

# Neighbourhood coaches

*A solution for a fragmented Youth Care system ?*

Ben Boksebeld  
Saxion University of Applied Sciences  
Enschede, the Netherlands

Special thanks to:

- Harry Kobes
- Peter Lansink
- Antonie Colijn (camera and editing)

Everything you always wanted to know  
about the Netherlands, but were afraid  
to ask.....

## 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



Map:

<http://en.wikipedia.org/wiki/Overijssel>

# Everything you always wanted to know about me, but were afraid to ask.....

- 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)



[b.h.h.bokseveld@saxion.nl](mailto:b.h.h.bokseveld@saxion.nl)



@benboks

University  
of Applied  
Sciences



# Let's talk small!

yle "Small talk" campaign urg x

yle.fi/uutiset/small\_talk\_campaign\_urges\_finns\_to\_get\_chatty/7496050

Apps Overzicht mijn onlin... Naar effectievere sc... Add Scirus - for scientific... Web Slice-galerie Nieuw tabblad Geïmporteerd uit Int... Nieuw bericht sociologie » Andere bladwijzers

yle UUTISET

Helsinki 12:00 15:00 18:00  
Other location 15°C 16°C 13°C

Uutiset + Urheilu + Osallistu Sää + Tuoreimmat


UUTISET > NEWS

News 28.9.2014 10:39 | updated 28.9.2014 10:44

## "Small talk" campaign urges Finns to get chatty


The taciturn, silent Finn is a stereotype 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.

**Recommend** 15 people recommend this. Be the first of your friends.



**Headlines**

News 10:39  
**"Small talk" campaign urges Finns to get chatty**



The taciturn, silent Finn is a stereotype 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.

News 8:30  
**Ancient swordsman's grave could hold**

**Latest**

- 10:39 "Small talk" campaign urges Finns to get chatty
- 8:30 Ancient swordsman's grave could hold many more secrets
- 27.9. Government proposes police access to passenger info
- 27.9. Haglund: Retirement age-raise plan "problematic"
- 27.9. Paper: Fennovoima used old Rosatom plans in nuclear plant application
- 27.9. Finland retains Fitch AAA credit rating
- 27.9. Power restored after storm outages, more windy weather on its way
- 27.9. Räsänen looks to close asylum-seeker loophole
- 26.9. Police appeal after primary school pellet-gun shooting
- 26.9. New cabinet ministers sworn in
- 26.9. Ministry plays down EU probe of

23:45  
28-9-2014

# Youth Care in the Netherlands

- 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



# A strange paradox...(1)

- Child well-being in the Netherlands higher than in any other country: <http://www.unicef-irc.org/Report-Card-11/>
  - 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

Picture:

<http://nos.nl/artikel/493972-nederlands-kind-het-gelukkigst.html>



## 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 too 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)



# Woerden, a case study (Horstik & Veuger, 2012)

- 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.*

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

# The old system

Source:  
<http://www.nji.nl/Huidig-stelsel>



# Since January, municipalities are in charge of youth care

	Situation 2014	Situation 2015
Municipalities	In charge of prevention	In charge of entire youth care
Funding	Separate funding channels for different branches of youth care (prevention, social work, mental health)	One channel
Legislation	Several laws covering youth care	One Youth Act

# 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.



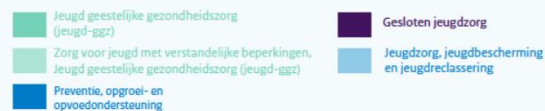
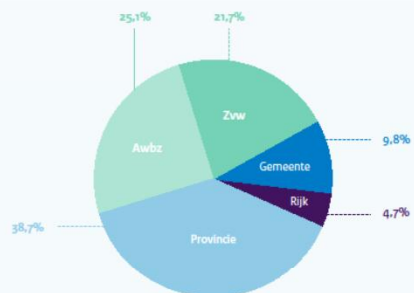
# Three transitions: the essence

- 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.

# Youth Act

Source:  
[http://www.voordejeugd.nl/images/pdf/Jeugdwet\\_P18.pdf](http://www.voordejeugd.nl/images/pdf/Jeugdwet_P18.pdf)

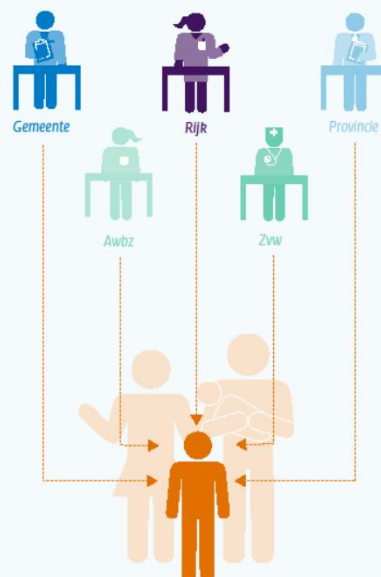
Before 1-1-2015



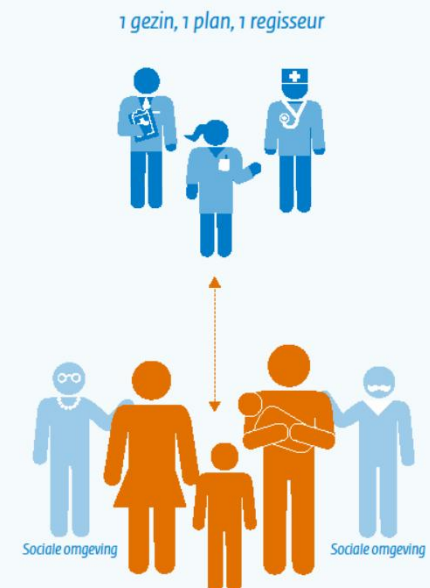
After 1-1-2015



Current



> 1-1-2015



\* Circa 3,5 mld + 400 mln decentralisatie-uitkering centra voor jeugd en gezin.

# 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.

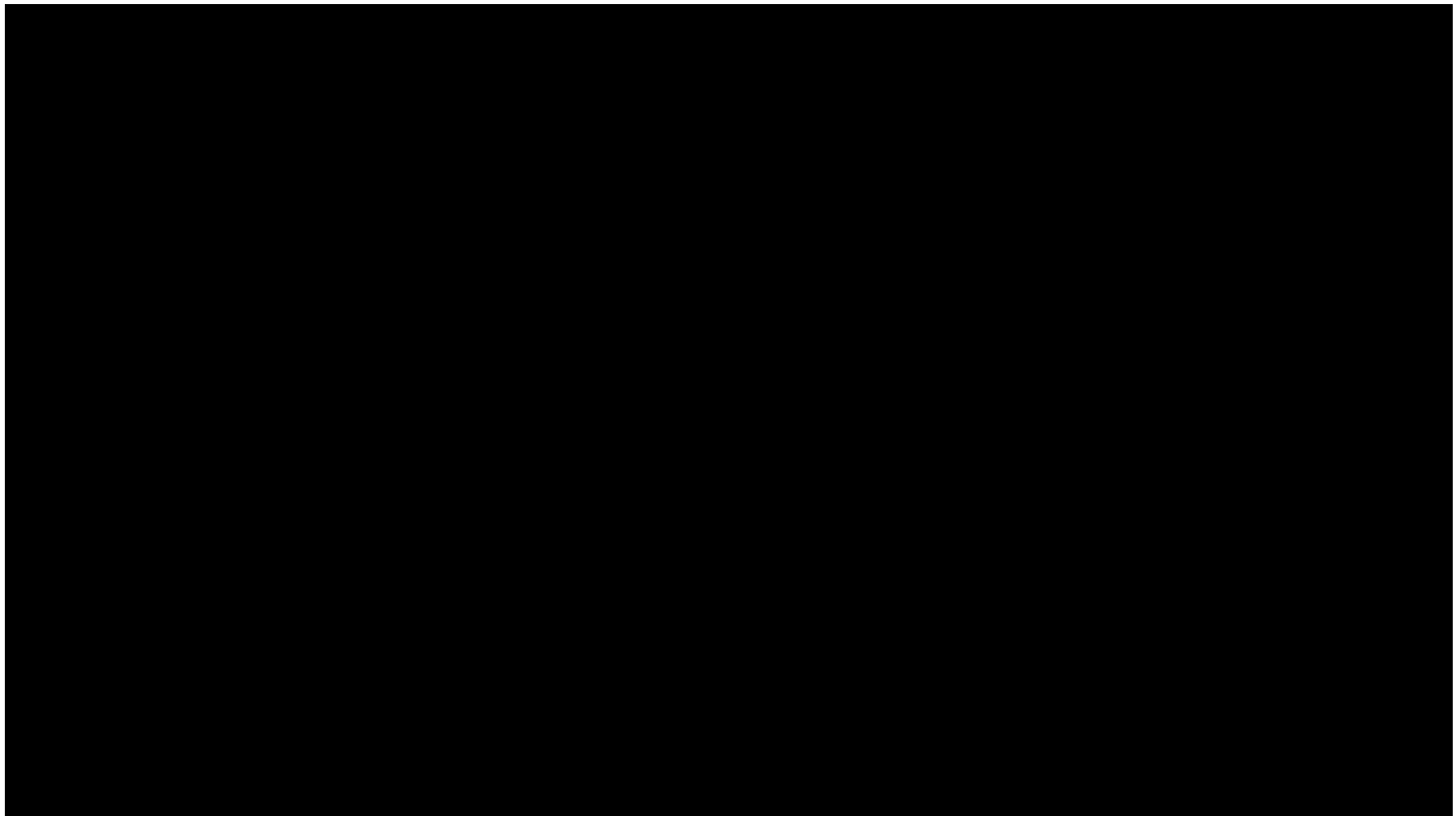
Picture:

<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

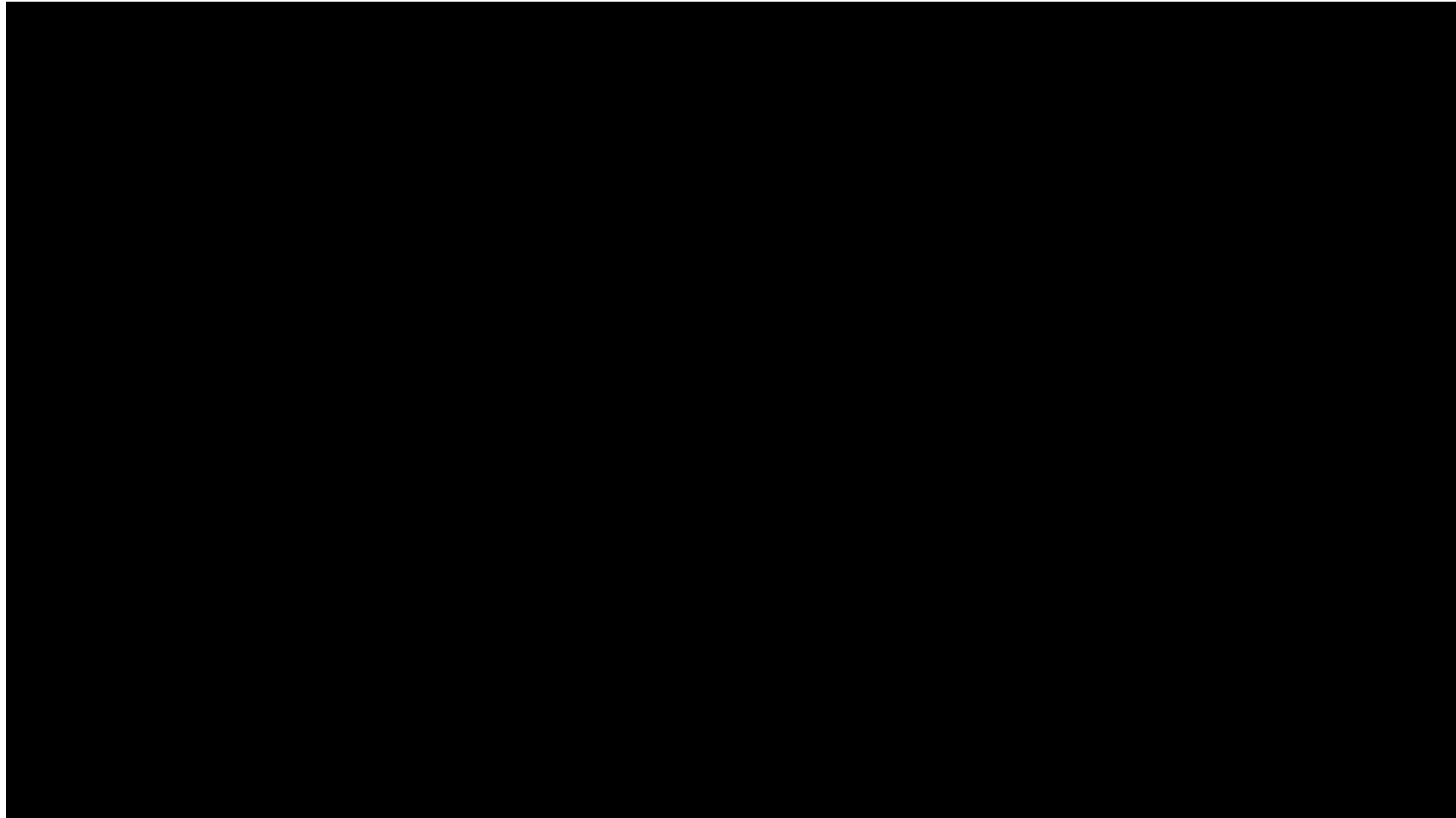
- Scholte (2010): social work has moved away from its roots, especially since the seventies:
  - Neglect and often disdain towards practical, material problems and needs like debts, housing, unemployment
  - Aspiration to be like psychotherapists
  - Tendency to specialise:
    - In order to get ahead 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



University  
of Applied  
Sciences



# What makes a good neighbourhood coach?



# Working in neighbourhood teams

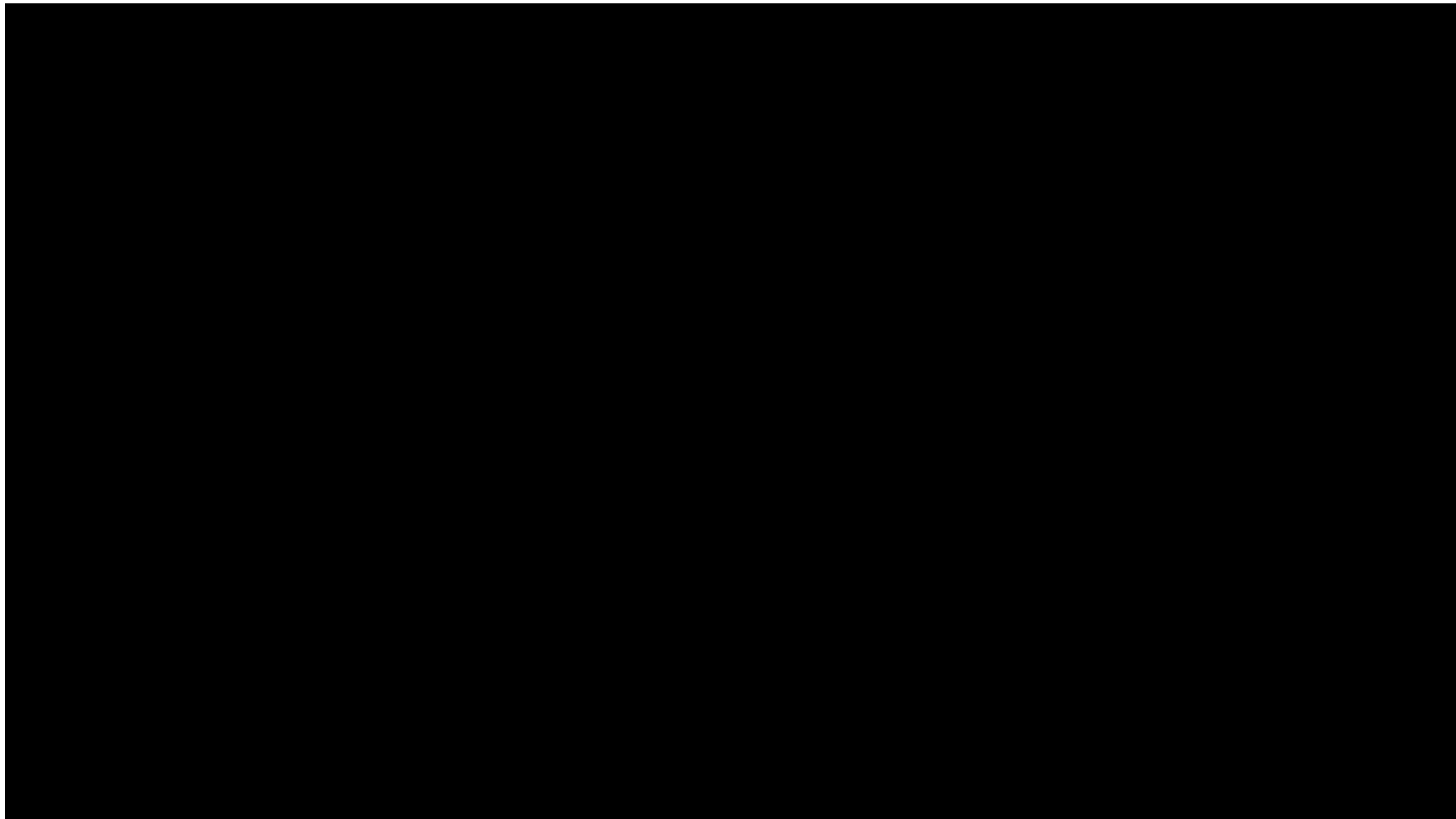
- Enschede was the first municipality to do so.
- Currently, a large number of municipalities is working or at least experimenting with neighbourhood teams.
- Roughly two approaches:
  - Teams exclusively focussing on multi-problem families
    - By co-ordinating care /case management or
    - By trying 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

# Working in neighbourhood teams - *ctd.*

- 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 problemes
  - 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?

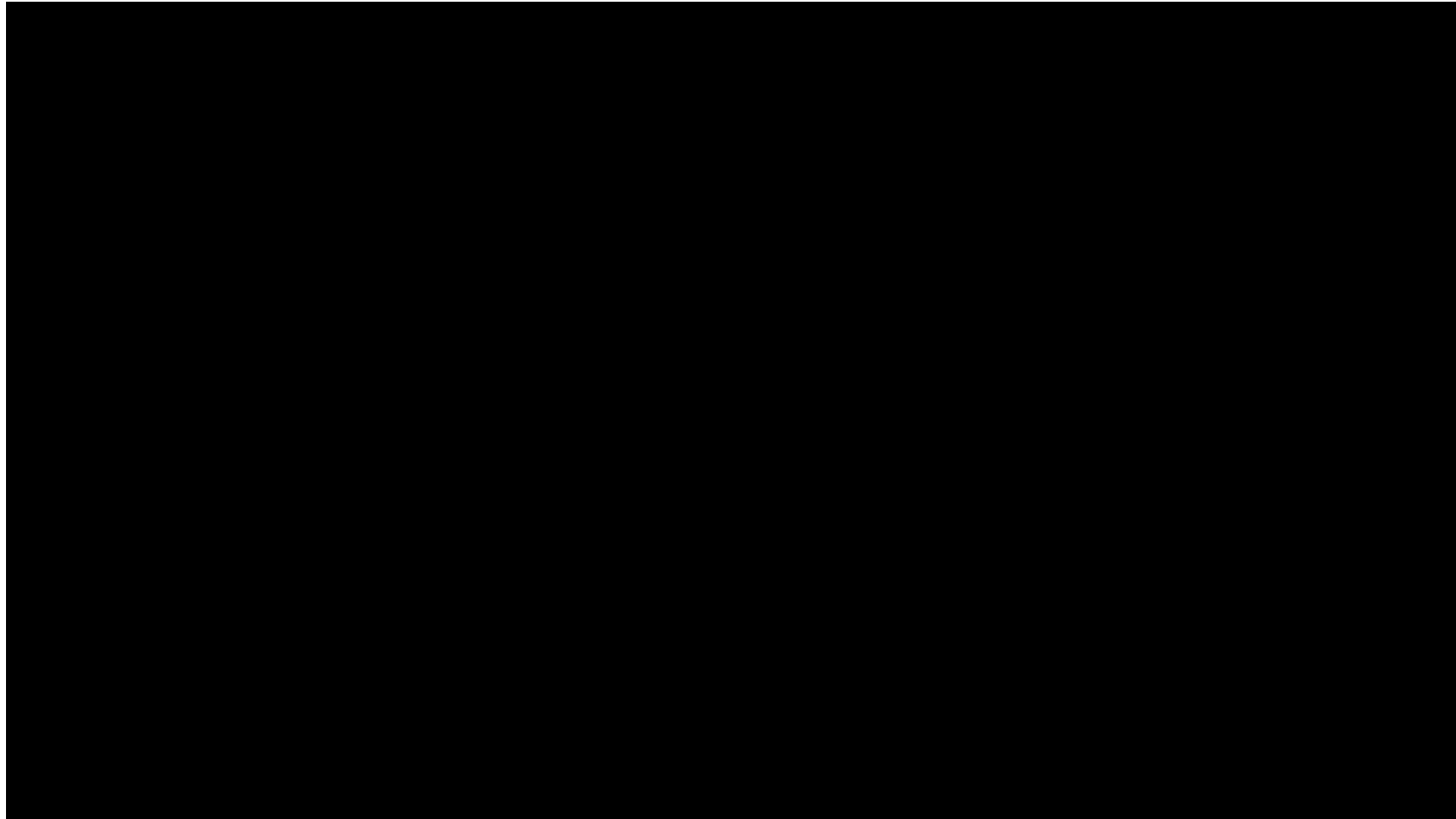
Harry and Peter on the Enschede approach:



University  
of Applied  
Sciences



But now,  
early detection as well.....





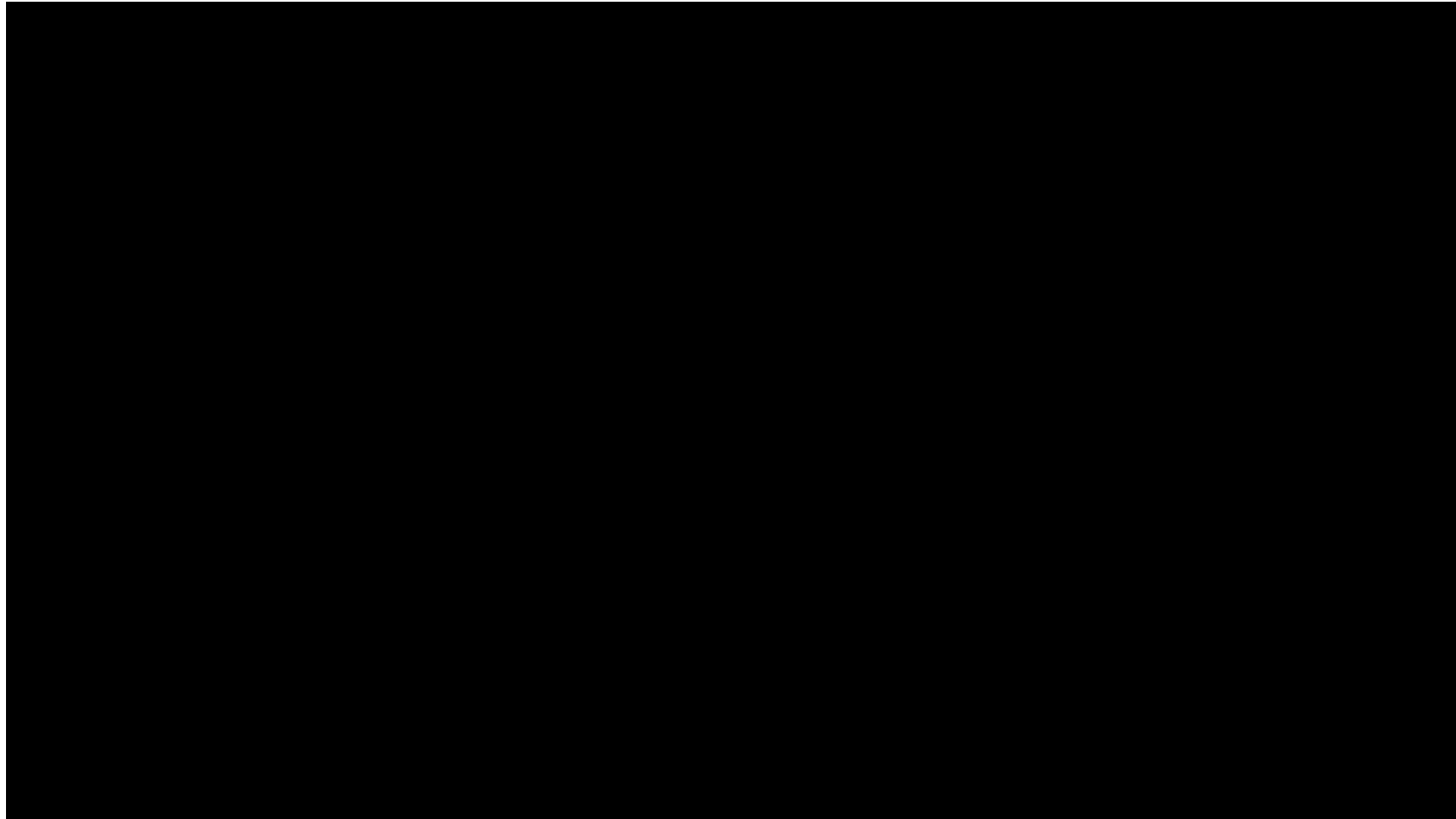
# Working in neighbourhood teams: effectiveness

- 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

University  
of Applied  
Sciences



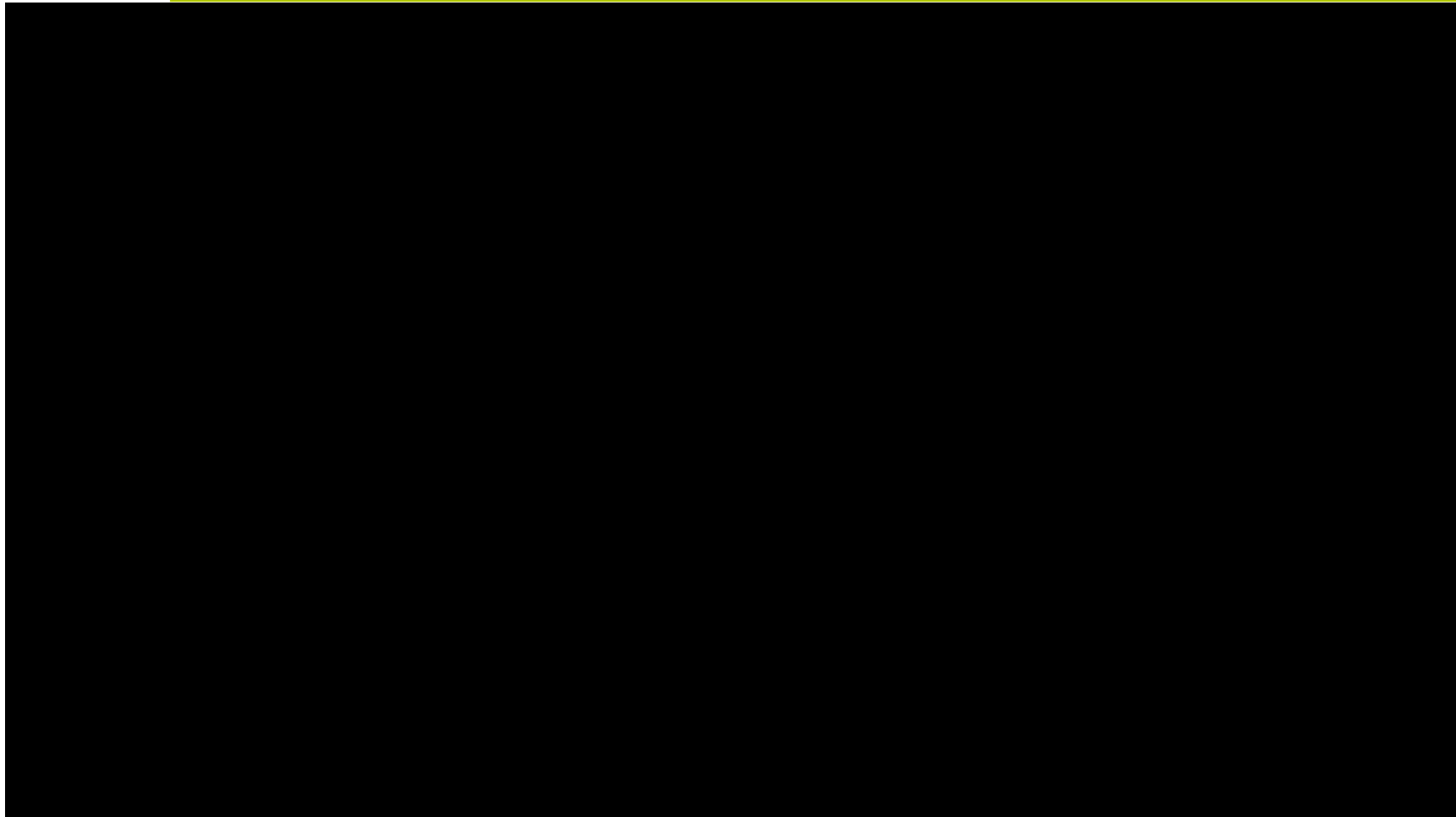
# The old versus the new approach



University  
of Applied  
Sciences



# From youth guardian to NC; from statutory to voluntary care



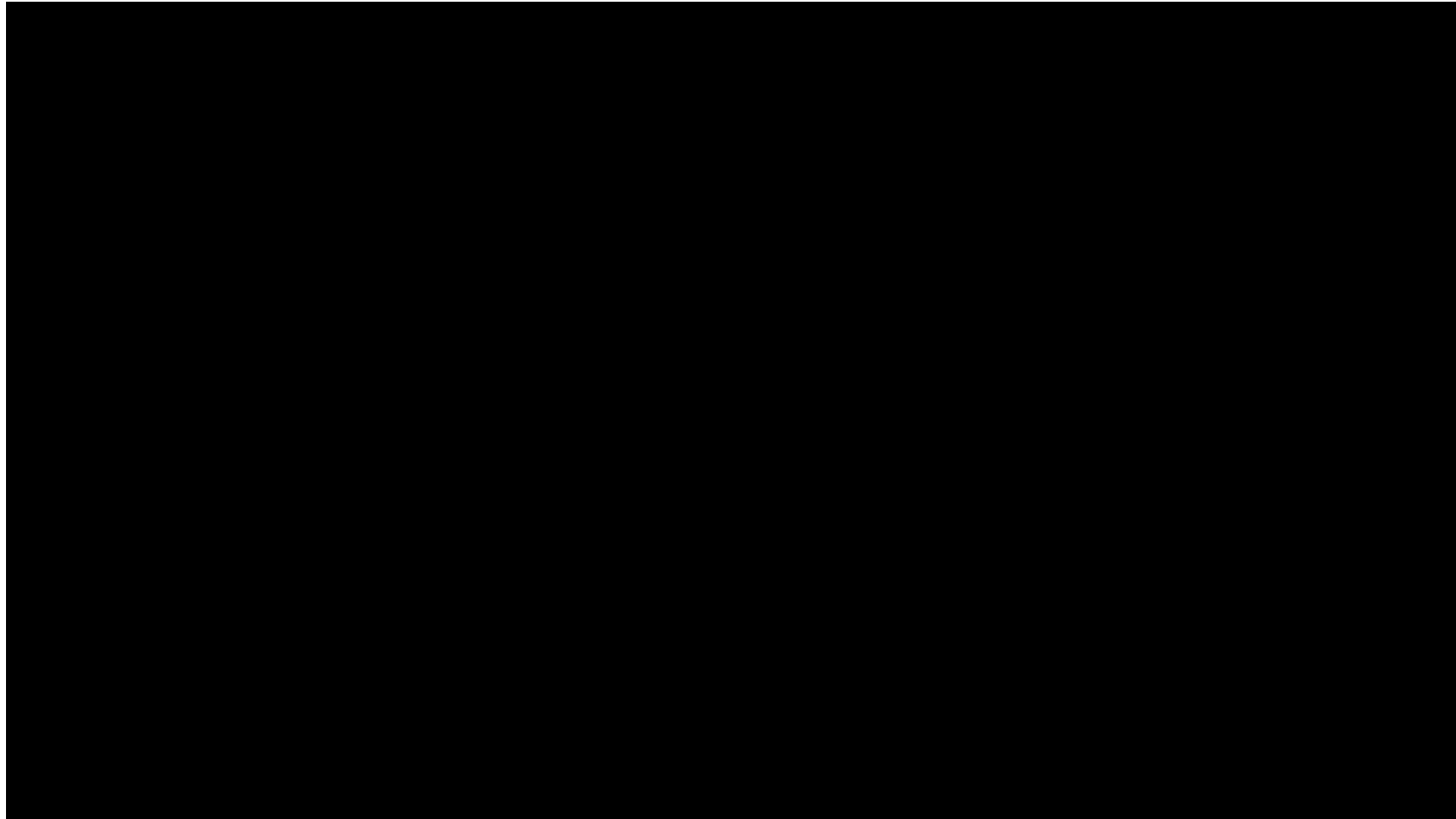
# Working in neighbourhood teams: effectiveness (*ctd.*)

- 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

University  
of Applied  
Sciences



# A more important role for informal care



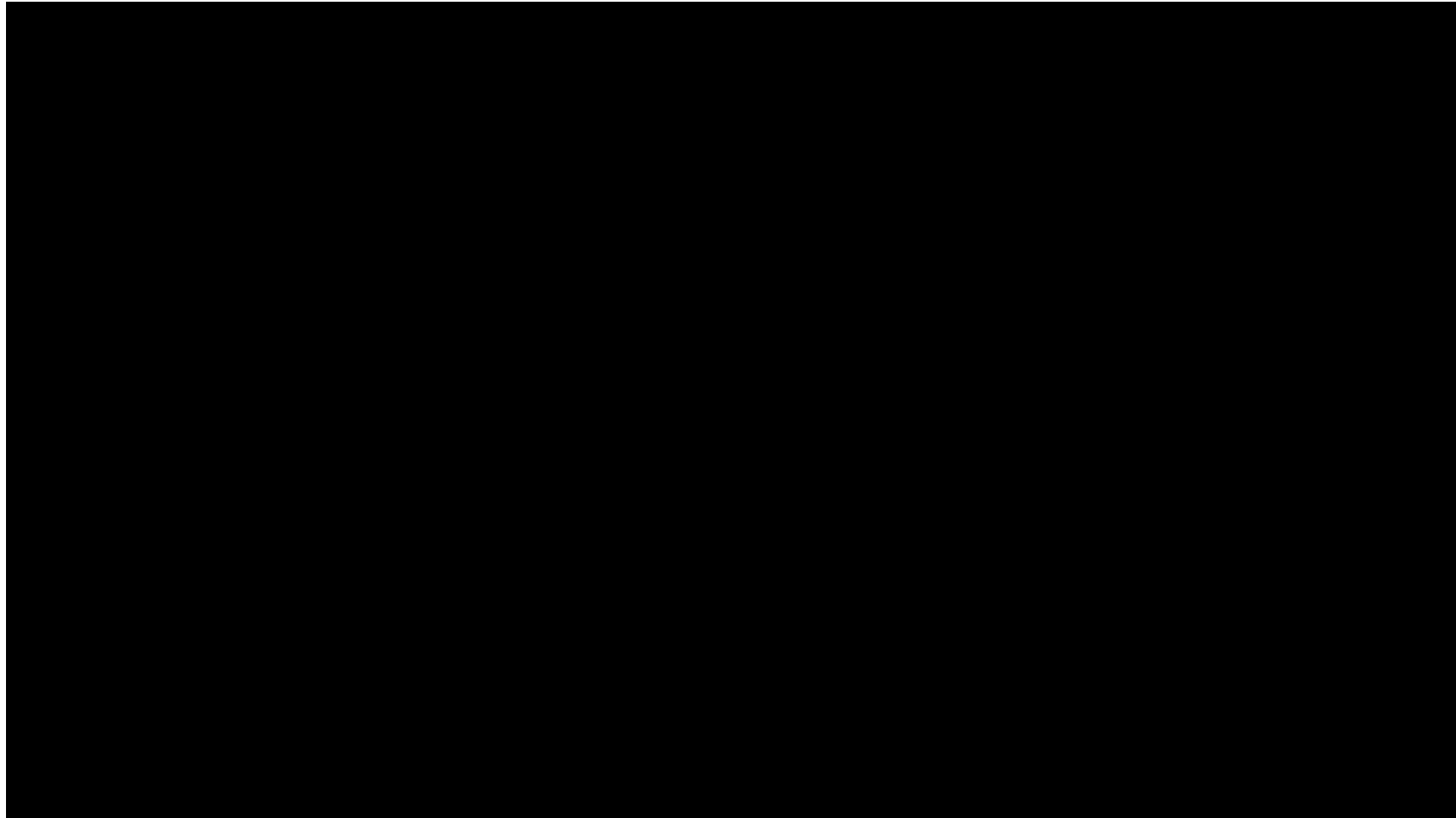
## But what about the disadvantages?

- 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 on-line support?
- Installing neighbourhood teams and NC's is becoming a hype. Municipalities sometimes unclear about what they want to accomplish.

University  
of Applied  
Sciences



# Harry and Peter on the risk of losing expertise



# Conclusion

- 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!



- De Meere, F., Hamdi, A., & Deuten, J. (2013). *Goede hulp is veel waard. Evaluatie na één jaar Utrechtse Buurteams Jeugd & Gezin*. Utrecht, the Netherlands: Verwey-Jonkerinstituut.
- Doelman-van Geest, H. van Essen A., & Plug, A. (2010). *Risicojeugdigen in het pedagogische hulpaanbod en de jeugdzorg. Het bereik van allochtone jeugdigen en jeugdigen uit eenoudergezinnen in Zuid-Holland*. The Hague, the Netherlands: Tympaan Instituut.
- Helpdesk Samenwerken voor de Jeugd (2012). *Geen kind buitenspel. Factsheet stelselwijziging jeugd*. Retrieved from <http://www.voordejeugd.nl/images/pdf/Factsheet-stelselwijziging-jeugd.pdf>
- Hermanns, J., & Menger, A. (2009). *Walk the line. Over continuïteit en verantwoordelijkheid in het reclasseringswerk*. Amsterdam, the Netherlands: SWP.
- Horstik, I., & Veuger, A. (2012). *Kwaliteit van samenleven*. Utrecht, the Netherlands: Stade.
- Klok, P.-J., Denters, B., & Oude Vrielink, M. (2012). *Wijkcoaches in Velve-Lindenhof: Overkoepelende Eindrapportage*. Enschede, the Netherlands: University of Twente.
- Lubbe, M. (2014, May). *De kosten en baten van integraal werken*. Presentation at a workshop in Utrecht, the Netherlands, organised by the Ministry of the Interior. Retrieved from <http://vimeo.com/100573574>
- Lubbe, M., & Larsen, V. (2012). *MKBA Frontlijn team Heechterp-Schieringen*. Amsterdam, the Netherlands: LPBL
- Ministry of Health, Welfare and Sports (2014). *Factsheet Jeugdwet. Naar goede jeugdhulp die bij ons past*. The Hague, the Netherlands: Ministerie VWS.

## References (*ctd.*)

- Nederlands Jeugdinstituut (n.d.). *Dossier Transitie Jeugdzorg. Huidig stelsel*. Retrieved from <http://www.nji.nl/Huidig-stelsel>
- Oude Vrielink, M., Van der Kolk, H., & Klok, P.-J. (2015, February). Sociale wijkteams. Is de professional van de toekomst er echt? *Maatwerk*, pp. 30-32.
- Scholte, M. (2010). *Oude waarden in nieuwe tijden. Over de kracht van maatschappelijk werk in de 21e eeuw*. Haarlem, the Netherlands: InHolland University of Applied Sciences.
- UNICEF Office of Research (2013). *Child Well-being in Rich Countries: A comparative overview. Innocenti Report Card 11*, Florence, Italy: Unicef.
- Van Ewijk, H. (2010). *Maatschappelijk werk in een sociaal gevoelige tijd*. Amsterdam, the Netherlands: SWP.



**Kiitos, että kuuntelitte, mitä sanoin!**