

# De kiem

**improvement makes a difference!**

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Dirk Vandeveld



# De kiem

## Content

- De Kiem a TC in Belgium
- Welcome house
- Program for mother and child

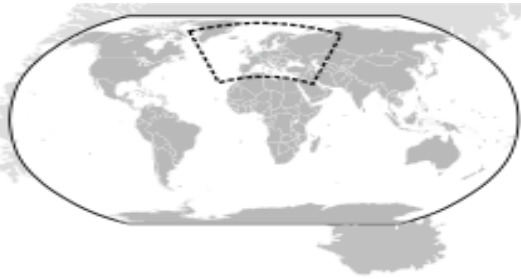


# Europe

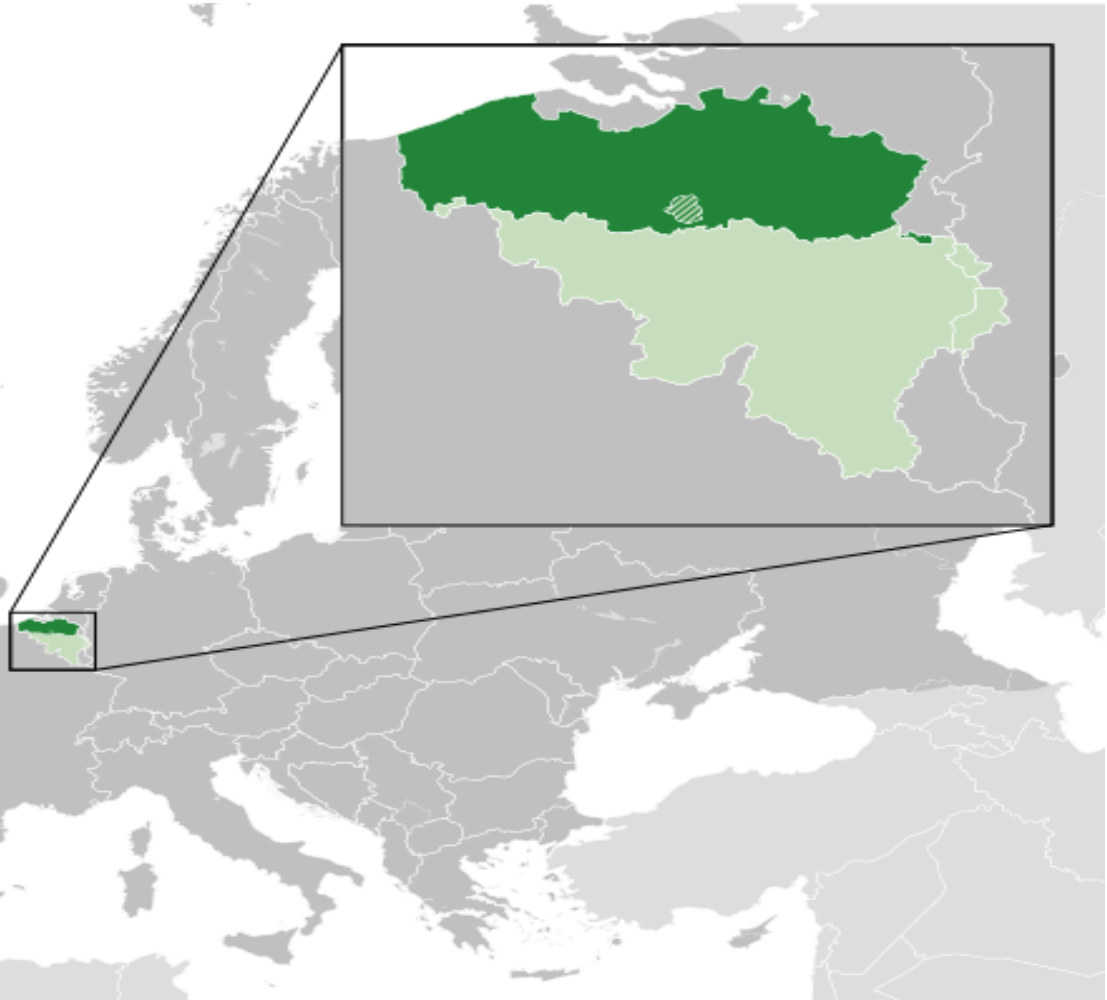
- 4 million km<sup>2</sup>
- 503 million inhabitants
- 37 countries
- >24 different languages



# Belgium



- 30.530 km<sup>2</sup>
- 11,2 mill. inhabitants
- 3 languages
- Flemish part : 6 milj.



# De Kiem

- Started in 1978 (15 beds)
- non-profit organisation
- Convention with the Ministry of Healthcare
- Outpatiënt treatment (3 locations) : Daily caseload = 200 cliënts
- TC = 35 beds (including welcome house and mother and child programme).
- re-entry = 15 beds.
- Involved in treatment programs in 2 prisons
- 53 staff members (40 FEQ)





# The Welcome House







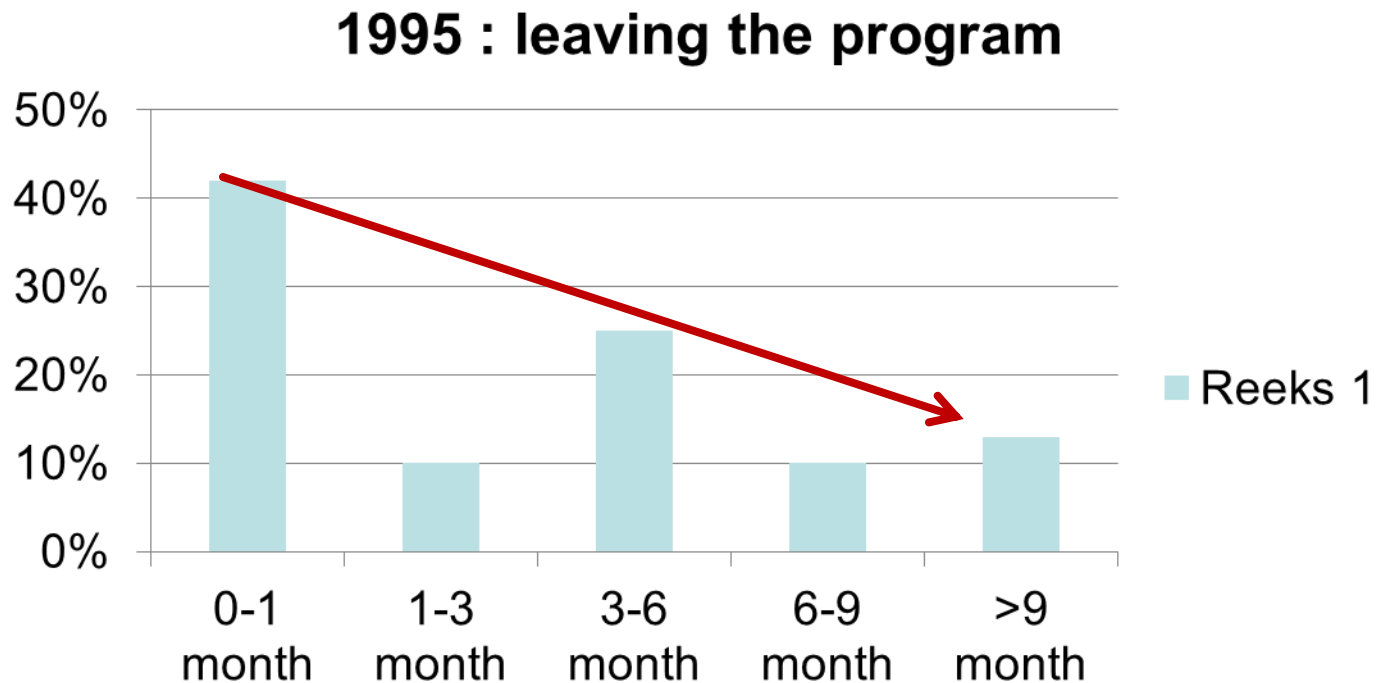




# Goals of the “welcome house” (1997)

- ✓ To improve the completion rates of the TC.
- ✓ To shorten the introduction faze and have people in an earlier stage of motivation.
- ✓ To create a “safety net” for those who have to leave the TC or re-entry house for a short time because of a time-out period.
- ✓ To organise a good referral for those who, after screening, don't fit for the TC.
- ✓ To have the possibility to take in persons on methadone and to reduce the methadone in the 'welcome phase'.

**1995: 8% finished the program.  
In average 15-20%**



# Welcome House- Induction-unit

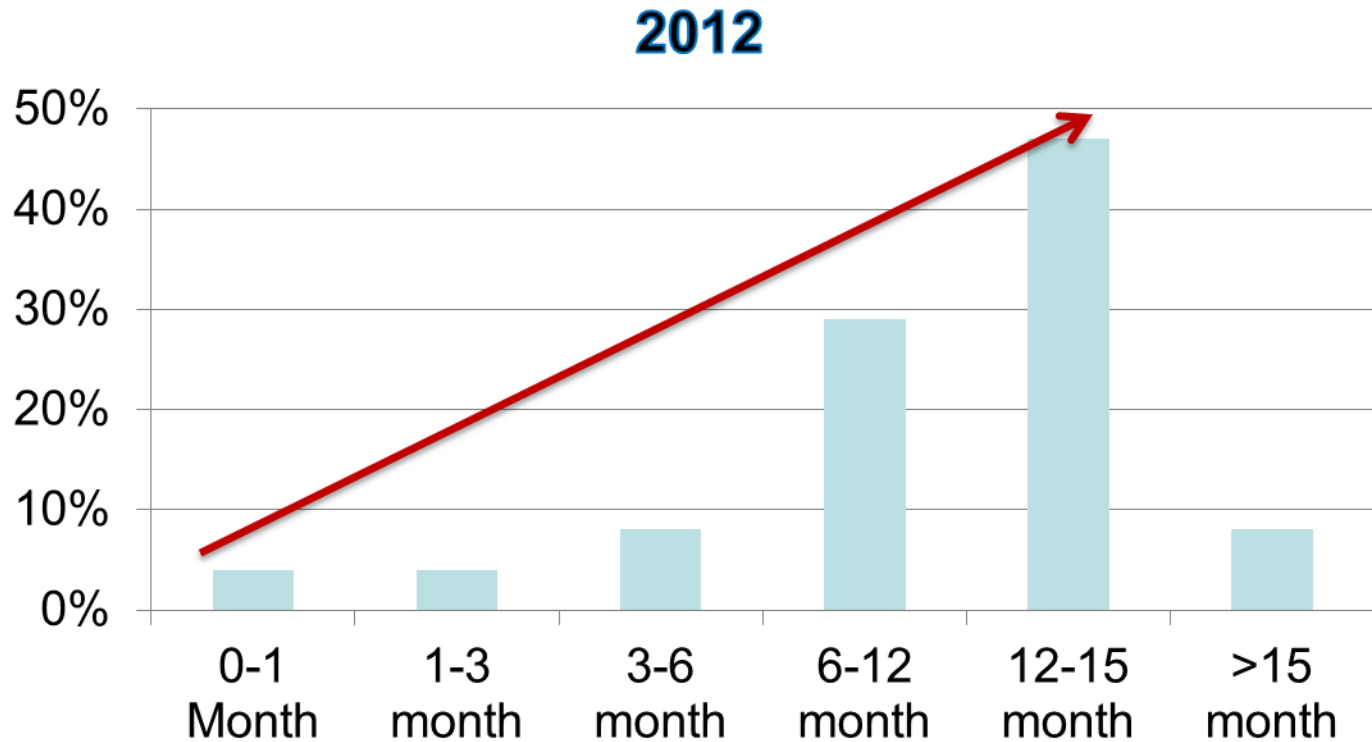
- ✓ Max. 8 residents
- ✓ 2 till 8 weeks
- ✓ To welcome each resident in a mature and respectful manner
- ✓ Preparation for the therapeutic community (T.C.):
  - clear aims
  - participate in the T.C.
- ✓ Physical comfort
- ✓ help with social-administration, financial and juridical aspects
- ✓ Structuring aspects
  - the rules of the house
  - the day- and week schedule daily live- en work situations
  - the morning-meeting
  - seminars
- ✓ Safety-net



# DVD

From 0.00      till 1.36  
From 4.25      to 6.40

# 60% finishing the program



# Average time in programme

Before induction unit:

1992 6 m

1995 6 m + 4 d

Since start induction unit:

1997 8 m

1998 8 m + 20 d

1999/'00/'01/'02/'03 +/- 9 m

2004 12 m

2005 13 m

2006 10 m + 12 d

2007 11 m + 20 d

2008 9 m + 25 d

2009 8 m + 24 d

2010 8 m

2011 10 m + 17 d

2012 10 m + 13 d

2013 10 m + 7 d

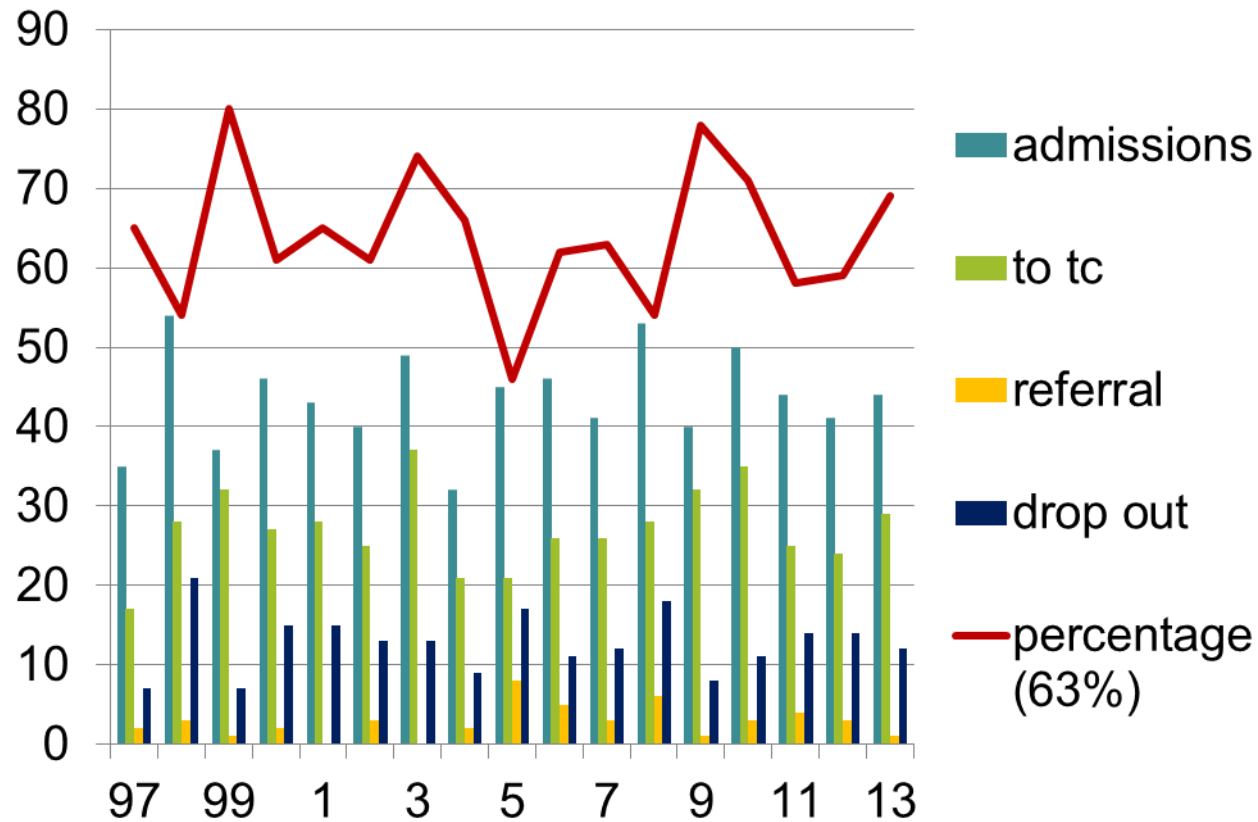
Before we started with the welcome house approximately **20%** of the starters finished the program.

In The last 5 year between **45% and 70%** of those who started their program in the TC also finished it and went over to the re-entry house.





# Welcome house admissions and starting the TC.



# Safety net

Last 15 year  
105 residents used the net  
79 continued afterwards their program in  
the TC  
=75%

## Conclusion

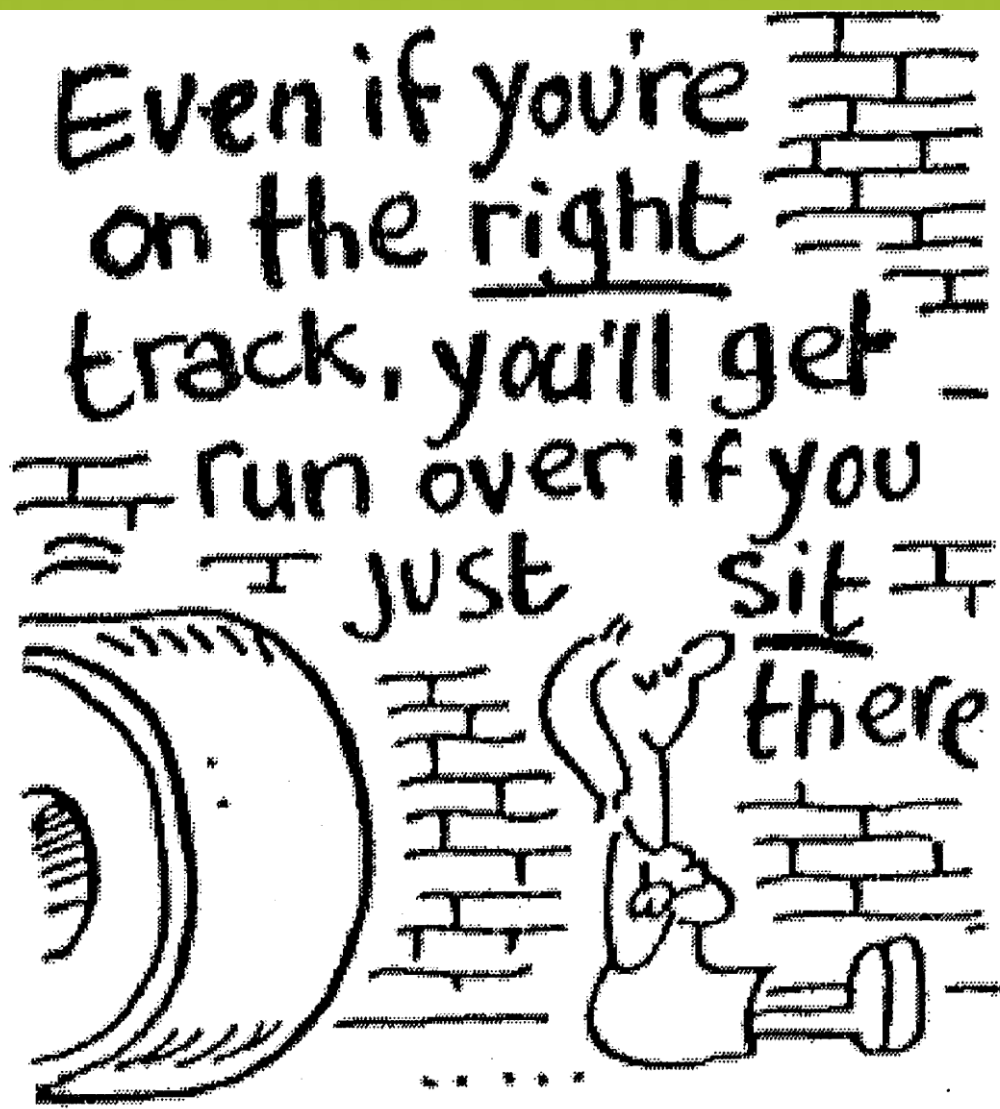
- ❑ We have shortened the introduction phase and are now able to reach more people in an earlier stage of motivation.
- ❑ We have a safety net for those who have to leave the TC. Before 'the welcome house' they had to look for other options because of the time out period.
- ❑ When residents don't fit for the TC we have time to organise a good referral.
- ❑ We admit persons on methadone and reduce the methadone in the welcome phase. Before we didn't had that opportunity.



# The effects of 'the Welcome House' on retention in the TC

- ❑ Before the welcome house an average of 20% of those who started their program in the TC, also finished it and went over to the re-entry house.
- ❑ Now, in average 63% of the residents finish their program in the TC.
- ❑ We need more "beds" in the re-entry house. 5 → 15

Even if you're  
on the right  
track, you'll get  
run over if you  
just sit  
there



de  
kiem

# **mother and child program**

The TIPI



# Tipi

- The residential program for mothers and children started in 1996
- need for an integrated residential mother and child program for drug addicted parents.
  - Female residents are under represented in the Belgian TC's.
  - Women quit the program in an early phase : separation of their children.
- Addicted parents can work on their addiction problems but also on their mother/father – child relation.
- Attention on development problems of the child.



# DE TIPI

**Research on the actual life situation and the quality of life of the parents and children who followed the mother and child program in De Kiem.**

**Jachna Beck and Evelien Van Rompaye, University Ghent**



# Research

## Questionnaires:

- Europ ASI
- Lancashire questionair : Qality of life
- Questions concerning “resilience” of the children.

# Parents and children 1996-2011

- 39 parents and 44 children. 35 parents had their child full time with them.
- 4 parents had co-parenting.

Karakteristieken	Aantal	Percentages
<u>Geslacht ouder</u> (N=39)		
Man	2	5,1 %
<b>Women</b>	<b>37</b>	<b>94,9 %</b>
<u>Geslacht kind</u> (N=44)		
Boy	19	43,2 %
<b>Girl</b>	<b>25</b>	<b>56,8 %</b>
<u>Period in TC</u> (N=39)		
1996-2000	11	28,2 %
2001-2005	9	23,1 %
<b>2006-2011</b>	<b>19</b>	<b>48,7 %</b>

## Research group

	1996-2000	2001-2005	2006-2011	Totaal
<b>All parents</b> (N=39)	11	9	19	39
<b>Research group</b>	4	7	16	27
<b>F to F contact</b>	4	6	14	24
<b>Interv. by phone</b>	0	1	2	3

characteristics	Aantal	Percentages
<u>Living situation child</u> (N=29)		
<b>With parent</b>	21	<b>72,4 %</b>
Not with parent	8	27,6 %
<u>No drugs last month</u> (n=27)	21	<b>77,8%</b>
<u>Drug use last month</u> (n=27)	6	<b>22,2%</b>
Alcohol (> 5 cons.)	2	7,4 %
Cannabis	3	11,1 %
Other illegal drugs	1	3,7%
<b>Working</b>	12	<b>44,4 %</b>
<b>Education (adults)</b>	4	14,8 %
Not able to work	6	22,2 %
No work (N=27)	5	18,6 %
Partner (N=24)	11	45,8 %
Lving together wit partner (N=27)	7	25,9 %
Supporting friends (N=24)	20	83,3 %
Victim of violence (N=24)	4	16,6 %
Cought with drugs in last year (N=27)	3	11,1 %

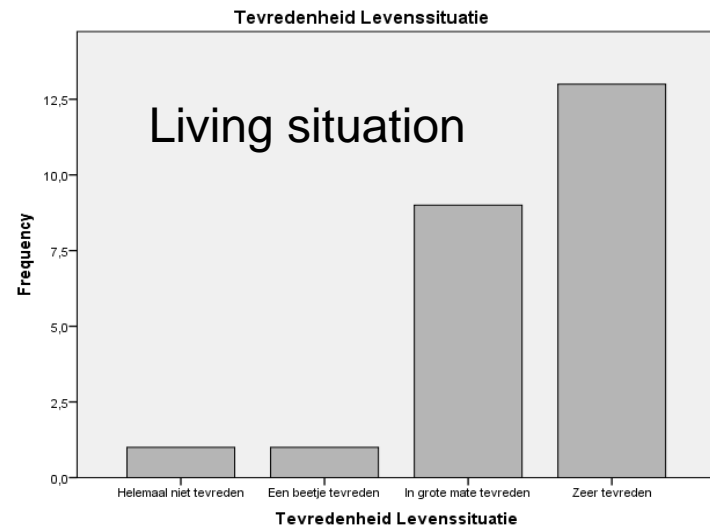
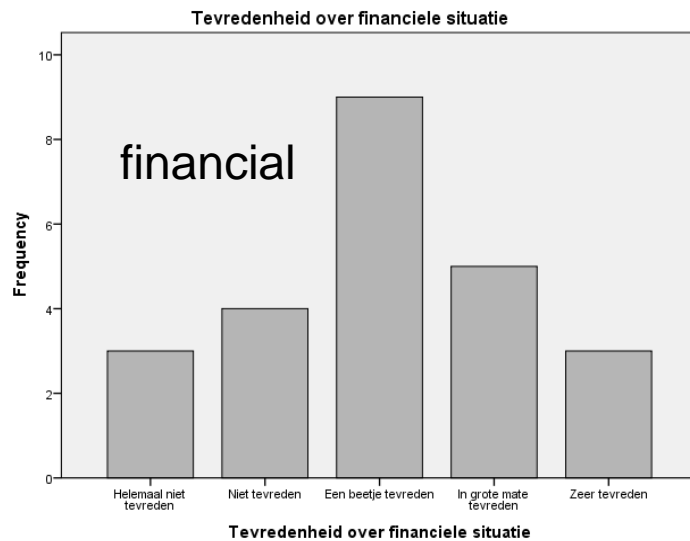
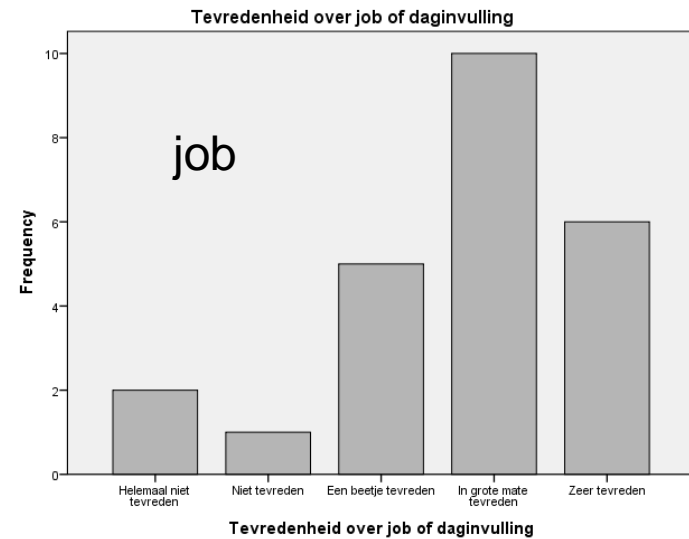
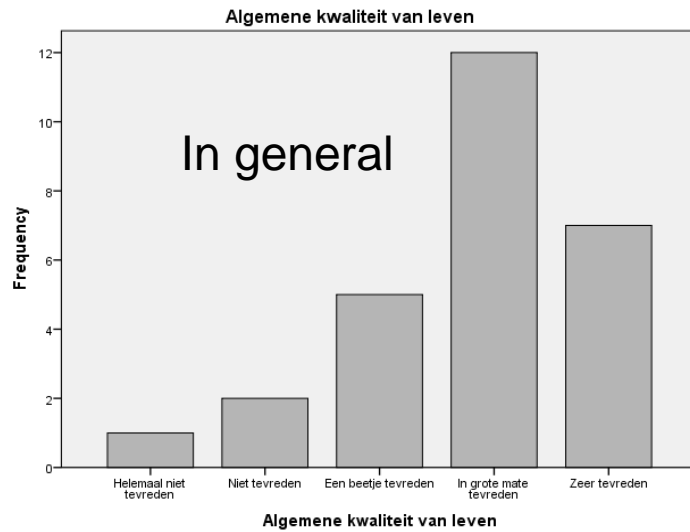


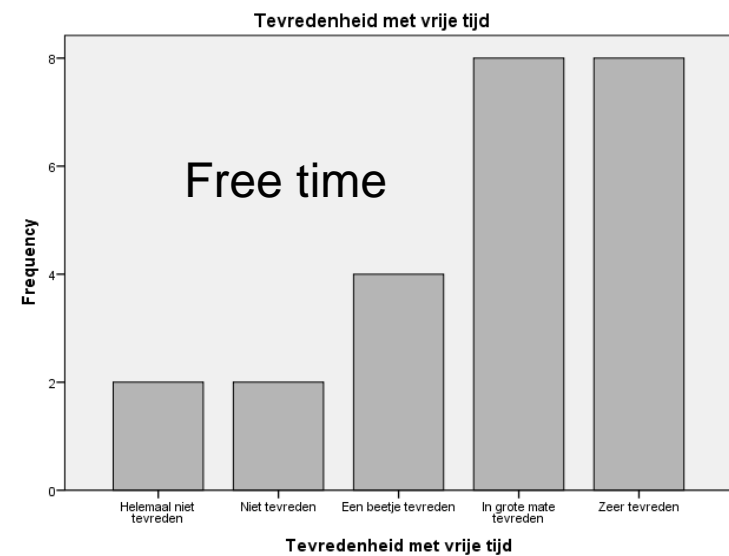
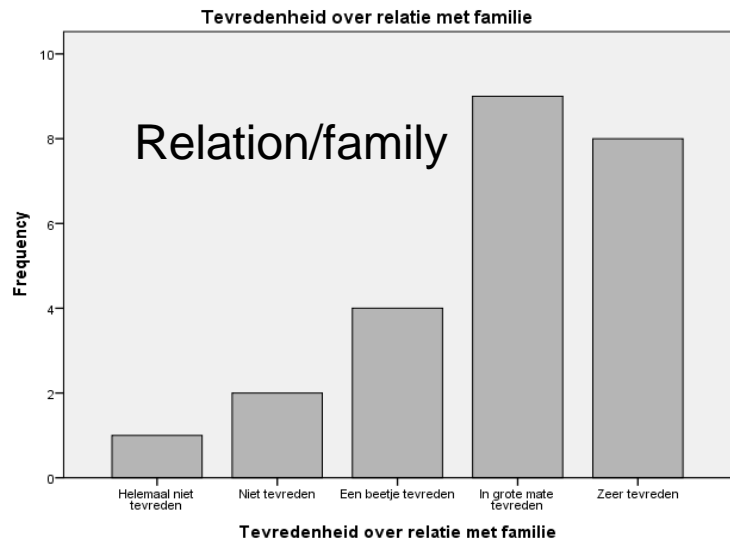
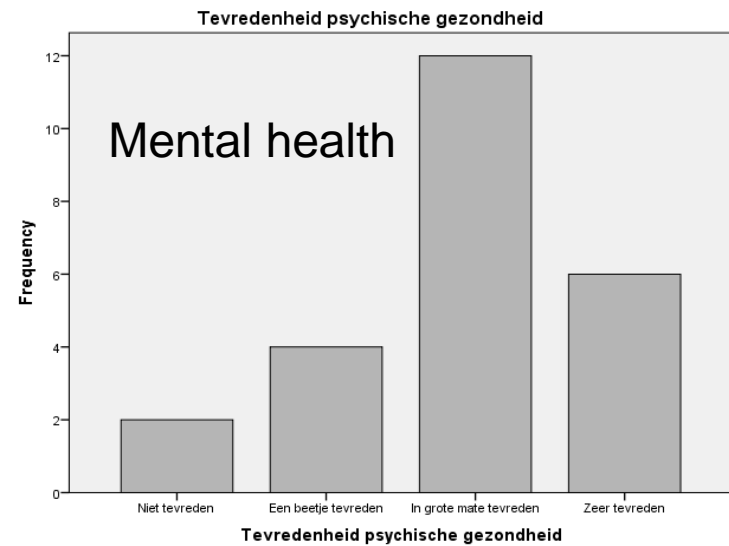
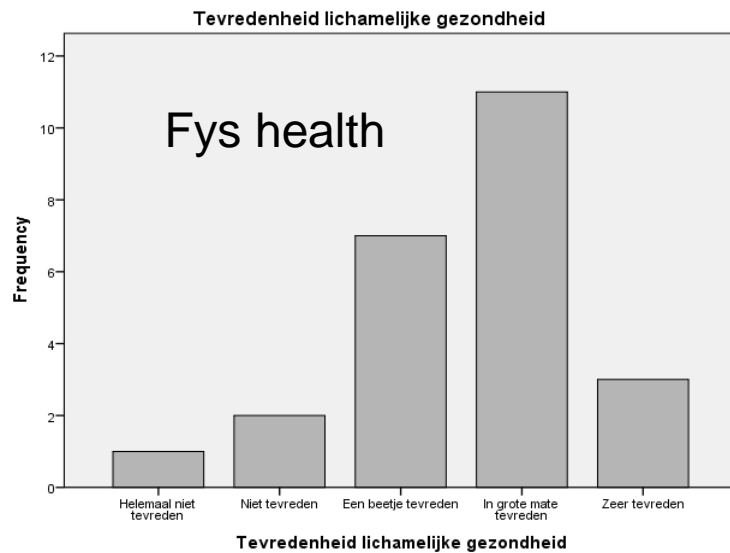
# Children in care or treatment

characteristic	Number	Percentage
Need for coaching in education their child (N=24)	10	41,7 %
Child in treatment/ care (N=29)	9	31,0 %

# Quality of life

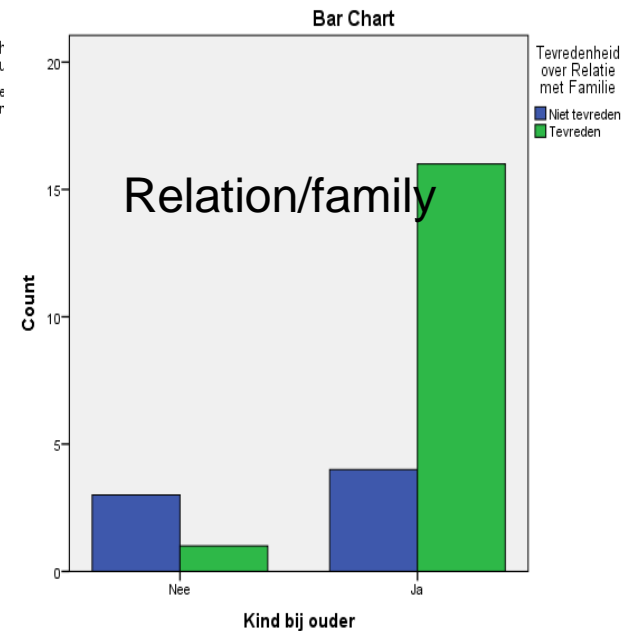
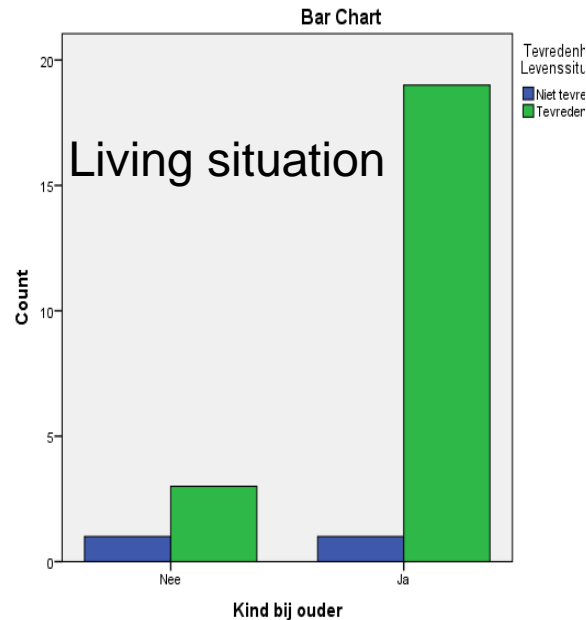
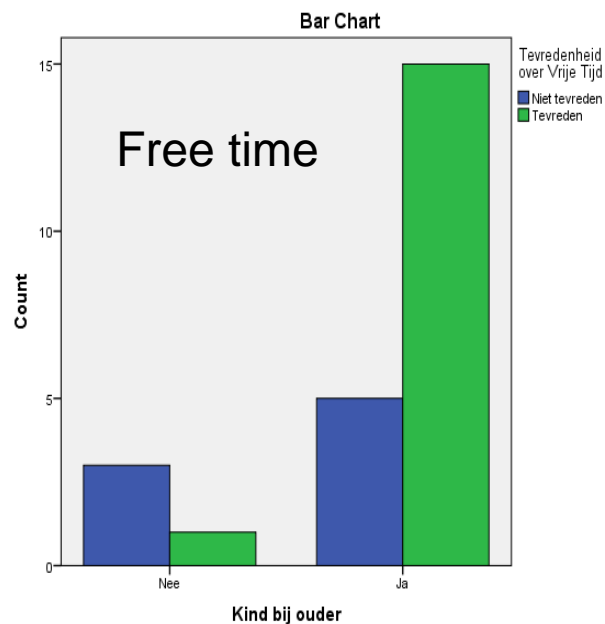
How do the parents score their quality of life?





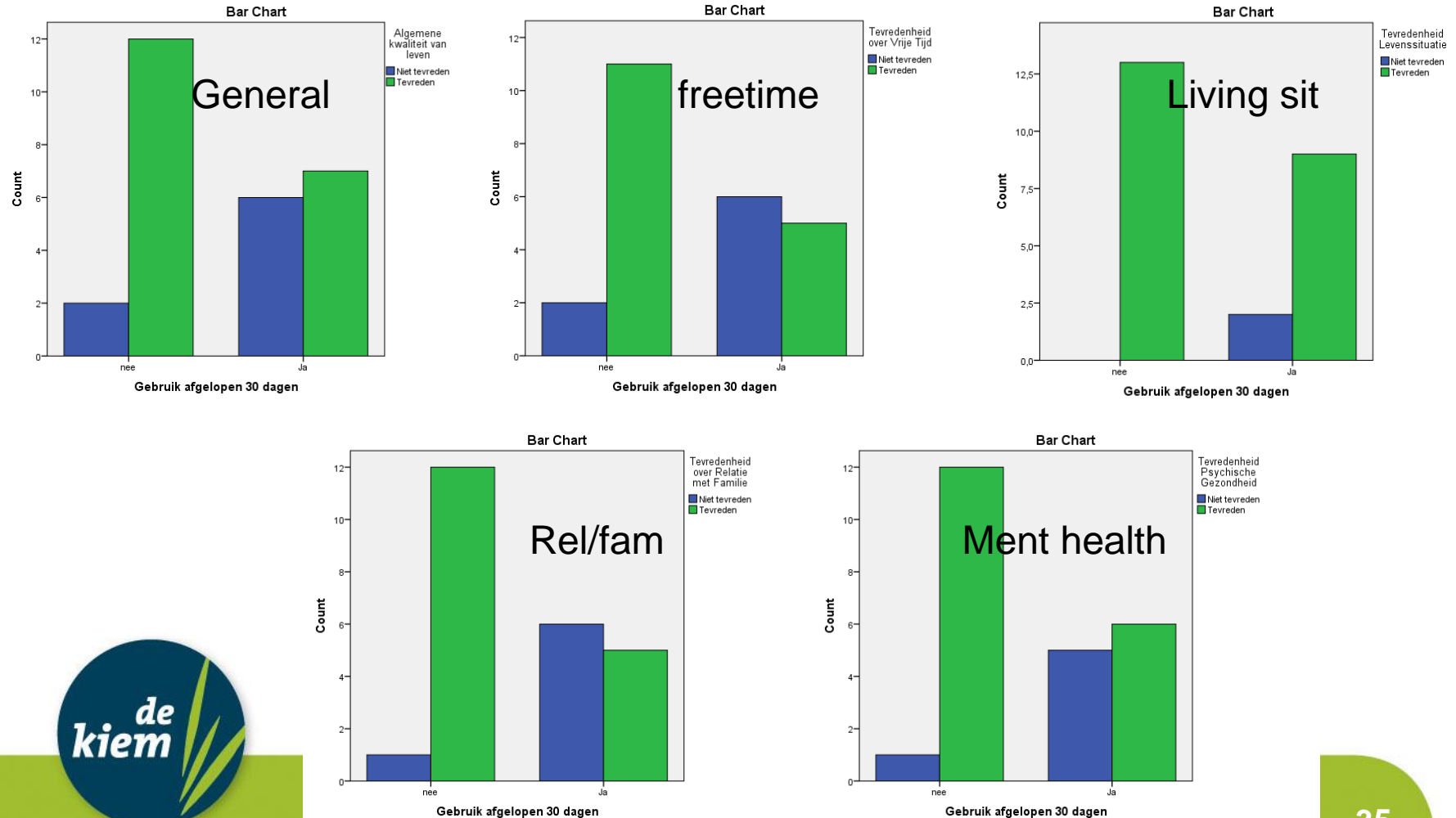
# Living together with the child

Living together with the child seems to have an influence on the positive perception of the free time, the living situation and the relation with the family.



# The influence of drug use

The use of drugs and alcohol seems to have a great influence on the perception of Quality of life in general, free time, living situation, relationship and family and the mental health.





# conclusions

## **It is possible to influence :**

- Early drop outs
- time in program
- Number of program completers

## **Focus on :**

- Individual support in the first phase of the program (welcome house)
- Special attention for women and other minorities in the program.
- Family involvement
- Motivation and readiness for treatment

# Thank you

Dirk Vandavelde

