



Legal aid and clients with multiple problems: a first screening at the Dutch Legal Services Counter

Majda Lamkaddem, Susanne C. Tonnon, Maaïke C. Keesen, Esther M. Verboon, Quirine E. Eijkman & Gerrita van der Veen

To cite this article: Majda Lamkaddem, Susanne C. Tonnon, Maaïke C. Keesen, Esther M. Verboon, Quirine E. Eijkman & Gerrita van der Veen (2022) Legal aid and clients with multiple problems: a first screening at the Dutch Legal Services Counter, *International Journal of the Legal Profession*, 29:3, 303-317, DOI: [10.1080/09695958.2022.2074424](https://doi.org/10.1080/09695958.2022.2074424)

To link to this article: <https://doi.org/10.1080/09695958.2022.2074424>



Published online: 19 May 2022.



Submit your article to this journal [↗](#)



Article views: 80



View related articles [↗](#)



View Crossmark data [↗](#)



Legal aid and clients with multiple problems: a first screening at the Dutch Legal Services Counter

Majda Lamkaddem^a, Susanne C. Tonnon^a, Maaïke C. Keesen^a, Esther M. Verboon^{a,b}, Quirine E. Eijkman^a and Gerrita van der Veen^{a,b}

^aAccess to Justice Research Group, Research Centre for Social Innovation, HU University of Applied Sciences Utrecht (Hogeschool Utrecht), Utrecht, The Netherlands; ^bMarketing & Customer Experience Research Group, Research Centre for Innovation in Business and Communication, HU University of Applied Sciences Utrecht (Hogeschool Utrecht), Utrecht, The Netherlands

ABSTRACT

Introduction: The Legal Services counters (LSC) is the first contact point for legal aid in the Netherlands. Professionals reported dealing with a client group combining problems on several dimensions, next to the legal issue. This combination (multiple problem situation, MP) seems to impair the effectiveness of the provided legal help.

Methods: A face-to-face survey among 421 visitors of 4 LSC locations was administered (2019).

Analyses: Statistical techniques were used to assess the occurrence of MP, the association with the numbers of contacts with the LSC, the background characteristics of clients with and without MP, and the multivariate association between stress, MP and use of the LSC.

Results: 44,1% of the respondents reported MP. Those reported a higher number of contacts with the LSC in the past year. MP clients were older and had a lower education level. Financial (58%), conflictual (56%) and physical health (41%) problems were mostly reported. Stress and number of problems were related to a higher attendance to the LSC.

Discussion: Legal aid services should set out systematic collaboration paths with other social services, starting off by an assessment of the problem domains, to contribute to an effective solution of those issues, including the legal one.

Introduction

Across European countries, legal aid systems show several similarities. The Netherlands, like England and Wales, Scotland, Ireland and Finland have a centralized legal aid system, complemented by local initiatives organized around municipalities. Other countries, like France, Germany, Belgium and Poland, have more decentralized systems, where legal aid is mostly organized locally (Barendrecht *et al.*, 2014). Generally, legal aid in Europe is organized along two lines: frontline and secondary legal assistance. Frontline legal assistance provides information and advice while secondary legal assistance offers procedural assistance (Barendrecht *et al.*, 2014). In the Netherlands, the division between frontline and secondary legal services is stronger than in other

European countries, such as Finland or Scotland (Scholte *et al.*, 2017). In the Netherlands, Legal Services Counters (Het Juridisch Loket, hereafter LSC) are one of the first contact points for citizens in need of legal aid. The LSC provide legal advice free of charge to all citizens, and can refer people with a lower income to a lawyer registered at the Legal Aid Board (Raad voor de Rechtsbijstand), who will provide legal services within an income-related fee system. Therefore, the LSC form a portal that provides easy access to frontline legal services, but at the same time regulates *de facto* access to secondary legal assistance, provided by professionals such as mediators and lawyers (it must be noted that any litigant is free to approach the secondary legal assistance in a direct manner).

The LSC are accessible to all citizens, but first and foremost function as a point of access to the justice system for citizens who would otherwise be unable to afford legal representation. In 2018, around 37% of the Dutch population was eligible for legal aid (www.rvr.org, accessed 3 March 2020).

For several years, frontline legal professionals have been reporting a group of clients who approach them with a specific legal matter, but face problems in many more facets of their life, which seems to impair the service provision and its effectiveness (Commissie Wolfsen, 2015). This combination of problems, also known as “multiple problems” or a “multiproblem situation”, is commonly defined as

the long-term presence of two or more related problems, which potentially reinforce each other, and whereas the involved individual is not able to develop and exert adequate control over the complex of problems, leading to a problematic participation in society and in the labour market. (Translated from Bosselaar *et al.*, 2010, p. 3)

Those problems encompass several fields of daily life, such as health (both mental and physical health), finances, work, family relationships, feelings of safety, as well as sense of purpose and social support. According to Currie (2009), the clustering of legal problems with problems in other fields, such as health or social problems, suggests that justiciable problems might hide a broader social exclusion. He therefore pleads for legal services to broaden their scope beyond the justiciable problem.

In the fields of public health and social work, the phenomenon of a multiproblem situation is well documented (Nagelhout *et al.*, 2019) and several of those studies indicate that multiproblem situations are associated with increased use of services (Vedsted & Christensen, 2005; de Klerk *et al.*, 2012). However, in the legal field, few studies address the issue of multiproblem situations. In the Netherlands, studies by Peters and Combrink-Kuiters (2008), van Gammereen-Zoetewij *et al.* (2017) and Wolfsen (2015) have shown that clients who repeatedly make use of legal services are more likely to experience multiproblem situations. In the period 2002–2014, the costs of legal aid (including the services of the LSC and lawyers) more than

doubled for clients with multiproblem situations (Wolfsen, 2015). The Dutch Ministry of Justice and Security is currently coursing towards a reorganization of the legal aid system, with the goal to resolve legal issues in the early stages and with first line services, with increased attention for people in multiproblem situations (Rijksoverheid.nl, 2018).

Though there seems to be a consensus on the relevance of multiproblem situations among professionals in the field, there are no empirically based estimations of how many people who seek frontline legal assistance face multiproblem situations. In order to adapt services to help this group more effectively, an estimation of the number of clients in multiproblem situations is needed.

Next to an increased use of services, dealing with problems in several life domains might also lead to higher levels of stress. Stress itself was shown to be a determinant of repeated public services use, although this has been primarily investigated in health care settings. Several studies have shown an independent effect of stress on repeated primary health care utilization, regardless of health status and other factors (Hajek *et al.*, 2017; Smits, 2014). To our knowledge, the relationship between experienced stress and increased use of legal services has not been systematically investigated. However, there are indications that chronic stress may reduce an individual's capacity to resolve personal problems. Stress has been demonstrated to have a negative effect on executive functioning, or the ability to consciously steer behaviour (Henderson *et al.* 2012). A recent study in the Netherlands showed that citizens in multiproblem situations who sought help from their local government had a lower level of executive functioning, mostly regarding working memory and their capacity to plan and organize (Tonnon *et al.*, 2019). Impaired memory or a lack of organization skills may become a barrier when trying to resolve complicated matters, such as filing papers on time before legal deadlines, or getting one's financial administration in order. Stress can therefore become a driver for new legal issues. In that sense, repeated use of legal services at the individual level can reflect a lack of effectiveness of the previously used services, an underlying complex need or a lack of self-sufficiency. (Self-sufficiency is defined as "the ability to maintain oneself without aid from third parties" (Jankowski, 2014).) People in multiproblem situations might experience more elevated levels of stress, which might impair the effectiveness of services and lead to repeated service utilization.

This study therefore addresses these issues by presenting a first screening of multiple problems among visitors to Legal Service Counters in the Netherlands. It also examines the relationship between multiproblem situations and the likelihood of repeatedly using LSC services. Finally, the association between multiproblem situations and level of experienced stress is also examined.

Methods

Design

This quantitative study follows a cross-sectional design and is based on survey data gathered between February and April 2019 among visitors of the walk-in consultation hours of Legal Services Counters in the Netherlands.

Data collection

The survey was held among a stratified sample of 421 visitors at four of the 30 LSC locations (min. 400 respondents per location). The locations were chosen based on three factors: (a) the degree of urbanization; (b) the income distribution; and (c) the collaboration possibilities with the LSC. The four locations needed to be urbanized (from moderate to high) for efficiency purposes (lower urbanized locations receive less visits per day) and show a sufficient representation of lower income groups (primary target group of legal aid). The choice for the locations of the LSC in The Hague, Dordrecht, Leiden and Nijmegen showed the best fit with those criteria, taking the collaboration possibilities with the LSC into account (CBS, 2014).

Respondents were randomly approached in the waiting hall of each location. Alongside walk-in consultation hours, the LSC can be consulted online and by phone. Recruitment during the walk-in consultation hours was considered the best way to generate sufficient response. The survey was held face-to-face by trained students of the Social Legal Services (Utrecht University of Applied Sciences) study programme. Participation was anonymous. Respondents gave verbal informed consent.

A response was registered for the first 637 approached visitors. Of those 637 visitors, 336 (53%) took part in the survey. The reason for non-response was not recorded. However, interviewers indicated that most non-responders reported not having time for the survey.

Operationalization

All data were based on self-report. The following indicators were included in the questionnaire:

Multiproblem situations

There is currently no validated instrument to measure the presence of multiproblem situations at an individual level; the definition depends on the context and goal of the instrument. For example, a nursing home will use different questions to assess the client's situation than a penitentiary institution. For the purpose of this study, the following seven life domains were included: *health (mental and physical), housing, finances, informal*

care giving responsibilities, safety and conflict, social support and sense of purpose. Those seven domains were selected as they cover broadly operational definitions of multiple problems (Steketee & Vandenbroucke, 2010; Van Doorne *et al.*, 2008; Ruitenbergh & Van Loon, 2013). Two variables were calculated to operationalize multiproblem situations: the dichotomous variable *multiproblem situations* categorized respondents as experiencing a multiproblem situation, if they reported problems on two or more domains. The discrete variable *number of problematic life domains* was a count variable of the number of domains on which respondents reported problems. For each life domain, respondents scored a 1 when a problem was identified in the following life domains, and a 0 if no problem was reported. The number of problematic life domains was counted thereafter.

The two domains *health* and *safety and conflict* were based on the Dutch version of the Self-Sufficiency Matrix (ADL-ZRM), an assessment instrument originally designed to facilitate access to social services for people living in shelters and validated among that population.

To assess problems in the *health* domain, respondents were asked whether they experienced good mental and physical health, and if any health problems impaired them in their daily life. Respondents who reported impairment due to either mental or physical health problems were categorized as experiencing a problem in the health domain. For the *safety and conflict domain*, respondents scored a 1 when they reported worrying about their safety to the extent that it impaired them.

Questions regarding the domains *housing, care giving responsibilities and social support* were derived from the Bridge to Self-Sufficiency®, a measurement and coaching instrument designed by EMPATH with the goal to assess and promote economic self-sufficiency of people in multiproblem situations (Tonnon *et al.*, 2019).

Respondents scored 1 on the problem domain *housing* when they indicated having no suitable housing, or that they would have to leave their current housing in the foreseeable future. On the domain of *care giving responsibilities*, respondents scored a 1 when care giving responsibilities impaired them in their daily activities. The *social support* domain was marked as a problem domain when respondents indicated having no one who they could rely on in case of problems.

Financial issues were considered problematic when respondents reported either one of the following problems: being unable to make ends meet (meaning being unable to pay fixed charges and/or groceries), running behind on loan payments, getting contacted by debt collectors, dealing with properties attachments, or taking part in a debt assistance trajectory. These questions were based on the European Union-Statistics on Income and Living Conditions (EU-SILC).

Finally, the domain *sense of purpose* was considered problematic when the respondent reported lacking what he/she considered a meaningful daily activity. This item originated from the Central Bureau of Statistics, based on the EU-SILC (CBS, 2015).

Use of the LSC

The *number of contacts* with the LSC was registered based on self-report. Respondents were asked how often they had had contact with the LSC within the preceding 12 months (“How often were you at the LSC in the past 12 months including this visiting hour?” – “*Hoe vaak bent u in de afgelopen 12 maanden bij het Juridisch Loket geweest?*”). The way the question was stated focusses on the physical visit, but does not fully exclude previous contacts through, e.g. phone or e-mail. The contact on the day the survey was filled in was included in this count. The variable *multiple contacts* was a dichotomous variable that was categorized as “yes” if a respondent had had more than one contact moment, including the contact on the day of the survey.

Experienced stress

The measurement of *experienced stress* was based on the stress-related part of the 4DSQ-questionnaire, a validated questionnaire to measure symptoms of stress in clients of general practitioners (Terluin *et al.*, 2006). The questionnaire items enquire how often respondents experience 16 symptoms of stress in the preceding week, ranging from worrying and irritability to fatigue and demoralization. The items are scored on a five-point scale, ranging from “never” to “continuously”. The variable *experienced stress* was a discrete variable, calculated as the sum score of the 16 items.

Socio-demographic characteristics

The following demographic variables were registered: self-reported gender (male/female/other), age (years), LSC location (The Hague, Dordrecht, Leiden or Nijmegen) and educational level (basic: no education or basic vocational training; intermediate level: general secondary education to higher vocational education; high level: professional higher education to academic training).

Analyses

Both descriptive and inferential multivariate techniques were used. The statistical software package SPSS 25™ (IBM) was used to conduct the analyses.

Results

Socio-demographic characteristics of the respondents

Table 1 displays the basic socio-demographic characteristics of the respondents. There were no significant differences between locations as to the demographic composition of the sample (age and gender) (not shown). However, there was a significant difference as to educational level between locations (χ^2 , 6 df = 18.84, $p = 0.004$); respondents were more often highly educated in Leiden (48%) and Nijmegen (41%) than in Dordrecht (21%) and The Hague (32%). This difference could be explained by the fact that Leiden and Nijmegen host large universities.

Multiproblem situation

Forty-four percent of the respondents experienced problems on two or more life domains ($n = 158$, $N = 358$), or *multiproblem situations*.

When looking at the number of reported life domains for which respondents (whole sample) experience a problem, we see that most respondents reported one problematic domain ($n = 115$), and that only 24% of all respondents experienced not a single problem. On average, respondents reported 1.9 problem domains (Figure 1).

Figure 2 shows how often problems on specific life domains occurred (respondents could report more than one problem). The most frequently mentioned type of problem was related to the domain *safety and conflict* (25.8% of all reported problems), followed by *finances* (20.3% of all reported problems) and *health* (15.8% of all reported problems).

Characteristics of respondents with and without multiproblem situations

The socio-demographic profile of clients with multiple problems vs. without multiple problems was examined in a logistic regression analysis. Table 2 displays the odds ratios of age, gender and educational level explaining multiproblem situations, adjusted for location. The overall fit of the model was low (Nagelkerke $R^2 = 0.064$), which implies that this model is not fit for prediction purposes.

Table 1. Socio-demographic characteristics of the respondents ($n = 421$).

		<i>n</i>	%
Gender ($n = 411$)	Male	208	51
	Female	203	49
Age ($n = 394$)	≤25 years	75	19
	26–45 years	156	40
	46–65 years	136	35
	≥66 years	27	7
Education ($n = 394$)	Basic	111	28
	Intermediate	143	36
	High	140	36

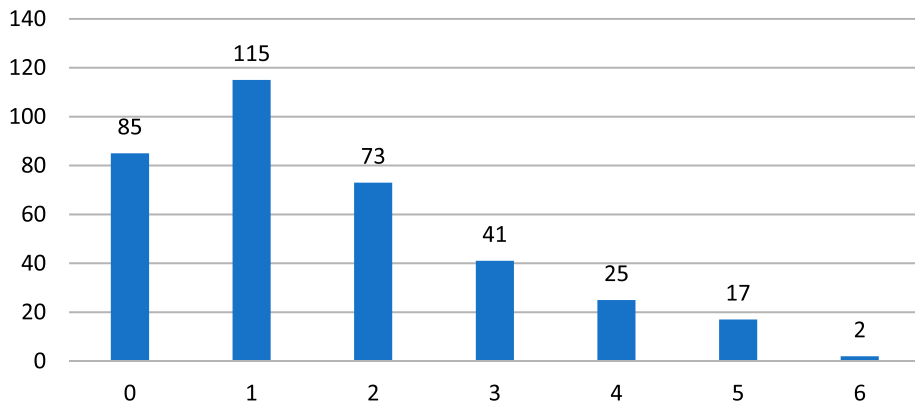


Figure 1. Number of reported problematic domains ($n = 358$).

Both age and level of education were significantly associated with the occurrence of *multiproblem situations*. Specifically, the age group 46–65 years old had almost twice as many odds of reporting multiproblem situations than the reference group (25 years old and younger) ($OR = 1.95$; $p = 0.035$). The other age categories did not show an increased risk of experiencing multiproblem situations. Respondents with a basic educational level had 1.8 more odds of presenting multiple problems compared to the reference group (high educational level) ($OR = 1.80$; $p = 0.037$). The group with the intermediate educational level did not show an increased risk of experiencing multiproblem situations ($OR = 1.40$; $p = 0.214$). Male and female respondents had similar odds of presenting multiproblem situations ($OR = 1.09$; $p = 0.693$).

Multiproblem situations and use of the LSC

When looking at the bivariate association between *multiproblem situations* (visitors with and without multiple problems) and the *number of contacts* with the LSC in the past 12 months, we see that the average *number of contacts* is significantly higher for respondents experiencing multiple problems (2.1

Table 2. Logistic regression coefficients of reporting multiple problems ($n = 351$).^a

	Overall fit of the model (Nagelkerke R^2) = 0.064	
	Odds ratio (95% CI)	p -value
Educational level (ref. high)	1	
Basic	1.802 (1.036;3.134)^b	0.037
Intermediate	1.400 (0.824;2.381)	0.214
Age in categories (ref. 25 years and younger)	1	
26–45 years old	1.273 (0.693;2.337)	0.437
46–65 years old	1.953 (1.047;3.641)^b	0.035
65 years old and older	0.600 (0.203;1.776)	0.356
Gender (ref. Female)	1	
Male	1.093 (0.703;1.699)	0.693

^a Adjusted for location (Nijmegen, Dordrecht, Leiden and The Hague). ^b $p < 0.05$.

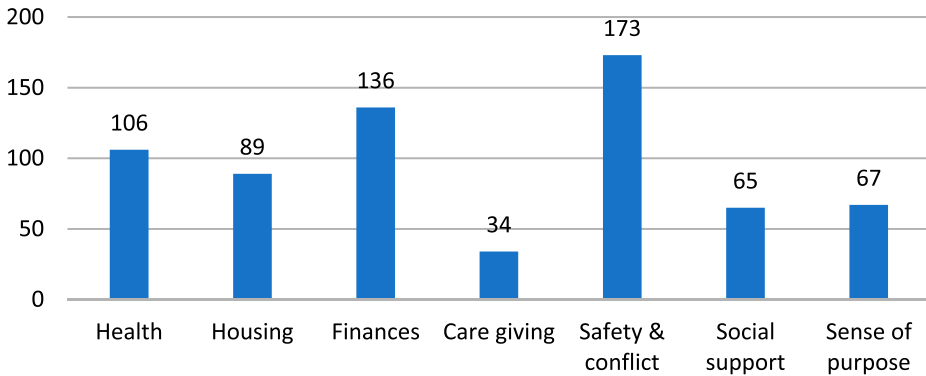


Figure 2. Frequencies of reported problematic domains ($n = 670$, based on 358 respondents).

contacts) than for the ones experiencing none to one problem life domain (MPS: 2.1 contacts; no MPS: 1.3 contacts; $t = -3.29$, $df = 168$, $p = 0.001$).

When performing a stepwise multivariate regression analysis with the *number of contacts* as dependent variable and correcting for *age*, *gender*, *educational level* and *location*, the *number of problematic life domains* is significantly associated with a higher *number of contacts* with the LSC (Table 3; Std. coefficient = 0.230; $p < 0.05$).

The other significant predictor in the model is *age* (Std. coefficient = 0.109; $p < 0.05$), showing a positive association with *number of contacts*. *Gender*, *education* and *location* were not significantly associated with *number of contacts* in the past 12 months.

Therefore, older clients and clients with more problematic life domains are contacting the LSC more often, regardless of their *location*, *gender* or *educational level*.

Multiproblem situations, experienced stress and use of the LSC

When looking at the association of *multiproblem situations* with *experienced stress* (Table 4), we see that experiencing *multiproblem situations* is significantly and positively associated with *experienced stress* (Std. coefficient = 0.439; $p < 0.05$). Female respondents reported higher levels of *experienced stress* than males (Std. coefficient = 0.148; $p < 0.05$). *Educational level* and *age* are not significantly associated with *experienced stress*. The model explained 22.3% of the variance (adj. R^2).

Collinearity between *experienced stress* and *multiproblem situations* plays a role in explaining the elevated *number of contacts* in the past 12 months. Both factors seem to overlap to such an extent that either one of them is significant in explaining the *number of contacts* when analysed in separate models (not shown). However, when entering both factors using a stepwise model, the *number of problematic life domains* seems to prevail above *experienced stress* in explaining the *number of contacts* (Table 5), with a larger overall fit of the model.

Table 3. Factors associated with the number of contacts with the LSC in the past 12 months (multivariate regression analysis, $N = 351$).

	Overall fit of the model (adj. R^2) = 0.056	
	Std. coefficient	p -value
Educational level		
Basic	-0.030	0.627
Intermediate	-0.037	0.537
High	ref	
Age (years)	0.109^b	0.041
Location		
Leiden	ref	
Den Haag	0.038	0.559
Dordrecht	0.066	0.318
Nijmegen	-0.050	0.434
Gender		
Male	ref	
Female	0.050	0.346
Number of problematic life domains	0.230^b	0.000

^b $p < 0.05$.

Table 4. Factors associated with experienced stress score (multivariate regression analysis, $N = 350$).^a

	Overall fit of the model (adj. R^2) = 0.228	
	Std. coefficient	p -value
Education level (ref. high)		
Basic	0.079	0.151
Intermediate	0.048	0.380
High	ref	
Age (years)	-0.008	0.868
Gender		
Male	ref	
Female	0.148^b	0.002
Multiple problems		
No	ref	
Yes	0.439^b	0.000

^a Adjusted for location (Nijmegen, Dordrecht, Leiden and The Hague). ^b $p < 0.05$.

Table 5. Factors associated with the number of contacts with the LSC in the past 12 months (stepwise multivariate regression analysis, $N = 349$).^a

	Step 1 Overall fit of the model (adj. R^2) = 0.019		Step 2 Overall fit of the model (adj. R^2) = 0.054	
	Std. coefficient	p -value	Std. coefficient	p -value
Experienced stress	0.128	0.020	0.002	0.977
Number of problematic life domains	-	-	0.233^b	0.000

^a Adjusted for location, gender, age and education level. ^b $p < 0.05$.

Discussion

Our results presented a first quantitative assessment on the occurrence of multi-problem situations among visitors at the Legal Services Counters in the Netherlands. It also aimed at gaining insight into which life domains most frequently contribute to the multiproblem complex, and to what extent experiencing

multiproblem situations is associated with stress and multiple contacts with the LSC.

The results show that 44% of the respondents experienced problems on several life domains at the same time, which means that almost every second visitor at the desk of the LSC deals with a multiproblem situation. Respondents most frequently reported problems with *safety and conflict*, accounting for one quarter of all reported problematic domains, followed by *financial* issues (one fifth of all reported problematic life domains) and *health* issues (one sixth of all problematic life domains). Lacking a *sense of purpose* stands out, being slightly more often reported than problems in the field of informal *care giving responsibilities* or *social support*. The definition of the problematic life domains reached from very practical, concrete issues, such as financial means, to more abstract and subjective issues belonging to the realm of meaning.

The large group of clients in multiproblem situations among visitors of the LSC is a first confirmation of what field professionals have noted in the past years. However, it remains an estimation of the problem load of the total client group of the LSC. The LSC serves approximately 40% of the Dutch population, but only a proportion of the clients visit the LSC consultation hours (desk or appointment, together 19.9% of all contacts); most contacts with the LSC take place by telephone (53.6% of all contacts in 2019 (Jaarverslag 2019, Het Juridisch Loket)).

Experiencing multiproblem situations was associated with a higher number of contacts with the LSC, even when adjusting the analyses for differences in background characteristics. Respondents in multiproblem situations had contacted the LSC in the past 12 months almost twice as often as respondents without multiple problems. These findings confirm the daily practice reported by field professionals and the existing literature on the topic (Peters & Combrink-Kuiters, 2008; van Gammeren-Zoetewij *et al.*, 2017; Wolfsen, 2015). They also point to the presence of unmet (subjective) needs. Clients whose problems are not solved, objectively or subjectively, tend to return and use services more often. This phenomenon has been repeatedly shown in primary health care services (Luppa *et al.*, 2020).

Finally, experienced stress and multiproblem situations seemed to overlap. Clients in multiproblem situations also experienced more stress than clients with problems in just a single or no life domain. Therefore, whether the experienced stress or the presence of multiproblem situations explains the increased contact rate with the LSC couldn't be fully examined. The correlation between stress and multiproblem situations shows how entangled both problems are. This entanglement prevents us from drawing conclusions about whether experienced stress or multiproblem situations are the main factor explaining the higher contact rate within this group; contrary to the existing findings in the field of health care utilization (Hajek *et al.*, 2017; Smits, 2014), where stress and other psychological factors prevail above comorbidity in explaining

frequent attendance at health care services. Longitudinal study designs may shed more light on this question.

This study has several limitations. As mentioned above, respondents were recruited during walk-in consultation hours only, thereby excluding client contacts through phone and e-mail. Recruitment of clients who contacted the LSC online or by phone would render a low response and therefore a biased estimation. Since mild intellectual disabilities and lower writing and reading skills are overrepresented among people in multiproblem situations (van Dam *et al.*, 2018), a survey sent by mail to phone contacts would probably have led to underrepresentation of clients experiencing multiproblem situations. Moreover, there are costs linked to phone calls with the LSC (€0.10 per minute to a maximum of €12.50), which might induce another financial selection. By limiting the study population to the subgroup of consultation hour visitors, we sought to maximize the chances of giving a correct estimate of the proportion of clients in multiproblem situations.

Another important limitation of this study lies in the self-reported data. For instance, respondents might have under- or overestimated the number of contacts within the previous year. Respondents' ability to recall past events might have played a role. Likewise, social desirability might have caused respondents to under- or overreport problem domains or the level of experienced stress level: there is no other data source than what the respondents decided to disclose.

Finally, this study does not take into account the nature or complexity of the legal problem, which might have a large influence on the (relatively low) variance of the models explaining the frequency of contacts with the LSC. Likewise, the complexity and gravity of the legal problem might have a large impact on other life domains, and might influence the occurrence of multiproblem situations.

Due to the aforementioned limitations, the findings of the current study can be considered a first estimation of the occurrence of multiproblem situations among clients of Dutch frontline legal services. Moreover, the sampling technique and stratification does not offer a full representation of the Dutch population at a geographical level. However, these results yield important implications for policy makers and professionals: the article identifies the group of visitors with multiple problems in a clearer manner, showing their background characteristics and shedding light on their service utilization. Moreover, it makes clear for professionals that they are dealing with a group of clients who experience increased stress levels, with all that entails for their self-sufficiency and therefore for the effectiveness of the current services. High levels of stress have been shown to limit well-being, but may also impair cognitive functioning, meaning that this group needs more support with cognitive tasks and a type of service that limits the demand on cognitive capacity. Interventions targeting clients in multiproblem situations should

therefore incorporate an assessment of stress levels, and services should limit the required cognitive load from these clients.

The service delivery to a group largely affected by high levels of experienced stress and a complex demand requires several skills from the legal professional, and also from their organization. It also logically requires a higher level of cooperation between organizations covering the entire social domain. Verboon *et al.* (2021) argue that frontline legal professionals dealing with clients with multiple problems should acquire complementary capacities – such as the ability to perform a broad problem analysis and assess the client’s self-sufficiency. Their organizations should in turn allow and facilitate the shaping of interdisciplinary work across the domains of health, financial support, housing and informal care, among others.

Acknowledgements

We thank Het Juridisch Loket for granting access to their offices, the clients who participated in this research for sharing their experience, and the students of the HU who collected the data.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research project was supported by the RAAK-Publiek programme of the Taskforce for Applied Research SIA (Regieorgaan SIA) under grant number RAAK.PUB05.003.

References

- Barendrecht, M., Kistemaker, L., Scholten, H. J., Schrader, R. & Wrzesinska, M. (2014) *Legal aid in Europe: Nine different ways to guarantee access to justice?* Report, WODC.
- Bosselaar, H., Maurits, E., Molenaar-Cox, P. & Prins, R. (2010) *Multiproblematiek bij cliënten 2010. Verslag van een verkenning in relatie tot (arbeids)participatie*. Report, Meccano kennis voor beleid en AStri Beleidsonderzoek en –advies, Utrecht/Leiden, The Netherlands.
- CBS (2014). *Contrasten in Inkomen 2014*. Map, Centraal Bureau voor de Statistiek, Den Haag/Heerlen/Bonaire. Available at: <https://cbsnl.maps.arcgis.com/apps/StorytellingSwipe/index.html?appid=269887c0b3514206a6fc94e373f4fa42> (accessed 22 July 2021).
- CBS. (2015) *Welzijn in Nederland 2015*. Report, Centraal Bureau voor de Statistiek, Den Haag/Heerlen/Bonaire.
- Commissie Wolfsen. (2015) *Herijking rechtsbijstand, naar een duurzaam stelsel voor de gesubsidieerde rechtsbijstand*. Report, Available at https://www.eerstekamer.nl/overig/20151130/rapport_commissie_wolfesen_2/document (accessed 22 July 2021).
- Currie, A. (2009) The legal problems of everyday life, in: RL Sandefur (Eds) *Sociology of Crime, Law and Deviance*, Volume 12 Bingley, UK, Emerald, pp. 1–41.

- De Klerk, M., Prins, M., Verhaak, P. & van den Berg, G. (2012) Mensen met meervoudige problemen en hun zorggebruik. Report, Raad voor de Volksgezondheid en Zorg, Den Haag.
- Hajek, A., Bock, J. O. & König, H. H. (2017) Association of general psychological factors with frequent attendance in primary care: a population-based cross-sectional observational study, *BMC Family Practice*, 48(18), pp. 1–9. <https://doi.org/10.1186/s12875-017-0621-5>
- Henderson, R. K., Snyder, H. R., Gupta, T. & Banich, M. T. (2012) When does stress help or harm? The effects of stress controllability and subjective stress response on stroop performance, *Frontiers in Psychology*, 3, p. 179.
- Jankowski, H. P. (2014) An international human right to self-sufficiency, *Emory International Law Review*, 29, pp. 2039–2059.
- Loket, H. J. (2019) Jaarverslag 2019. Available at: <https://www.juridischloket.nl/media/2072/jl-jaarverslag-website2019.pdf> (accessed 20 July 2021).
- Luppa, M., Giersdorf, J., Riedel-Heller, S., Prütz, F. & Rommel, A. (2020) Frequent attenders in the German healthcare system: determinants of high utilization of primary care services. results from the cross-sectional German health interview and examination survey for adults (DEGS), *BMC Family Practice*, 21(1), p. 10.
- Nagelhout, G. E., Abidi, L. & de Vries, H. (2019) How Do health and social networks compare between Low-income multiproblem households and the general population?, *International Journal of Environmental Research and Public Health*, 16(24), p. 4967.
- Peters, S. L. & Combrink-Kuiters, L. (2008) *Monitor Gesubsidieerde Rechtsbijstand 2007*. Report. The Hague: Boom Juridische Uitgevers.
- Rijksoverheid.nl., Ministerie van Veiligheid en Justitie. (2018) Available at: <https://www.rijksoverheid.nl/actueel/nieuws/2018/06/29/forse-investering-in-verbetering-prestaties-s-trafrechtketen> (accessed 23 June 2021).
- Ruitenbergh, D. & Van Loon, J. (2013) *Werken met Doelgroepen in de Sociaal Juridische Dienstverlening* (Amsterdam, Pearson).
- Scholte, R., ter Weel, B. & Westerveld, M. (2017) *Internationale verkenning kosten gesubsidieerde rechtsbijstand: Een vergelijkende studie naar Nederland, Finland en Schotland*. Report, SEO Economisch Onderzoek. Report no. 2017-58, Amsterdam: SEO Economisch Onderzoek.
- Smits, F. T. M. (2014) *Why do they keep coming back? Persistent frequent attenders in primary care*. PhD Thesis, Universiteit van Amsterdam, The Netherlands.
- Steketee, M. & Vandenbroucke, M. (2010) Typologie voor een strategische aanpak van multiprobleemgezinnen in Rotterdam. Een studie in het kader van Klein maar Fijn – CEPHIR. Report, Verwey-Jonker Instituut, Utrecht, June.
- Terluin, B., van Marwijk, H. W. J., Adèr, H. J., de Vet, H. C. W., Penninx, B. W. J. H., Hermens, M. L. M., van Boeijen, C. A., van Balkom, A. J. L. M., van der Klink, J. J. L. & Stalman, W. A. B. (2006) The four-dimensional symptom questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization, *BMC Psychiatry*, 34(6). <https://doi.org/10.1186/1471-244X-6-34>
- Tonnon, S. C., Jungmann, N. & Lako, D. (2019) *Mobility Mentoring® in Alphen aan den Rijn. Procevaluatie*. Report, The Hague: Platform31. December.
- van Dam, R., Jungmann, N., van Geuns, R. C. & den Hartogh, V. (2018) Mensen met een licht verstandelijke beperking en schulden: herkennen en begeleiden: onderzoeken naar schuldenproblematiek en LVB, *Tijdschrift Voor Schuldsanering*, 2018(4), pp. 19–22.
- Van Doorne, L., Van Etten, Y. & Gademan, M. (2008) *Outreached Werken: Basisboek Voor Werkers in de Eerste Lijn* Bussum, Coutinho.

- van Gammeren-Zoetewij, M., Combrink-Kuiters, L. & Peters, S. L. (2017) Monitor Gesubsidieerde Rechtsbijstand 2017. Report, Raad voor Rechtsbijstand, Utrecht.
- Vedsted, P. & Christensen, M. B. (2005) Frequent attenders in general practice care: a literature review with special reference to methodological considerations, *Public Health*, 119 (2), pp. 118–137.
- Verboon, E. M., Tonnon, S. C., Lamkaddem, M., Keesen, M. C., Eijkman, Q. E. & van der Veen, G. (2021) Focus on client needs – A study on frontline legal aid in the Netherlands, *European Journal of Social Work*. <https://doi.org/10.1080/13691457.2021.1954889>