

Financial well-being in supported accommodation: an analysis of the nature and extent of clients' financial problems and support strategies

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Abstract

Purpose – Due to the deinstitutionalization, many individuals with severe mental illness are able to live independently nowadays, by making use of supported accommodation. The financial well-being of these individuals significantly influences their overall quality of life, yet this aspect remains underexplored. This study aims to enhance the understanding of the financial circumstances of supported accommodation clients and the specific support mechanisms they rely on.

Design/methodology/approach – This investigation involved an examination of electronic patient records from a large supported accommodation organization. Additionally, an online questionnaire was distributed to staff members to elucidate the prevalence of financial support among clients, the nature of such support and the extent of financial challenges they face.

Findings – In total, 25% of clients were found to be in debt, with a majority carrying debts exceeding €5,000. Financial support was extended to over half of the supported accommodation clients. Notably, 17% of clients with intricate financial issues were assigned to a budget coach. The most common forms of support included assistance with financial administration and protective guardianship, whereas clients with more complex problems primarily received support in budget management and financial skill development.

Originality/value – This study highlights a significant prevalence of financial challenges among supported accommodation clients. Recommendations include investing in staff training programs to further develop knowledge and skills. Additionally, the effectiveness of current financial support initiatives requires further investigation.

Keywords Mental health, Supported housing, Money management, Financial difficulties, Poverty, Debts, Financial support

Paper type Research paper

Introduction

Financial hardship extends beyond a mere lack of funds; it encompasses missed opportunities and the inability to fully engage in society (Topor *et al.*, 2014). Poverty not only restricts individuals from essential social interactions with friends and family but also limits their participation in meaningful activities (Topor *et al.*, 2016; Spivak *et al.*, 2019).

The burden of financial concerns or being in problematic debt serves as a significant predictor of chronic stress, anxiety and depression (Fitch *et al.*, 2011; Ten Have *et al.*, 2021). Nearly half of those grappling with serious debts also contend with mental health issues (Jenkins *et al.*, 2009). The link between mental health problems and financial adversity is bidirectional (World Health Organization, 2007; Spivak *et al.*, 2019; Perese, 2007; Hanandita and Tampubolon, 2014; Ten Have *et al.*, 2021). Individuals with severe

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The authors express their gratitude to all the personal support workers and budget coaches who participated in this study. Special appreciation is extended to Konnie Hallingse for her dedicated efforts in facilitating access to all electronic patient record (EPR) output.

Declaration of interest statement: The authors report there are no competing interests to declare.

Funding: The author(s) reported there is no funding associated with the work featured in this article.

mental illness often face financial hardships, rendering them more susceptible to problematic debt compared to the general population (Jenkins *et al.*, 2008). Contrary to long-held assumptions, research indicates that financial challenges in individuals with severe mental illness are not solely attributable to clinical diagnoses, lack of knowledge, low IQ or poor decision-making (Sylvestre *et al.*, 2018; Spivak *et al.*, 2019; Perese, 2007). Chronic stress induced by poverty impacts brain areas crucial for goal achievement, leading to day-to-day survival and impulsive problem-solving strategies (Fitch *et al.*, 2011; Jungmann and Wesdorp, 2017). Consequently, financial issues pose substantial barriers to recovery and rehabilitation (Perese, 2007).

Navigating the financial system proves challenging for individuals with severe mental illness, particularly in accessing public benefits. Dependency on financial support and management hampers empowerment and autonomy (Harper *et al.*, 2018), often accompanied by feelings of shame and stigma (Lister, 2021). Hence, addressing financial hardship should be a focal point for services catering to individuals with severe mental illness, aiming to enhance recovery and successful community living (Skapinakis *et al.*, 2006).

Despite the well-established reciprocal relationship between financial hardship and mental health, and its profound impact, little is known about the actual prevalence of financial problems among people with severe mental illness. International studies indicate that 59% of individuals with mental illness experience financial hardship, with 23% struggling with debt (Spivak *et al.*, 2019, Jenkins *et al.*, 2008). A Dutch population-based study revealed that 30% of individuals with common mental disorders had debts (Ten Have *et al.*, 2021). Additionally, there is a scarcity of research on effective interventions to support individuals with their financial hardship (Elbogen *et al.*, 2016).

While supported living arrangements, such as supported housing or floating outreach, serve a large number of individuals with SMI, particularly following de-institutionalization, there is a significant knowledge gap regarding the specific characteristics and socioeconomic challenges faced by this population in The Netherlands. Preventing problematic debt is crucial within supported accommodation settings, as financial hardship can be a major barrier to independence and recovery. In The Netherlands, however, only one study exists, relying on staff estimates, suggesting a high prevalence of problematic debt among clients (Akkermans and Huygen, 2019). They reported that 50%–75% of clients in supported accommodation, and 90%–95% of clients in shelters were burdened by debt. For context, 7.4% of households in the Dutch general population faced problematic debts in 2021 (Central Bureau for Statistics, 2022a).

This limited data, particularly regarding the specific financial needs and circumstances of individuals residing in supported accommodation, is further exacerbated by the absence of a national registry documenting the number and characteristics of individuals using these services. This highlights the need for a more comprehensive understanding. Therefore, this study represents a crucial initial step in examining the extent of financial problems among these clients and the types of financial support they receive.

Methods

Design

To provide the first empirical data on the prevalence of financial hardship in this population, we conducted a case study at a large supported accommodation organization in The Netherlands. This organization serves a diverse clientele across the country, increasing the likelihood that our sample reflects the broader Dutch supported accommodation population.

We used two distinct data sources: electronic patient records (EPR) and an online questionnaire administered to staff working within supported accommodation facilities. The EPR data was accessed through a secure retrieval system with anonymized client information. The staff questionnaire explored their perspectives on clients' financial situations and support needs. The integration of these data sources offers a more comprehensive understanding of the phenomenon under examination.

Our primary objectives included identifying and assessing clients facing financial difficulties, elucidating the nature of these challenges through staff perspectives, quantifying the extent of their debts using EPR data and categorizing the types of financial support received. This dual-data approach aims to enrich the depth of our investigation. We received an official exemption from rigorous review by the Medical Ethics Committee Isala Zwolle, because our study was considered as not being subject to the Medical Research Involving Human Subjects Act.

Setting and participants

In The Netherlands, municipalities extend assistance to citizens facing debt challenges, providing financial advice, debt mediation or restructuring, irrespective of their mental health status (Jungmann and Kruis, 2014). Within the amicable route of debt counselling, efforts are made to secure creditors' cooperation in a settlement or the partial waiver of debts (Theunissen, 2015). Should certain creditors decline cooperation, clients can pursue the legal route through the court, known as protective guardianship (Wsnp in Dutch). Alternatively, receivership entails the complete takeover of personal and financial decisions by the administrator, with the client no longer authorized to undertake legal acts independently. Within Dutch supported accommodation, trained social workers, referred to as personal support workers, assist clients across various life domains, including financial matters.

This study was conducted at a large supported accommodation organization serving over 8,000 clients annually across five Dutch provinces. We focused on clients in supported housing and floating outreach, excluding those in sheltered living, where the primary emphasis is on providing temporary housing with often brief trajectories.

Within the organization, trained social workers called personal support workers assist clients in various areas, including finances. In response to the growing complexity of financial issues and an increasing number of clients entering legal debt restructuring programs, the organization introduced in-house budget coaching in 2011. This initiative aimed to empower clients toward financial independence through self-regulation and improved financial management. Personal support workers offer basic financial guidance and practical assistance, while budget coaches, equipped with post-bachelor education in debt management, tackle more intricate financial problems. Their goal is to equip clients with the skills to achieve financial independence within two years, including managing debts and independently handling their budgets. Budget managers take over for clients who are unable to achieve financial independence within this timeframe. A key advantage of in-house budget coaching compared to relying solely on municipal services is the organization's in-depth understanding of the target population, potentially leading to a faster path to financial recovery.

Procedure

The EPR was referenced, encompassing records for all supported accommodation clients on both June 19, 2020, and July 17, 2020. Within the EPR, both personal support workers and budget coaches document the support goals collaboratively formulated with the client. These goals encompass various aspects, and within the "finances and administration"

domain, they may include targets related to debts, budget management, income and an overview of the administration and finances.

Between May and July 2020, we distributed online questionnaires to all budget coaches and personal support workers affiliated with the study organization (see [Appendix](#)). With a workforce comprising roughly 610 personal support workers and 30 budget coaches, we adopted a regional office-based approach to engage the extensive group of personal support workers. Budget coaches were individually approached. The survey was administered through Qualtrics, a secure software platform designed for online surveys. The full questionnaire is available in [Appendix](#). Respondents typically spent approximately 10 min completing the questionnaire.

We analyzed the EPR using Microsoft Excel and conducted descriptive statistical analyses on the results obtained from the online questionnaire. The statistical analyses were carried out using SPSS version 22.

Results

Results from the electronic patient record

The EPR data revealed that a total of 6,612 clients received supported accommodation in June/July 2020, with 1,819 in supported housing and 4,793 in floating outreach ([Table 1](#)). Among these clients, more than half (55%) engaged in formulating support goals related to finances with their personal support worker; 60.4% for supported housing clients and 52.5% for floating outreach clients. Specifically, regarding support goals, 28.5% (547 out of 1,919) of the goals among supported housing clients were established with the assistance of a budget coach, while 22.8% (981 out of 4,304) of the goals among floating outreach clients involved collaboration with a budget coach (see Supplementary table file for details).

Results from the online questionnaire

A total of 74 professionals participated in the survey, comprising 20 budget coaches and 52 personal support workers. Two professionals served in both roles, and two did not specify their functions [1]. On average, personal support workers managed a caseload of 14 clients, while specialized budget coaches handled 47 clients, as outlined in [Table 2](#).

Personal support workers reported that over half (55.3%) of their clients faced challenges in organizing financial records, with a quarter (25.2%) having actual debts. The majority of clients (7.2%) had debts exceeding €5,000, and 7% had debts ranging from €1,000 to €3,000. By contrast, budget coaches reported that 73.8% of their clients struggled with maintaining organized financial records, and nearly half (48.8%) had actual debts. Among these clients in debt, the majority had debts surpassing €5,000 (17.8%), followed by debts ranging from €1,000 to €3,000 (11.5%).

Personal support workers provided some form of financial support to over half (51.4%) of their clients. This support primarily involved assistance with mail, administration and

Table 1 Number of clients with financial goals and specialized financial coaching in supported accommodation, according to the EPR data

	<i>Supported housing*</i>	<i>Floating outreach**</i>	<i>Total</i>
Total number of clients in care, no.	1,819	4,793	6,612
Clients with a financial goal, no. (%)	1,099 (60.4)	2,518 (52.5)	3,617 (54.7)
Clients with a budget coach, no. (%)	379 (20.8)	724 (15.1)	1,103 (16.7)

Notes: *Measurement date June 19, 2020; ** Measurement date July 17, 2020

Source: Table by authors

Table 2 Money management, debts and financial support

	<i>Personal support workers' clients</i>	<i>Budget coaches' clients</i>
<i>Money management, no. (%)</i>		
Difficulty keeping financial records in order	8 (55.3)	35 (73.8)
Difficulty exhibiting financially responsible behavior	6 (43.6)	30 (63.6)
Risk of debt	4 (29.9)	19 (40.6)
Clients with debts	3 (25.2)	23 (48.8)
<i>Extent of debt^a, no. (%)</i>		
< €500	0 (1.8)	2 (4.4)
€500–€1,000	0 (2.9)	2 (5.2)
€1,000–€3,000	1 (7.0)	5 (11.5)
€3,000–€5,000	0 (1.9)	3 (6.4)
> €5,000	1 (7.2)	8 (17.8)
<i>Internal support, no. (%)</i>		
Financial support (general)	7 (51.4)	47 (100)
Support with mail, administration and payments	4 (32.2)	14 (30.5)
Teaching financial skills	2 (16.4)	19 (39.9)
Budget management (taking over fixed payments)	3 (20.2)	34 (71.8)
<i>External support, no. (%)</i>		
Protective guardianship/receivership	4 (26.6)	0 (0.8)
Debt settlement	0 (3.0)	1 (1.6)
Debt assistance municipality	0 (2.0)	3 (6.2)
Other (e.g. family, external budget management)	0 (2.8)	0 (0.6)
Average caseload	14	47

Notes: Clients from personal support workers represent the total supported accommodation population, whereas clients from specialized budget coaches represent a subgroup of clients with more complex problems; ** numbers and percentages displayed are based on the total caseload of the personal support workers or budget coaches*

Source: Table by authors

payments (32.2%). Conversely, budget coaches reported focusing more on empowering clients through budget management support (71.8%) and financial skills training (39.9%).

Concerning additional external financial support, personal support workers reported that 26.6% of their clients were under protective guardianship, a legal debt restructuring program. By contrast, only 0.8% of budget coaches' clients fell under this category.

Discussion

Given that financial hardship poses a significant threat to full participation in society, coupled with the scarcity of research on the nature and extent of financial challenges among clients in supported accommodation, we conducted an empirical study to enhance our scientific understanding in this domain. Our investigation aimed to assess the extent of financial problems among these clients and the types of financial support they receive.

The prevalence of financial problems among supported accommodation clients was substantial. More than half of all clients encountered difficulties in managing their financial administration, and 25% had actual debts, with the majority exceeding €5,000. To provide context, the average disposable household income in The Netherlands in 2020 was €3,900 per month after benefits and taxes (Central Bureau for Statistics, 2022b). A noteworthy finding was that over half of the clients received financial support from their personal

support worker. For one in five clients in supported housing, financial challenges were deemed too complex, leading them to receive support from a specialized budget coach. In floating outreach, this proportion was slightly lower. Clients were primarily assisted with mail, administration and fixed payments, or were under protective guardianship. Those with more complex problems typically received budget management and were more frequently provided with financial skills training.

In the present study, 25% of supported accommodation clients were found to be in debt. This aligns with findings from other studies among individuals with common or severe mental disorders (Jenkins *et al.*, 2008; Ten Have *et al.*, 2021). Notably, the only Dutch study we are aware of among supported accommodation clients reported a higher estimate of actual debt (Akkermans and Huygen, 2019). This difference can be attributed to the larger inclusion of supported housing clients compared to floating outreach clients. Consistent with previous research, our EPR data highlighted that supported housing clients, in general, face more challenges across various life domains, such as substance abuse, psychiatric symptoms and unemployment (Killaspy *et al.*, 2020; Fakhoury *et al.*, 2002; Killaspy *et al.*, 2016; Fitch *et al.*, 2007; de Heer-Wunderink *et al.*, 2012). Their needs are more extensive, reflected in a higher prevalence of complex financial problems and a greater reliance on budget coaches for support.

We know that among clients with mental health problems (mild) intellectual disabilities are more prevalent compared to the average population (Mazza *et al.*, 2020), as is low literacy (Lincoln *et al.*, 2017). It is crucial for future studies to investigate these aspects, as this interferes with gaining the financial skills to prevent or pay-off debts and complicates navigating through formal documents.

This study was conducted amid the COVID-19 pandemic, and subsequent research has consistently highlighted that this pandemic further increases economic inequality (Murshed, 2022). Recent events, including the energy crisis and escalating inflation, have introduced additional challenges to the financial well-being of the general population. However, these impacts are particularly pronounced among more vulnerable subgroups, such as individuals with severe mental illness. The compounding effects of these ongoing developments may consequently contribute to even greater financial hardship among these individuals.

Despite financial support being among the myriad responsibilities of personal support workers, our findings show that over half of their clients receive some form of financial assistance. This indicates that a significant portion of care focuses on financial matters. To gain a more comprehensive understanding, future research investigate the specific financial support needs of individuals and explore the characteristics of clients facing financial difficulties, such as their employment status. Additionally, conducting longitudinal studies to track clients over time would offer valuable insights into whether trajectories involving specialized budget coaches leads to greater financial independence compared to those facilitated by personal support workers. Such investigations can further inform and refine the strategies employed by mental health professionals to address the complex intersection of financial challenges and mental health issues.

As research suggest, financial hardship extends beyond symptoms and impacts various aspects of life, hindering societal participation and recovery (Topor *et al.*, 2014; Perese, 2007). Therefore, mental health professionals are strongly recommended to routinely inquire about their clients' financial situations and potential needs in this area. This focus on financial well-being should extend beyond mere inquiry and integrate strategies to address financial challenges within the recovery process itself. This entails not only symptom management but also empowering individuals to develop financial literacy, gain employment opportunities and strengthen social connections.

Our findings revealed interesting disparities in the use of external financial support mechanisms. Clients served by personal support workers were significantly more likely

(26.6%) to be under protective guardianship compared to those assisted by budget coaches (0.8%). Moreover, a higher proportion of clients assisted by budget coaches receive debt assistance from the municipality. Conversely, a higher proportion of clients with budget coaches received municipal debt assistance. This difference might be attributed to the specialized skills and knowledge of budget coaches, potentially facilitating communication with creditors and access to these municipal programs. Furthermore, the emphasis on client autonomy and skill development inherent in budget coaching may explain the higher uptake of municipal debt assistance, a less intrusive option compared to protective guardianship. Future research could explore these possibilities in greater depth.

Given the high prevalence of financial problems among supported accommodation clients, it is imperative to address this aspect throughout all stages of support. While some clients may initially be hesitant to discuss finances during intake, perhaps due to the prioritization of other pressing issues, personal support workers should remain attentive to potential financial hardship, especially given its significant impact (Evans, 2018). Furthermore, clients consistently rank improved financial management and the acquisition of financial skills among their most crucial personal goals (Evans *et al.*, 2004; Borrás *et al.*, 2007; Eklund, 2009). As clients transition out of the supported accommodation organization, various aspects of their lives undergo changes, extending beyond housing. This transitional period makes them susceptible to (new) financial challenges. Life events or stressors, such as financial strain, are not isolated incidents. They intertwine with social characteristics, stress exposure and personal resources, including knowledge and self-esteem (Pearlin, 1999; Nordt *et al.*, 2007). Therefore, financial support should not be isolated but integrated within the broader context of the client's individual, family and community network (Elbogen *et al.*, 2021; Elbogen *et al.*, 2011). In essence, integrating financial support into existing rehabilitation methods is recommended. Training and education programs could pay more attention to the social dimension of recovery. In practice, the focus is mainly on functional recovery (e.g. self-care skills). Integrating financial literacy and social support strategies would better equip clients to become autonomous, independent and develop skills that enable them to cope without constant assistance. Future research could explore how interventions that address social support networks might complement efforts to improve financial literacy and money management skills among this population.

Strengths and limitations

This study is the first, to our knowledge, to empirically investigate the prevalence of financial problems among clients receiving supported accommodation services. One of the strengths of this study is that we examined one of the largest supported accommodation organizations in The Netherlands, resulting in a robust and representative sample that captures the diversity of this population in terms of both provision and diagnoses. This fills a critical knowledge gap in the scientific literature, as this population is sizeable even within the larger group of individuals with SMI. Another strength is that we adopted a multi-method approach, by using two complementary data sources: a survey involving over 70 professionals and the EPR encompassing data from more than 6,600 clients. This dual approach strengthens our findings. By triangulating information from both the survey and EPR data, we not only validated our results but also enhanced our comprehension. This approach allowed us to go beyond merely quantifying the number of clients grappling with financial problems and provided insights into the nuanced characteristics of these challenges among the client population.

This study is not without limitations. First, our reliance on the EPR data may not capture the full extent of the financial challenges faced by clients. While we focused on documented support goals related to finances, it is possible that additional relevant information exists within the broader support goals documented in the EPR. However, a qualitative analysis of all support goals for over 6,500 clients was beyond the scope of this current study. This also

holds true for diagnostic profiles of clients, as this is primarily qualitative from intake reports. Second, the recruitment strategy for personal support workers might have introduced selection bias. By reaching out through regional offices, we might have included a disproportionate number of personal support workers who prioritize financial issues in their practice, potentially leading to an overestimation of the prevalence of financial problems in the survey results. Third, the study uses indirect measures of financial hardship by surveying professionals rather than directly consulting clients. While this approach provides valuable insights from the perspective of support workers, obtaining objective data directly from clients, via for example co-completing the questionnaire with staff, would offer a more comprehensive understanding of their financial solvency and ability to meet their needs. Future research could address this limitation by incorporating a client-reported financial hardship measure alongside staff perspectives.

Conclusions

This study underscores the high prevalence of financial problems among clients in supported accommodation, including supported housing and floating outreach. With over half of the clients experiencing financial hardship and a quarter burdened by debts, our findings highlight the urgency of addressing these challenges. Significantly, over half of the clients sought support from personal support workers, and for one in five, financial problems were deemed too complex, necessitating support from specialized budget coaches with expertise in this domain. Future research should then evaluate the impact of specialized budget coaching on not only preventing financial hardship but also improving the financial well-being and overall recovery outcomes for clients with severe mental illness.

Note

1. The two professionals with the double function were assigned to the function with the highest full-time equivalent (FTE).

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Appendix. Questionnaire for personal support workers and budget coaches

This is the start of the survey on financial support in supported accommodation services. This research is conducted on behalf of and by Kwintes. We are using software from Tilburg University to conduct the survey:

1. What is your position at Kwintes and for how many FTE? (multiple answers possible)
 - Budget coach; please enter number of FTE:
 - Personal support worker; please enter number of FTE:
2. Do you have clients who receive one or more forms of financial support*?
 - Yes
 - No (survey ends here)

* *Financial support refers to making agreements about financial goals, assisting clients in fulfilling those goals (e.g. helping them open mail, helping them with financial planning or teaching them financial skills or budget coaching), as well as financial assistance from other Kwintes staff or outside Kwintes (e.g. budget management or municipal debt assistance):*

3. Do you yourself offer one or more forms of financial support to clients?
 - Yes
 - No

The questions below are about the general support your clients receive. Please keep the records at hand to answer the questions:

4. To how many clients in total do you currently provide personal support to? (Please enter a number)

5. What number of your clients receive, from Kwintes, which form of financial support? Clients may also receive multiple forms of financial support, please count those clients in each of the options below. (Please enter a number at each option.)
- Number of clients budget counseling (support with mail, administration and payments)
 - Number of clients budget coaching (teaching financial skills)
 - Number of clients budget management (taking over fixed payments)
 - Number of clients other, namely. . .
6. What number of your clients, receive what form of financial support, not from Kwintes? Clients may also receive multiple forms of financial support, please count those clients in each of the options below. (Enter a number for each option.)
- Number of clients in executive administration or guardianship
 - Number of clients debt settlement
 - Number of clients debt assistance from municipality
 - Number of clients other, namely. . .

The questions below are about your clients' financial situation. Please keep the records at hand to answer the questions:

7. What number of your clients are in debt?
Of the clients who are in debt, what are the amounts involved? (Enter a number for each option.)
- Number of clients with a debt of up to €500
 - Number of clients with a debt of €500 to €1,000
 - Number of clients with a debt of €1,000 to €3,000
 - Number of clients with a debt of €3,000 to €5,000
 - Number of clients with a debt exceeding €5,000
 - What number of your clients are at risk of debt?
 - What number of your clients have difficulty keeping financial records in order?
 - What number of your clients have difficulty exhibiting financially healthy behaviors?

This is the end of the questionnaire. We thank you for your cooperation.

Supplementary material

The supplementary material for this article can be found online.

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