Neighbourhood coaches

A solution for a fragmented Youth Care system?

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Special thanks to:
• Harry Kobes
• Peter Lansink
• Antonie Colijn (camera and editing)
The Netherlands:
• A constitutional monarchy
• Seat of government: The Hague
• Number of inhabitants: let’s check:
  • http://bit.ly/1srLTRN
• 12 Provinces
• 393 Municipalities (1-1-2015)
• Welfare legislation until recently always very centralised, municipalities mainly as implementers of national policy

Senior lecturer at Saxion UAS
Based in Apeldoorn, Deventer and Enschede
26,663 students (2013-2014)
Staff: 2,825 (2,152 FTE)
Social Work Department: 3,000 students
Dutch and German students
ERASMUS semester of 30 credits starting every September and February (English)

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“Small talk” campaign urges Finns to get chatty

The taciturn, silent Finn is a stereotype—but one that rings true for a lot of people. A campaign in Helsinki is aiming to change that by getting people on public transport to make small talk with strangers. Campaigners admit they face an uphill struggle:

10 people recommend this. Be the first of your friends.
Youth Care in the Netherlands on a very high level

Service delivery mainly by NGO’s (private, nonprofit organisations),
  – subsidised by municipalities or provinces and/or
  – paid by health insurance companies (youth mental health care)

Control over youth care: shared responsibility:
  – Municipalities
  – Provinces
  – Health insurance companies

- By any standard:
  - Score on 5 well-being dimensions
  - Life satisfaction
  - Quality of relationships with parents and peers
- Ranking has even improved in recent years

A strange paradox...(2)

- Yet:
  - One in every seven children/adolescents is in *indicated care* or special needs education
  - Between 2000-2010: yearly rise of 10% in use of mental health, youth care, special schools for children with behavioural problems; care for adolescents with minor mental disabilities has doubled
  - Netherlands in the top when it comes to number of young people in institutions (children’s homes, mental health institutions, juvenile delinquents institutions)

- To sum up: many children and adolescents in specialised (expensive) care.
Bottlenecks in the youth care system

- Organisation of youth care is too fragmented, leaving no one in charge (on a system level).
- Costs rising year by year
  - Average multi problem family: € 40,000 a year (Horstik & Veuger, 2012)
  - Often 10 professionals or more in one family
  - 30% of costs is due to bureaucracy
- Co-operation and co-ordination problems on a case level. Again: who is in charge and who is responsible for what?
- Too much demand for specialised care
- Deviant behaviour is medicalised to quickly, labelling children as suffering from ODD, ADHD or ASD
- Overtreatment and undertreatment
- Some groups (immigrants) are underrepresented in voluntary care but overrepresented in statutory care / criminal justice (Doelman-van Geest, van Essen, & Plug, 2010)
A middle-sized municipality in the West of the Netherlands
50,000 inhabitants
Between 300-500 “vulnerable families”
13 committees involved in case management:
- Local case coordination committee
- Multidisciplinary case coordination committee (with 2 other municipalities)
- Committee Child Care primary education (special needs)
- Care Advice Team Kalsbeek College
- Care Advice Team Minkema College
- Care Advice Team Praktijkschool
- Care Advice Team ROC ID College (Vocational School)
- Work group care and annoyance
- Youth & Public Space
- District committee on domestic violence
- Case coordination justice department
- Front line coordination Harmelen
- Platform Immigrants
## Woerden, a case study (Horstik & Veuger, 2012), ctd.

<table>
<thead>
<tr>
<th>Family</th>
<th>Organisations involved</th>
<th>Problem areas</th>
<th>Interventions</th>
<th>Co-ordinating organisation</th>
<th>Informal care</th>
<th>Estimated costs p.a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced woman, 1 child</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>MEE</td>
<td>Church</td>
<td>€ 30,000</td>
</tr>
<tr>
<td>Couple ; 2 children</td>
<td>18</td>
<td>5</td>
<td>16</td>
<td>Amerpoort, but not for all organisations</td>
<td>Unknown</td>
<td>€ 40,000</td>
</tr>
<tr>
<td>Couple with children</td>
<td>8</td>
<td>Complex care</td>
<td>10</td>
<td>Parents</td>
<td>Volunteers</td>
<td>€ 75,000</td>
</tr>
<tr>
<td>Divorced parents; 4 children</td>
<td>19</td>
<td>?</td>
<td>16</td>
<td>Several organisations, each partly coordinating</td>
<td>Volunteers</td>
<td>€ 40,000</td>
</tr>
<tr>
<td>Couple ; 5 children</td>
<td>16</td>
<td>5</td>
<td>17</td>
<td>?</td>
<td>Unknown</td>
<td>€ 55,000</td>
</tr>
<tr>
<td>Couple ; 3 children</td>
<td>13</td>
<td>5</td>
<td>13</td>
<td>Several organisations, each partly coordinating</td>
<td>Volunteers</td>
<td>€ 30,000</td>
</tr>
<tr>
<td>Couple ; 3 children</td>
<td>17</td>
<td>4</td>
<td>18</td>
<td>AMW (only initially)</td>
<td>Relatives, neighbours</td>
<td>€ 45,000</td>
</tr>
<tr>
<td>Couple ; 2 children</td>
<td>12</td>
<td>4</td>
<td>12</td>
<td>Several organisations, each partly coordinating</td>
<td>Unknown</td>
<td>€ 20,000</td>
</tr>
<tr>
<td>Couple ; 2 children</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>AMW, but not for all problem areas</td>
<td>Unknown</td>
<td>€ 20,000</td>
</tr>
<tr>
<td>Man; 3 children</td>
<td>14</td>
<td>4</td>
<td>17</td>
<td>Several organisations, each partly coordinating</td>
<td>Humanitas</td>
<td>€ 40,000</td>
</tr>
</tbody>
</table>
The old system

Nulde lijn
Waaronder:
- scholen
- kinderopvang
- jeugdwelzijnswerk
- verenigingen voor jeugd

Eerste lijn
Waaronder:
- consultatiebureau
- huisartsen
- voorzieningen voor advies en licht-pedagogische hulp
- schoolmaatschappelijk werk

Tweede lijn
Waaronder:
- gespecialiseerde jeugdhulp
- jeugd-gaz
- jeugd-lub
- jeugdbescherming en reclassering
- justitiële jeugdinrichtingen
- gespecialiseerde onderwijsvoorzieningen

Algemene jeugdvoorzieningen
Het gewone opvoeden en opvoeden

 Preventie

Centra voor Jeugd en Gezin & Zorg- en adviesteams
Signalerings
Vroeginterventie
Verwijzing en coördinatie

Bureaus jeugdzorg
Indicatie en coördinatie

Zorgaanbieders
Specialistische hulp → Nazorg

Coördinatie
Since January, municipalities are in charge of youth care

<table>
<thead>
<tr>
<th></th>
<th>Situation 2014</th>
<th>Situation 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Municipalities</strong></td>
<td>In charge of prevention</td>
<td>In charge of entire youth care</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Separate funding channels for different branches of youth care (prevention, social work, mental health)</td>
<td>One channel</td>
</tr>
<tr>
<td><strong>Legislation</strong></td>
<td>Several laws covering youth care</td>
<td>One Youth Act</td>
</tr>
</tbody>
</table>
Three major transitions in Dutch social work

As of January, municipalities central in welfare policy and service delivery, especially in the field of:

- Unemployment and participation → Participation Act
- Long-term care and support → Social Support Act 2015
- Youth Care and youth policy → Youth Act

Municipalities supposed to work more efficiently → “efficiency cuts” → responsibilities are transferred, but not all the money.
Three transitions: the essence

- Support and care: from rights-based to needs-based
- First self-care, then informal care, then collective provisions and only if everything else is insufficient: professional care
- Differences between municipalities not only tolerated, but even encouraged
- Participation in society is at the heart of social policy: everyone should contribute
- Professionals should look and work beyond the boundaries of their domain
  - E.g. connecting youth care, participation and long-term care and provisions.
Before 1-1-2015

After 1-1-2015

Youth Act

Organising care close to the client

• Two trends in Dutch social work:
  – Revaluation of frontline, generalist (= non-specialist) social work
  – Working in neighbourhood teams:
    • Multidisciplinary: e.g. consisting of a social worker, a nurse, a police officer “on the beat” and someone from the municipal social services department
    • Monodisciplinary: consisting of professionals from different backgrounds, but all doing the same work.

Picture: http://www.wijkcoaches-enschede.nl/
Close to the client, but not too close.....

Harry and Peter on where their agency is based
Revaluation of frontline social work

• Scholte (2010): social work has moved away from its roots, especially since the seventies:
  – Neglect and often disdain towards practical, material problems and needs like debts, housing, unemployment
  – Aspiration to be like psychotherapists
  – Tendency to specialise:
    • In order to get ahead in your social work career, you have to either specialise or become a manager
• Scholte: being a generalist should be valued again: the generalist-specialist:
  – Competent on a broad range of problems
  – Able to analyse problems in their interconnection
  – Able to bring together and co-ordinate specialists
• Harry and Peter on what it takes to be a neighbourhood coach
What makes a good neighbourhood coach?
Working in neighbourhood teams

- Enschede was the first municipality to do so.
- Currently, a large number of municipalities is working or at least experimenting with neighbourhood teams.
- Roughly two approaches:
  - Teams exclusively focusing on multi-problem families
    - By co-ordinating care / case management or
    - By trying to keep service delivery in the hands of one neighbourhood coach
  - Teams aiming at enhancing accessibility of care: early detection of (sometimes relatively simple) problems → prevention of escalation towards more complex problems
- Aim:
  - To reduce costs of social welfare (from 2015 on, at the expense of the municipality)
  - To fight over-specialisation and fragmentation:
    - “One family, one plan”
    - “Doorzettingsmacht”: one co-ordinating professional has the power “to get things done”
  - To be better able to use clients’ en families’ own resources
• **Rationale (Oude Vrielink, Van der Kolk, & Klok, 2015):**
  – It is important to be close to the client
  – It is important to be visible to potential clients and to the community
  – It is important to know the neighbourhood
    • Because of support / solutions that can be found there
    • Because it helps you recognise re-occurring problems
  – It is better to offer a holistic approach than to “slice up” the problem according to your organisational barriers

• **Aim:**
  – To reduce costs of social welfare (from 2015 on, at the expense of the municipality)
  – To fight over-specialisation and fragmentation:
    • “One family, one plan”
    • “Doorzettingsmacht”: one co-ordinating professional has the power “to get things done”
  – To be better able to use clients’ en families’ own resources
Co-ordinating complex cases or early detection?

Harry and Peter on the Enschede approach:
But now, early detection as well.....
First studies in Enschede indicate:
- The new way of working has successfully been implemented
- The new way of working seems to be effective:
  - Increase of social skills and self-efficacy
  - Increased levels of social participation (work, volunteering, education)
  - Less dependence from professional support

Leeuwarden:
- Professionals contact more clients, in an earlier stage
- Care is more effective and more efficient
- Less relapse
The old versus the new approach
From youth guardian to NC; from statutory to voluntary care

An NC will not have any legal authority to intervene in families and place a child into care. How will you be able to safeguard them from being harmed?
• Utrecht:
  – Qualitative analysis of 10 cases
  – Better service delivery at lower costs is possible if professionals work in an integrated way, combining clients’ own resources and those of their social environment and working quickly and pro-actively, without requesting a care referral
    – 6 cases: better effects at lower costs
    – 2 cases: no difference
    – 1 case: better effects, but higher costs
    – 1 case: same effects, but higher costs
A more important role for informal care
But what about the disadvantages?

- Ethical issues concerning privacy:
  - NC’s often employed by municipalities
    - Sensitive information about clients could easily be shared with other municipal departments
    - Is it allowed to share information in neighbourhood teams in which e.g. police officers participate?
  
- Possible loss of specialist knowledge

- Nowadays, to many people, their social network is not neighbourhood-based anymore
  - Is it better to invest in online support?

- Installing neighbourhood teams and NC’s is becoming a hype. Municipalities sometimes unclear about what they want to accomplish.
Harry and Peter on the risk of losing expertise
Dutch social work is undergoing a landslide change.

It is impossible to predict what the outcome will be.

The system changes open new perspectives but potentially also have very serious drawback.

Municipalities contract youth care organisations. Organisations have to compete.

- Some organisations have gone into bankruptcy.
- Other were forced to lay off part of their staff or even their entire staff.

But we have no choice but to make the best of it and be creative!


Lubbe, M., & Larsen, V. (2012). *MKBA Frontlijnteam Heechterp-Schieringen*. Amsterdam, the Netherlands: LPBL


• Van Ewijk, H. (2010). *Maatschappelijk werk in een sociaal gevoelige tijd*. Amsterdam, the Netherlands: SWP.
Kiitos, että kuuntelitte, mitä sanoin!

Picture:
http://www.jpahonen.com/tampere-kuplii-jalkifillari/