although our data reveal that the perceived lack of safety remains a highly relevant problem in reversed integration, it would be an interesting topic for further investigation to directly compare how the parties involved in ordinary and reversed integration projects perceive the situation, and their relative concern about safety issues. Moreover, it would be valuable to analyse the subject of safety also from the perspective of the clients. The DSPs' and family members' assumption that clients are not safe in the reversed integration context could be examined, for example by investigating the incidents that happened and/or by observing the clients, DSPs and neighbours in the setting of reversed integration.