

Transforming together: making the journey towards integration of services for children, young people and families



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An international review of transition issues for the Dutch Youth Services

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### **Summary**

### Introduction

The Dutch government plans a decentralisation of the Dutch youth care system that should be finished in 2015. Municipalities will become responsible for all services for children, young people and families. The youth care system should become more coherent, efficient and cost-effective and focus on prevention and the capacities of children, young people and parents. International exchange of knowledge may help Dutch policy makers and professionals to address these challenges. Therefore in September 2012 the Netherlands Youth Institute brought together an international review team to visit two Dutch municipalities. This factsheet summarizes their main findings.

### **Key questions**

The international review focused on how to build a closer connection between the universal and preventative youth and family services. Universal services (like youth work, child care and mainstream schools) aim to facilitate the normal development of children and to prevent small problems from becoming severe. Preventative services (like health care, many Youth and Family Centres and the Care and Advice Teams in schools) aim to detect problems and intervene at an early stage, to coordinate support and to refer children and families to the specialised youth care services if needed.

### The key questions of the review were:

- 1. How could parental involvement regarding the development of municipal policies, universal and preventative services and enhancing the impact of support offered by primary services be enhanced?
- 2. How could municipalities, professionals and services such as Youth and Family Centres (CJGs) reach out more effectively to families, engage more proactively, become more 'welfare-minded' rather than 'care-minded' and facilitate the social and informal networks of families?

### Method

The team undertook two days of visits and debates in the municipalities of Stichtse Vecht and Leeuwarden. The experts listened, observed and engaged in open dialogue with aldermen, policy makers, professionals, volunteers and clients. The review team offered collective perspectives on the range of strengths, challenges, opportunities and risks on topics that came up. The review resulted in a report that was presented during two conferences in the Netherlands in October 2012. For the experts it was virtually impossible to get a complete impression of the policies and practices in two municipalities in only two days. Nevertheless, the report can offer anyone interested opportunities for reflection, discussion and the creation of new perspectives.

### Conclusions

In the experts' opinion the municipalities have made a really positive start in the transition. The team became enthusiastic by the focus on strengthening citizens' and parents' own capacities for taking personal responsibility, enabling families to be equal partners in the change process and to have a clear voice in shaping this. The determination to have local people more involved in the development of policies and governance of services and individual family plans was regarded to be a very positive element. There was a common recognition of the importance of making support accessible, embedded within local communities, built around a family's existing network and able to be 'turned to' early for support without stigma.

Some issues raised were a possible lack of clarity about available resources in the future: to invest on building further capacities in communities by involving parents in the management of their own challenges. And to facilitate all to engage in a more proactive way in co-developing policies, services and approaches. A shared concern of both the experts and the Dutch stakeholders was that there is a risk of prioritizing restructuring systems rather than investing in sustainable alternatives and changing people through reflective practice, leadership investment and work force development. A robust shared framework for all to measure impact and social return on investment is currently not in use. Lacking this information, services may be decommissioned in the future because of budget pressures, which may hinder sustainable transformation.

### **Reflective observations**

In general the team recommends focusing more on 'welfare-minded' (enabling) instead of 'careminded' (protecting) approaches in policies and services. They envisaged this being carried out by:

- Focusing on improving mental health and positive parenting.
- Developing a youth policy strategy with a concrete action plan.
- Creating closer 'links' between all partners and networks via commonly developed vision and goals.
- Prioritizing opportunities for local, grassroots projects and bottom-up approaches.
- Investing in staff development time, peer support and opportunities for professionals from different organisations to shadow each other.
- Developing a common language and therefore a view of family capacities.
- Including school networks in developing this common language and view from the early start.
- Whenever possible, establishing pooled or at least aligned funding resources that go to the partnership as a whole and where outcomes are able to be monitored collectively.

Improvement of parental involvement can be sustained by building on existing initiatives (e.g. child day-care, well baby clinics, schools) and by creating more opportunities for informal meetings where parents/youngsters themselves can help to shape what happens. It is important to create opportunities for the different stakeholders to participate in discussions about the functioning of an organisation in which their viewpoint is taken into consideration. Attractive services that young people and parents find important should be created together with them. Model and celebrate these examples of services.

To work in an outreaching way starts by building upon locations that parents and children already visit (universal and preventative services). Give evidence-based information on the normal

development of children and stimulate 'a positive parenting climate/culture'. Facilitate places for encounters, but leave the creation and concrete design of it to the parents and youngsters themselves. Focus on a respectful reception of families by *all* professionals working with children and families and create a good relationship with children and families.

## 1. Introduction

### 1.1 Reason for the review

Dutch Youth Policies and Services are currently undergoing major changes in the ways in which they are structured, organised and funded. This decentralisation should be finalised in 2015 with the introduction of a new Youth Care Act. Municipalities will become responsible for a wide range of services for children, young people and families, from universal and preventative services to specialised care (both voluntary and compulsory).

The main goals of this shift in the Dutch child and youth policy system towards the local levels are:

- to ensure support reaches families at an earlier stage
- to enable local care packages to better fit families' needs
- to develop increased understanding of what 'works' and better cooperation across agencies concerning thresholds for intervention with children and families.

Additionally, the total budget overview for municipalities after the transition is not currently agreed, nor is the formula for allocations of these budgets between the municipalities. All municipalities are dealing with budget cuts in the short term and all tasks coming to the municipalities are increasing.

Dutch youth policies and services are not alone in addressing such challenges. It was felt that they could learn from comparable developments in and perspectives from other countries. In September 2012 the Netherlands Youth Institute (NYI) therefore brought together a small international review team consisting of experienced practitioners, policy makers and managers working on behalf of children and families across a number of European countries.

With the support of the NYI this team undertook a two day programme of visits and knowledge exchange in two contrasting areas of the country: Stichtse Vecht and Leeuwarden. Clearly such a short visit could not possibly do justice to the whole of the youth provision in the Netherlands. The intention was rather to provide a snapshot to generate discussion and provide opportunities for international exchange of knowledge, opportunities for reflection and the generating of new perspectives.

### Appendix 1: Names and pen portraits of team members

### Appendix 2: Programme

Appendix 3: Facts and figures for Stichtse Vecht and Leeuwarden

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### 1.2 Aim of the review

The aim of the review was to listen, observe and engage in open dialogue with a number of policy makers, practitioners, professionals, volunteers and clients within different types of services for children, young people and families operating in these municipalities. The intention was to act as critical friends and advisors -offering collective perspectives on the range of strengths, challenges, opportunities and risks the team felt were associated with the proposed overall change process to the Dutch youth services.

### 1.2.1 Overall theme

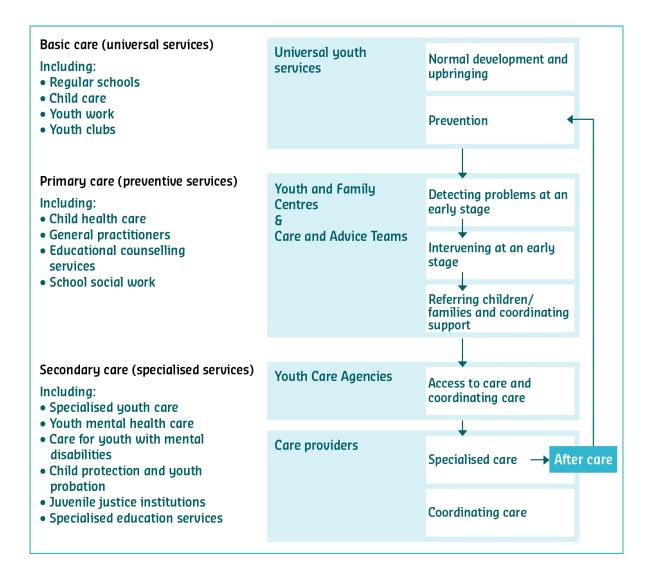
To build a closer connection between the universal, preventative and specialist services currently based in municipalities (local areas) and provinces (regional areas). This is with the aim to better support the well-being of children and to guide families themselves to address concerns related to their development.

### 1.2.2 Definitions

### The Dutch Youth Care System

This overview of the Dutch youth care system has been developed by the NJI. Note: there is no general agreement in the Netherlands about the meaning of the terms used in this overview. Authorities, organisations and professionals may use the same terms but mean something different. For example, some stakeholders make a different distinction between universal and preventative services. Also, in some municipalities the Youth and Family Centres are also seen as a meeting place for parents. In these municipalities the Youth and Family Centres operate both at the basic and the primary care levels.

# The Dutch youth care system



### 1.2.3 Key Questions

### The review team posed the following Key Questions:

How could parental involvement regarding the development of municipal policies, universal and preventative services and enhancing the impact of support offered by primary services be enhanced?

- What could be the roles of parents and children within municipalities in shaping the delivery of services?
- What could be their role in shaping the way that schools and Youth and Family Centres support families as a whole and not just children and young people?
- How could they be enabled to share their perspectives with services for older people, community safety and housing and to feed these into the planning processes?

How could municipalities, professionals and services such as Youth and Family Centres (CJGs) reach out more effectively to families, engage more proactively, become more 'welfare-minded' rather than 'care-minded' and facilitate the social and informal networks of families?

- How will we normalise the idea of parenting support, build on existing community networks and promote notions of a civil society?
- How could municipalities and local services or neighbourhoods better facilitate the social and informal networks of families in order to enhance their capacity to manage their own family support needs positively?
- How could practitioners be enabled to target and engage sooner and more effectively with families with complex issues, to develop their motivation to work on change processes, to build confidence in their capacity to parent effectively and to shape plans to change behaviour and improve outcomes that they commit to working on over time?
- How can managers ensure all agencies stand together to 'grip' families and support staff to balance the two sides of their role to 'support' but also 'challenge'?

These questions highlighted issues believed to be at the heart of the *transition* towards decentralisation in services about to be undertaken. They focus attention on the required *transformation* within the youth care system as a whole towards normalising support for families, paying more attention to enhancing parenting capacity, better cooperation between professionals and a stronger culture of support and learning for parents and families in local communities.

### 1.2.4 Related Questions

However as the review unfolded and our discussions developed a number of Related Questions emerged that were outside of the initial scope of the review. However they were felt to have a bearing on its overall theme and were integrally related:

- What consideration has been given to the cost implications of re-organising and re-shaping services at universal, preventative and specialist levels against a backdrop of reduced funding and increased need?
- To what extent is the vision underpinning this policy direction in the Netherlands: 'One Family, One Plan, One Team' shared, understood and 'owned' by the various stakeholders for example families, staff, managers, policy makers?
- What could be the implications for the well being of the workforce at frontline, managerial and strategic levels of re-organising from regional (principality) to local (municipality) delivery of specialist services for children and families?
- How will information sharing protocols be developed and accountabilities for identifying, managing and reducing risks be supported and monitored throughout this change process and beyond?
- Is there an expectation that teams will be co-located and have shared managers or will these be 'virtual' teams?

## 2. Background information:

### Current youth and family policy issues in the Netherlands

We recognise that the proposals for changes in the Dutch system represent a major challenge to all stakeholders. In the future, municipalities -many of which are quite small in size- will be responsible for the specialist services delivering specialist child and youth social care. These include mental health services for children and young people and specialised child protection services. While we do not underestimate the challenges, it is believed that these proposals will enable municipalities to:

- develop more integrated policies and service delivery
- offer made-to-measure care and support, geared to local and individual situations and needs
- reduce and even avoid costs down the line by dealing with problems sooner rather than later.

With the planned shift in responsibilities towards the local municipalities it is not yet settled if and how the finances for these services– now overseen by a variety of government departments nationally-should be simplified. However, we had a sense of a strong political will to do so.

The key departments whose budgets will be involved in these changes are:

- Ministry of Education (responsible for formal education and special needs education).
- Ministry of Health, Welfare and Sports (responsible for youth policy and social support).
- Ministry of Social Affairs (responsible for child care).
- Ministry of Safety and Justice (responsible for probation services

### 2.1 Strategic level issues

### Coherence of policies and services

In general, when significant changes are proposed for service delivery it is helpful if policies provide clear and coherent frameworks that support practice implementation. In this discussion, the general direction of policy is towards increasing the ability of universal services such as schools and CJGs to work more preventatively with families with more complex needs and to facilitate the formal and informal networks of parents and families. Various services involved in work that impacts on families such as youth support, local education, unemployment, social support, public planning each currently have lead responsibilities held by different Ministries. Steering these is not always a direct responsibility of local governments. Nationally the legal frameworks and directives may differ between Ministries. With the current proposed changes a major challenge will be to find a better coherence in these policies at the national level and the related legal and financial obligations at the local level.

Welfare and health services in the Netherlands are currently mainly run through Non Government Organisations (NGOs). These are commissioned, receive funding and make contractual agreements with the local municipalities to deliver specific projects or services to targeted groups. Other functions like schools and services for the unemployed are not part of local government responsibilities. However, for some areas of education this is changing. Also there are some changes pending in the unemployment laws in order to decentralise and create more local powers for municipalities to deal with local unemployment situations.

### Measuring the benefits

Key questions for politicians are likely to include:

- Where should we invest our money to ensure we get the best return in the short but also the longer term?
- How will we know that what we have done has made a difference?
- How do we measure not just the outputs-how much we have done-but also the outcome-what difference did we make?
- How do support services in local communities to impact on those families that are most needy and unlock their potential to help themselves?

### 2.2 Service level issues

### Youth and Family Centre (Centrum voor Jeugd en Gezin) approaches

The municipal Youth and Family Centres (CJGs) have been in development in the Netherlands since 2008, and could be said to be at various stages in their respective journeys. The previous government obliged all municipalities to have at least one CJG available in every local community. Municipalities were required to provide a place where, both in and out of office hours, children and young people, parents and professionals can ask questions and share concerns about the normal upbringing, development and safety of a child. The municipal CJGs also act as 'front doors' for the municipal Youth Care Services. These frontline services work for families, children and young people from pre-birth to 24 years. They exist as 'one stop shops' where various public health services and family support work together to form a network of preventative provision.

### Developing and leading the workforce

Poor communication and lack of information sharing between professionals are almost always cited as issues in reports of child deaths (Munro 2011). There has been an increasing focus in recent years by those involved in training and developing staff on the best ways to prepare professionals for working in integrated teams. This can be particularly relevant where staff have been used to working in specialised services or institutions such as schools. There is a need for staff to be able to network, bond and build bridges between families and practitioners within the local community. This requires the time and resources necessary to build trust and cooperation, share common language and communicate information in a timely fashion. These are all known to underpin positive outcomes. Such relationships take time to establish, strong leadership and significant investment. There are likely to be challenges in bringing together specialist staff with the experience of having a statutory authority to work with families and a focus on child protection with more generalist staff used to establishing voluntary engagement with families.

Working in integrated teams requires practitioners to understand why different individuals have different thresholds for intervention. They will need to engage with different priorities and build a

shared perspective about the plans and approaches to adopt to enable change to happen. Individuals will each bring particular knowledge and professional skills, but all will need sets of core competencies and communication skills to be able to function effectively as a team.

Leading integrated teams and bringing together different perspectives carries a range of challenges which have been well documented (Munro 2011). Some staff will come from agencies with a welfare perspective where they may focus more on risk and protection; others will be more comfortable with enabling families to make their own decisions and to participate more actively in priority setting. Although the vision of *One Family, One Plan, One Team*' is an important goal for the Netherlands Youth policy, achieving this synergy from the current position is likely to require strong, authoritative and authentic leadership at all levels.

### 2.3 Frontline level issues

# Bringing preventative tasks more into the universal provisions and services including schools and strengthening frontline services

Municipalities are now looking for ways to develop integrated policies between universal and preventative services. The report *Ontzorgen en normaliseren-Naar een sterke eerstelijns jeugd- en gezinszorg*' (2012) of the 'Raad voor Maatschappelijke Ontwikkeling (RMO)' or Council for Social Development offers some inspiration and guidance on these issues.

The report argues for the importance of normalising parenting problems as well as empowering families to activate and use their social support networks. In order to simplify the current and specialized child and youth social care system that can set families apart from their social support network the RMO also pleads for strengthening frontline services for children and families. These services support families in organising their daily lives on the basis of their own skills and of those in their network. Frontline services for children and families also offer direct assistance and coaching to families on a temporary basis and –if necessary- call in specialised services or practical support. Optimal functioning of the frontline services requires continuous investment in a strong social pedagogical environment. Staff need to generate a culture of continuous reflection, partnership and improvement as well as an increased reliance on professionals in universal services such as child care staff, teachers, GPs and nurses at the Well Baby clinics.

### Focus on positive parenting and parental involvement

Within the CJG, as engagement with families and trust grows, parenting questions should theoretically become easier to ask and 'normalized' without individuals feeling stigmatized as 'bad parents'. This voluntary engagement requires the development of a positive climate between all users and practitioners. This can allow informal learning or pedagogical networks of parents, young people and children to become established. At the time of writing the Netherlands continues to experience challenges in building parenting capacity through:

• building the relationships between people that work for institutions and people that live in local communities.

- establishing better involvement of parents in the development of school policies and work with teachers to develop interventions for prevention and support for school aged children.
- developing relationships and communication between preventative services and specialised child and youth care provisions.

In most municipalities child and youth policy documents these practices are described. However what is demonstrated 'on the ground' could be said to vary significantly from one CJG to another.

### 3. Findings

### 3.1 What did we see and like?

For an overview of the Programme of visits and Brief pen portraits of each service or group visited see Appendix 3 and Appendix 4.

Everyone we met spoke passionately about the approaching changes to the delivery of Youth Services, the opportunities this provided and their desire to make a difference to outcomes for children and families through these. We heard a range of comments from different colleagues over the course of the review that can be seen to relate directly to our initial Key Questions. Although not exact quotations, we have sought to capture the essence of these statements in the italicised words below.

Clear commitment politically within municipalities to the policy of One Family, One Plan, One Team and the prioritising of prevention and early intervention

I believe it is no longer time for people just to talk and write big reports about this, now we have to act.

We will be building on existing school based (ZAT) and community based (CJG) networks. But we will need to think about how we bring these together into a One Family, One Plan, One Team approach particularly with those families that have complex issues and long standing problems. In these families it may be more challenging for professionals to maintain a belief in the ability of parents to manage their own children. We may become overwhelmed by concerns about managing the risks to children in such families.

One family, one child, one plan is a goal that needs an action plan. We need to work on being clear about how we can be inclusive in that action plan. What will schools contribute to this goal, what will social work institutions do, what will parents and children themselves do? It takes a whole village to raise a child-everybody's support and joint efforts are needed. Perhaps we should call what we develop 'services for pushing forward' not 'services for prevention.'

### A focus on strengthening citizens' and parents' own capacity for taking personal responsibility, enabling families to be equal partners in the change process and to have a clear voice in shaping this

We want to put the child's perspective first and to focus on providing opportunities for work on engagement and not on building new bureaucracies. It is more important to understand and take account of how children and young people respond to youth work than it is to consider what civil servants need.

It is vital for municipalities to discover new and positive ways to communicate with its most challenging citizens and to talk more about parents and young people as 'partners' rather than 'clients'. Communication barriers can result in unequal access to services. For example, bringing care issues into schools may be difficult for municipalities because they do not fund schools. School boards have funding for care and may not want municipalities to 'interfere' with how they could spend it to unlock parenting potential. Clear accountabilities and collaboration will be critical.

The important thing for municipalities to do is to ask all parents, not just those at risk, what they feel is important to them and in life and how they feel the community could support them in achieving this. In doing this we need to treat parents intelligently and be clear about what is possible and what is not.

### Recognition of the importance of making support accessible, embedded within local communities, built around a family's existing network and able to be 'turned to' early for support without stigma

We want to bring services closer to local communities so they can better respond to local needs. The emphasis should be on social neighbourhood support and helping people to volunteer in their local communities.

Now the focus is on reaching out and finding places where parents have opportunities to talk with each other about raising their children as part of everyday life. We believe this more positive, informal networking between families really helps them to discuss parenting issues sooner rather than later and to find their own solutions that work for them rather than solutions being imposed by us.

In Maarssen a project started with parents and young children. They talk amongst themselves about all kinds of subjects, and in doing so enhance their self-esteem in parenting and problem solving skills.

### Determination to expect services to be respectful of a family's own capacities but attentive to changes in local circumstances, flexible and to fit to needs, not wait till families fit what services decide they wish to offer.

We need municipalities to be accountable for every euro that is being directed into youth care, for organisations to think not just about outputs but also outcomes-the difference made. We need to do this within an atmosphere of mutual respect and understanding between families and professionals.

The goal is to have welfare and health for children and families, though views of what this looks like in practice may vary between different people.

Although there is an urgency to create frameworks to assess the difference it makes to give people the power to help themselves it is very important that we agree together with families what we mean by something 'working'. While municipalities are obliged by law to provide services, there are some risks that, without evidence of impact, in some municipalities where budgets are tight we will stop listening to families and continue to pursue 'our' solutions rather than theirs. Critical funding for youth services should and could go elsewhere.

### A willingness to build consensus, invest in and develop new partnerships, to align resources and protect funding where possible for work with children and families

Being clear about what we mean by the 'civil society' is an important foundation stone. That understanding grew slowly at our conferences. At first we didn't quite understand what a civil society was, then we began describing it as noticing each other as neighbours and recognising that local government can stimulate and support social activities but people have to rely more and more on each other.

The vision has been developed by the municipality, workers in the organisations, policy makers, professionals and we also asked the citizens for information by organising a few nights, conference/workshops and we asked for ideas. Our inhabitants were proud to come. We now have the vision that everyone says 'We believe in it, it is ours'.

We invited all potential partners to the meetings-including GPs, Schools, Housing agencies, community safety services, welfare and child protection agencies all have a part to play.

### A determination to have local people more involved in the development and governance of services and individual family plans

We know young people already use the internet a lot to get information and we don't want to stop or duplicate that. However youth participation in CJG is an important goal. We are considering the use of social media and collaboration with secondary schools to reach this group more effectively.

While we want to be respectful of everyone's contribution, we know that having lots of people involved in a family plan can be confusing for families.

We think it is very important to have one contact person for a family who they trust and have chose who has the whole story over time, can look back and forward and form a long standing relationship with the family. We know it is important to train this person to present information in an accessible way and to gain the family's consent for that to be shared between professionals. This is a move towards working 'with' the client rather than 'on' the client.

### 3.2 Questions and concerns

Although we began with identified Key Questions, our visit raised further Related Questions for us which time did not allow us to explore in great depth. In constructing this section of the report it is therefore difficult and, arguably, not helpful to separate these at this stage.

Therefore the format we have adopted here is firstly to make some statements (in bold type) that emerged from what we saw and heard during our visit. In this section we make explicit, through a number of bullet points, questions and concerns which we found important in relation to each statement.

These in turn became starting points for our Reflective Observations which we offer towards the end of the report for your further consideration.

We saw many examples of good practice where these questions and concerns are already being addressed. We are sure there are many more. We include here what we thought were good practice examples which we call 'Emerging practice on which to build' in boxes at the end of each section in the expectation that you will recognise your real strengths and build on these as you move forward.

# Is there a lack of clarity about budget cuts and the potential impact on preventative services of municipalities receiving less funding?

• We heard several times that the changes in funding were viewed as an opportunity for new ways of working that was to be embraced. We wondered though how the reductions in funding will be

taking place alongside these structural changes. Will smaller municipalities need to work in partnership and pool or align funding in order to be able to afford preventative services? Will all agencies have to comply or could schools and GPs, for example, choose to opt out of this approach?

- Has consideration been given to ring fencing funding specifically for workforce development activities, managing change, coordination, building trust and sharing working practices between agencies?
- Prevention 'avoids' costs but does not 'create' funding. How will funding be protected for preventative services at a time when the municipalities that fund the statutory specialist and universal services are experiencing significant budget reductions? How will you square the circle of municipalities having less funding but more responsibilities and any lack of compulsion for schools to cooperate?
- How will staff in universal services such as schools be supported to deliver their core responsibilities but develop into places that more effectively contribute to the growing focus on whole families?
- Formula funding arrangements for resources coming down to municipalities from central government appears still to need to be fully worked out. Will there be weightings for example for more deprived areas/specific groups that we know are more at risk? If so, will there be additional expectations that these resources receive extra scrutiny? How will this scrutiny be received by services formally organised on a Provincial basis whose funding has up until now been protected?
- The Institute for Health and Welfare in Finland has advised that targeted services require a population base of at least 20,000 in order to be able to offer the full range of skills needed, and specialist services offering intensive child protection and child psychiatry need a population base of at least 200,000. Small may not always be beautiful-there could be some low incidence activities where it makes sense to maintain delivery over a wider area in order to ensure coverage.
- Less money probably means over time fewer workers and greater uncertainty in staff teams about continuity. Staff may have to work harder because there are fewer of them and they are spending time in coordination activities rather than direct work with families.
- However, we recognise that with these challenges comes the opportunity for greater creativity and a motivation to work together to use resources in a more cost effective way. Partnership working and holding to a shared vision at a strategic, political, managerial and frontline will be a key to success.

### Emerging practice on which to build

- We heard that in spite of budget cuts Leeuwarden's aldermen are ring fencing and protecting funding for youth work and prioritising this politically.
- Security of funding for several years was evident in Loenen's Nuchter Verstand (a peereducation project on prevention of drugs and alcohol) which gave job security to staff and time to measure impact
- Stichtse Vecht vision has already brought together 3 smaller municipalities-working together raises possibilities for aligning or even pooling resources and achieving some economies of scale

# *Is there a focus in discussions on restructuring systems rather than changing or transforming people through reflective practice and workforce development?*

- Systems don't change people, people change people. Conveying a partnership approach where the most complex families are a shared responsibility- 'All Our Families' and communities and practitioners are 'Strong Together' is helpful. Building understanding and shared language between people meaning different things by 'need' and thresholds for intervention will take time and is unlikely to develop through restructuring alone. Shadowing, sharing some cases, colocating, developing shared plans, having clear lines of accountability could all develop teamwork.
- There is a complicated set of systems and delivery agents in the Netherlands with different practices which have developed over time so we understand the desire to streamline. However, people have built up ways of working they are used to and may find change challenging. Schools are largely autonomous and not able to be directed by municipalities-how will they and their resources be brought into this work with more challenging families? How will "their network" (i.e. the ZAT) be integrated with the CJGs in order to avoid the emergence of several separate networks orbiting a child and family?
- Investing in workforce development and keeping people on board with the changes is important. Stakeholders may well ask 'What's in it for me?' particularly if they experience a fear of getting out of their depth with or failing to meet the needs of families that may have previously been referred on to the Provincial teams. You may need to invest in developing 'lead professionals' that ensure multi professional teams agree and deliver to the 'One Plan'. We wondered if these teams will be 'virtual' or is it envisaged that these lead professionals will have line management responsibility for a range of different practitioners? It is understandable why sometimes no one wants to be the lead professional-the role can feel like having all the responsibility with none of the power.
- Communication between teams is critical during a period of transition. It is important not to underestimate the impact of the long history in the Netherlands of referring young people from families with complex problems from municipalities into Provincial services. Also the different cultures and ways of working, approaches to managing risk and framing 'problems' that may exist between these municipal and provincial staff teams could be issues.

### Emerging practice on which to build

- Niftarlake School: Care and Advice Team. Bringing social workers into schools/colleges to be part of those teams-making them highly visible so they can be seen to be standing shoulder to shoulder with teaching staff. Their role is not only to support students but also to be a link for all teachers to enable them to play their part in establishing a positive school climate and whole child ethos.
- Breukelen: CJGs within communities building relationships across different professional groups and inter-generationally

# What investment and resources are available to build capacity in communities to manage their own challenges?

- We saw a lot of services and practitioners looking for 'problems' to prevent at the same time as we heard a narrative around developing universal and primary services *for all* that would 'normalise' the idea that everyone needs help from time to time. The need to make this transition in the way services are delivered and to transform perceptions of roles and responsibilities of services means many of them moving from providing 'welfare' support and instead unlocking potential within families themselves.
- It is laudable to be so respectful of the capacities that communities have themselves, building a truly pedagogical (or 'educational') civil society benefits from investment so neighbours, friends and families can turn to each other confidently for help in primary service settings such as well-baby clinics and CJGs. Our understanding is that such a society is one where universal and primary service professionals-for example teachers and staff in Well Baby clinics-are highly sensitive in their communication with parents. This is so that parents feel more comfortable and 'dare' to share positive experiences and concerns with them early and continuously in a true dialogue. This approach creates a more positive general climate and culture where shared learning can take place safely. It develops practitioners who are really 'tuning in' and listening to families and going far beyond just 'delivering a programme' or 'managing risks'. However investing in the development of practitioners so that they continuously learn to welcome families, build from grassroots, facilitate social, informal networks and participation at all levels in communities, build trust and individuals' capacity to parent effectively, teach skills, reinforce appropriate behaviour, manage risk, develop volunteers within the 'civil society' is not a no cost option.
- Volunteering effectively and communicating in a sensitive way with parents as a professional is likely to require more than supporting parents to be good neighbours. Supporting effective parenting and positive communication with and between parents is generally learnt through experience, teaching, reinforcement, direction and encouragement. The skills and attitudes needed to engage with community members, change the culture to reflect on what is and is not acceptable in terms of behaviour and enable parents to undertake their responsibilities effectively is challenging. It includes factors such as empathy, tenacity, clarity of planning, good communication and being non judgemental but having an authoritative approach. We saw some excellent examples of all of these. We encountered services where practitioners received robust supervision to ensure that they developed their practice and maintained a clear focus on outcomes and making a difference.
- Word of mouth is likely to build willingness of volunteers to come forward. But it is crucial that any project that delivers training and support for volunteers is appropriately resourced, focuses on risk management and on recruitment processes that are robust enough to identify and manage risk. At the same time, those practitioners at the frontline will benefit from ongoing training in positive communication and engagement, supervision and opportunities to reflect on the impact of the way they interact with families.

### Emerging practice on which to build

- Humanitas: Home Start trains volunteers and provides management support. Strong Parenthood project focuses on improving parents' skills
- Leeuwarden: We saw a strong focus on enabling families to help themselves in a number of projects-Firm Parenthood, Home Start and Step in and Step up, where volunteers and practitioners help to release potential within families and increase capacity.
- Loenen: Integrated care home visiting service: Buurtzong Jong –goal is that practitioners develop long standing relationships with each family lasting at least a year in order to effect change in complex problems

# Do you have a framework to measure impact and social return on investments to inform future commissioning and most importantly the decommissioning of services?

- In moving forward, commissioning processes will need to become tighter-evidence of impact will be more important. NGOs may be tempted to 'talk up' what they have achieved in order to continue to get funding.
- Tight specifications not just for outputs but outcomes will be crucial. It will help if people drawing these up are secure in evidence based practice. It will also be useful if practitioners can present, evaluate and reflect on their own delivery and have knowledge of and can demonstrate what works and under what circumstances in family support. This is so they can help to co-design an appropriate service specification for the outcome required.
- We wondered if there will be a level playing field-will very expensive specialist services be a subject of the same level of challenge and accountability as the preventative services when it comes to getting funding?
- We heard several descriptions of the implementation of a payment by results process. We wondered if its focus will be more on developing reflective and autonomous practitioners with robust supervision models and peer support and challenge or on evidencing changes in behaviour in children and families, or both.
- Developing tendering documentation and monitoring performance can be hugely resource intensive. Will you develop lists of 'preferred providers' i.e. organisations that you have confidence in who will be given funding and will a lot of providers therefore fall out of the marketplace?
- What support will agencies need to be able to articulate not just 'How much they have done' but also 'How well they have done it' and 'What difference they have made'?
- Will you be able draw on other cost effectiveness models and calculations to evidence savings through early intervention? See <a href="http://www.c4eo.org.uk/costeffectiveness/universal/allenreview.aspx">www.c4eo.org.uk/costeffectiveness/universal/allenreview.aspx</a>; See also Health Economics of a Population Trial; Ron Prinz, Director, Parenting and Family Research Center, University of South Carolina. Helping Families Change Conference; Glasgow, Scotland February 2012.

### Emerging practice on which to build

- All services adopted some form of evaluation
- Methods involved feedback from families that have received services as well as practitioners
- 'Harder' data about impact on issues such as school attendance, reductions in criminality, improvement in employability, parental confidence, evidence of warmth within families could be considered

### How are you investing in leadership at all levels to sustain this change programme?

- This is not going to be a quick process and people are likely to become very weary as this is rolled forward. You will want staff to continue to deliver services effectively at a time when they may begin to feel undervalued and insecure.
- Helping staff to maintain their focus on outcomes, on delivering services with those best practice features that we know from research are generally present in effective change programmes will be important. Also enabling managers to reinforce these through appropriate supervision and support will be critical.
- Small fairly autonomous municipalities may need to join together and work collaboratively in order to have a sufficient pool of expertise between them to address these changes. They can also utilise the knowledge brought together by the NJI whose website <u>www.youthpolicy.nl/</u> is a treasure box of research and information, accessible both to practitioners and policy makers alike at local and national levels.
- We heard that there had been lots of attention to building consensus and agreeing a vision. We wondered about whether you will need to be prepared to be unpopular too at times and to let go of some activities that may be very dear to local people but are too expensive or no longer fit for purpose.
- Openness is important and while a strategic vision provides a direction of travel it requires a detailed action plan to demonstrate how this will be put into operation.
- Communication will be critical-as resources become stretched you will need a clear rationale as to why funds are being directed in particular directions as there may develop perceptions of 'winners and losers'.

### Emerging practice on which to build

- City Youth Council at Friesland-demonstrated young people being heard and their views taken seriously
- Friesland College: school as workplace or secure base for learning with staff from a range of organisations basing themselves in the school creates meeting and exchange opportunities for not just young people but also the adults
- City Hall: Youth Advisory Board and Parents' Feedback Group for CJGs-put parents' voices at the centre of developments
- The vision document of Stichtse Vecht: *Strong Together* which has been developed together with citizens and heath/social workers. By building on their influence and opinion this is a vision that is ready and has already started to be delivered with commitment from all.

## 4. Reflective observations

We saw much that was very positive and on which to build and were extremely appreciative of the honesty and willingness colleagues showed to share both successes and struggles. In a two day visit we were only able to 'dip into' services that were presented rather than become part of what will be, essentially, an ongoing learning journey for you all. At times this was something of a frustration for us because of our interest in what you are determined to achieve and our inability to curb our desire, as fellow professionals, to help to support your important work.

As you know, the task ahead is extremely challenging but we believe that you have made a really positive start. Specifically, we were impressed by the efforts being made to work towards transformation of policies, thinking and practice by staff at all levels. We saw examples of commitment to greater parental involvement and empowerment, listening to and engaging families in co-constructing interventions and working creatively and developmentally with and for children. We offer the following reflective observations in relation to our initial Key Questions as 'guiding thoughts' or 'touchstones' to revisit from time to time as you move forward and to assist you to consider the extent to which you are remaining true to your vision.

# Key Question: How could parental involvement regarding the development of municipal policies, universal and preventative services and enhancing the impact of support offered by primary services be enhanced?

- *Walk with the Family*: model and celebrate those examples of services where children, young people and their families are co-constructing the way services are developed and delivered. Insist on this approach being evidenced in all services that are commissioned by municipalities in the future whether at the specialist, preventative or universal levels. Build on existing initiatives (e.g. child day-care, well baby clinics, schools) and create still more opportunities for informal meetings where parents/youngsters themselves can give shape to what happens.
- **Reinforce the participation of parents and youngsters.** Create attractive services that they find so important that they feel 'spontaneously' involved to give ideas about what they find important in order to make the services better. Form opportunities for the different stakeholders to participate in discussions where they have the feeling that they can make a real difference. These should not be 'academic' discussions but ones where they can give opinions and influence the real functioning of an organisation and where their viewpoint is taken into consideration.
- *Give opportunities to local, "grassroots" projects and for bottom-up approaches:* As a local community you can have some very clear aims for the Youth and Family Centre. But give enough space to the workers and families in the neighbourhoods to create their own projects and methods in order to reach the aims. Create an atmosphere for workers to find their own ways of working professionally with families, exploring new evidence and or practice based knowledge. Monitor the outcome and give rewards to projects that achieve their goals concerning the involvement of parents and young people.
- *Invest in opportunities* for specialist, targeted and universal managers, head teachers and practitioners to spend time in each other's services, to build understanding of different thresholds

and perspectives and to begin to develop a shared, common language and view of family capacities. This could be done through offering municipality level secondments, shadowing and mentoring opportunities, joint training or 'surgeries' to work through whole family case studies. Pay attention to the quality of care workers. Having the capacity to hold sensitive and dialogue oriented communication requires training and supervision. However, the services we offer are not only the work of professionals. Volunteers are a part of the social context and can have an important role.

- **Start small and build on best practice**. Although this can be a challenging concept especially at times of budgetary constraint, where possible establish a pooled or at least some aligned funding resources that go to the local partnership as a whole to manage and that you can use to implement service delivery and monitor collectively.
- **Develop a Youth Policy Vision, Strategy and Action Plan** with clear accountabilities and measures in each municipality ensuring that all stakeholders are involved in that work. Ensure that this document balances the desire to enable families to manage their own challenges with the appropriate commitment from all partners to the support that is needed for families with complex and long standing issues to unlock that potential.

### Key Question: How could municipalities, professionals and services such as Youth and Family Centres (CJGs) reach out more effectively to families, engage more proactively, become more 'welfare-minded' rather than 'care-minded' and facilitate the social and informal networks of families?

- *Invest in the development of local people as volunteers* and provide robust networks of support, training and development of their confidence and capacity. Ensure there is sufficient management and supervision support available to local people to undertake volunteering roles so they do not get 'out of their depth'. Build on existing projects that use volunteers to enhance parenting capacity and draw on lessons from abroad (for example Action for Children's volunteering project in Newcastle, UK <u>http://www.surestartcentralcc.org.uk/cowgate-blakelaw-get-involved/182-action-for-children-cowgate-family-support-volunteer-project</u>.
- *Make a shift towards more universal and primary services for all parents* instead of placing most attention on targeted and problem orientated services. Maintain a focus on promotion and prevention as a priority at all levels, even in the most specialized care services so all practitioners ask themselves 'What can we do to support the healthy development of the child and the ability of the family to cope, regardless of the need to tackle a specific problem?' Keep early detection of children and families at risk as a part of the mission but not as an overruling aspect. Besides detecting problems and/or signs of concern and offering support and guidance, focus also on parenting support as enrichment to enhance the quality of life of families.
- *Become more 'welfare-minded' instead of 'care-minded'* and pay more attention to the normal development instead of the problematic development of children. It is important for each municipality to create a 'menu' of sustainable services for all that, over time, people will get to know and trust. An example of this long term investment working in practice is the Family Centre

in Leksand, Sweden where a service for all new parents was started. Originally only 15% of parents attended, but after 7 years of continuously making sure that everyone knew of it, this rose to 80%.

- *Build upon places where parents/children already come (universal and primary services)*. Focus on a respectful reception of families by *all* professionals working with children and families (not only social workers with the focus on "helping" people), create a good relationship with children and families (a sensitive and dialogue oriented communication), give evidence-based information on the normal development of children and stimulate "a positive parenting climate/culture". It is likely to be hugely challenging to create spaces where children, young people and adults of all ages feel welcome. It could be useful to build on the community schools for activities geared towards school aged children and their families. Facilitate places for encounters (for example by giving space and physical locations for contact, conversations, engagement) but leave the creation/concrete design of the meeting place to the parents/youngsters themselves (see <a href="http://www.philosophy-of-education.org/uploads/papers2010/Ramaekers.pdf">http://www.philosophy-of-education.org/uploads/papers2010/Ramaekers.pdf</a>).
- **Build real interagency collaboration:** Try to create "links" between all the different partners and networks (instead of "islands" of projects and different networks). The Youth and Family Centre can "physically" centralize some services but can also work together with partners/projects outside of the physical "heart" of the centre. Come to a common vision, finding out in which way every partner is unique. Try to avoid too much overlap between services and reach agreements between partners. Look for instruments that can function as "binding agents" for example by developing a common vision or programme. Real integrated working is helped by partners having common aims and one legal framework or at least different legislations that give a clear mandate in order that each partner can commit himself to the common project.
- **Prioritise a focus on improving mental health and positive parenting.** Basic mental health services and programmes focused on positive parenting should be embedded within universal and school health services and normalised. The UN statement: *"There is no health without mental health*' should be taken literally. Having mental health services organised on a national level makes integration of approaches locally difficult and can lead to a persistence in disorder based thinking or a more 'medical model' approach. We would prefer to see both prevention and treatment being viewed as primary health questions. We were told that Leeuwarden is introducing the Triple P programme which is commendable as it has a primary goal of promoting positive parenting. Arguably as a consequence this will contribute to the wellbeing and mental health of parents and children (see <u>www.triplep.net</u>) For examples of studies of the impact of mental health projects on outcomes for parents and children using cooperative approaches between specialists and generalists, real-life consultation and a commitment to respecting and working together see *Sourander, Haavisto, Ronning et al, 2005* and *Granö, Karjalainen, Anto, Itkonen,Edlund and Roine 2009.*
- *Use staff development time, supervision and peer support* to enable practitioners to understand how they can contribute to this improvement in mental health and to recognise and value the need to behave in a positive and authentic manner with families. Make no assumptions about the extent of challenges involved in bringing together different services. Specialist services

may have a more 'medical' approach to assessing and categorising high level problems while universal and preventative services may have a more 'developmental' approach to building a family's confidence and competence in parenting. Differentiate the training according to need and build in evaluation over time of its impact on how staff behave and the difference this makes to families.

• **Develop a robust dialogue** with your municipality school networks to bring them into this approach and partnership work early. Community schools could be natural centres for municipality led school policy and strategy planning. They could work at the frontline to develop youth school boards, to give a forum for children and young people to be heard and to contribute to practical issues in which they wish to partake. According to a survey undertaken in Finland by their Children's Ombudsman, even small children have a real wish to have a say in their surroundings (like the colours of classrooms and lockers and the organisation of recess areas and what they eat for lunch). But they would also like to have their views heard on curricular issues. This would be empowering work at a basic level as being 'heard' can create feelings of self worth that can, in their own way, prevent problems. Use your existing community schools to act as mentors. Influence the way all schools perceive the child/young person as a member of a family and community that have resources and interest in that individual and discourage perceiving the student as 'just a pupil'.

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## **Appendix 1 Review Team**

*Mrs Sue Miller (England)* worked for Newcastle City Council as the Lead Specialist for Family Support and Parenting Commissioner and for the Department for Education. She is a Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) national sector specialist for Families, Parents and Carers. Mrs Miller has been a teacher, senior educational psychologist and senior manager in Children's Services. She speaks and publishes widely on parenting and family support and the challenges of reshaping services for families and children and working across professional disciplines. She is probably best known for her publications in parenting education. Her latest book is: *Supporting Parents: making the difference to outcomes for children, families and communities* Open University (2010).

*Mrs Benedikte Van den Bruel (Belgium)* works as a staff member at the Child and Family Agency and at the Flemish Department of Welfare, Public Health and Families, a public agency charged with the promotion and organisation of child care and welfare in Flanders (Belgium). Mrs Van den Bruel works as an advisor on the policy level on the subjects of family support, residential and foster care for young children, interagency collaboration in the fields of Youth Care and Parenting Support. She is (co-)author of publications on parenting support and youth-care in Flanders. Mrs Van den Bruel was formerly a researcher at the Section of Orthopedagogics, Faculty of Psychology and Educational Sciences, University of Leuven. She has undertaken research on children in care and the different forms of care – residential and foster care, and their alternatives – and on innovations in residential care.

*Mr Jukka Mäkelä (Finland)* is experienced as a child psychiatrist and development manager in the Section for Children, Adolescents and Families at the National Institute for Health and Welfare in Helsinki. He has been actively involved in the development of the (preventative) Child Welfare Act in 2008 and its implementation within the whole of Finland. He is one of the developers of the strategic action programme relating to this, called the KASTE Programme.

*Mr Heikki Ervast (Finland)* is a comprehensive school head master in Rovaniemi (Lapland), formerly Head of the Educational, Youth and Culture Department in the City of Rovaniemi and chairman of the steering group of 'Early Open Co-operation'. The latter is a dialogue oriented intervention method in schools to work closely together with parents, teachers and preventative services to support children who need this approach.

*Mr René Peters (The Netherlands)* works as an alderman of Social Affairs, Youth, Education and Integration at the municipality of Oss. The city of Oss participated in an international review team in the Netherlands in 2011, organised by the Netherlands Youth Institute and the Dutch Association of Local Municipalities.

## **Appendix 2 Programme**

### Stichtse Vecht: Wednesday 12th September 2012

09:30:	Goudestein Town hall in Maarssen: Coffee and welcome by the Mayor Mrs Mirjam van 't Veld Discussion about youth and education policy in Stichtse Vecht with employees of the municipality
11:00:	Nifterlake school:
	Project Technasium (presentation)
	Care and Advice Team (presentation)
13:00 - 15:15:	Youth and Family Centre:
	Lunch
	Youth and Family Centre (presentation)
	Youth and safety (presentation)
15:30:	Youth Centre Gemude:
	Project Nuchter Verstand ('Sober and sensible') (presentation)
16:15:	Town hall in Loenen:
0	Buurtzorg Jong (presentation)
17:00:	Plenary part with a drink afterwards
18:00:	Dinner

### Leeuwarden: Thursday 13<sup>th</sup> September 2012

09:00–10:30: City Hall in Leeuwarden: Welcome and discussion about youth and education policy in Leeuwarden with employees of the municipality

10:45 – 12:15 Welzijn Centraal: Stevig Ouderschap ('Firm Parenthood') by GGD Fryslân (presentation) Home-Start by Humanitas (presentation) Instapje and Opstap(je) ('Step in' and 'Step up') by Sinne Peuterspeelzalen (presentation)

12:30 - 14:30	Friesland College:
	School als Werkplaats ('School as a workshop') (presentation)
	Sociale Wijkteams ('social neighbourhood teams') by neighbourhood team Oud-Oost
	(presentation)
15:00 – 16:00	City Hall:
	Leeuwarder Educatieve en Jeugd Agenda ('Educational and Youth Agenda in
	Leeuwarden) (debate)
16:15 - 17:15	City Hall:
	Jongeren Advies Raad ('Youth Advice Board') and ouderklankbordgroep CJG
	('parents feedback group Youth and Family Centres') (discussion)
17:15	Talk afterwards and dinner

# Appendix 3 Facts and figures for Stichtse Vecht and Leeuwarden

### The municipality of Stichtse Vecht

### Facts & figures

Stichtse Vecht is a Dutch municipality and lies in the north western part of the province of Utrecht, which is in the middle of the Netherlands.

The municipality has about 63,000 inhabitants and covers an area of about 107 km<sup>2</sup>. Stichtse Vecht has been newly formed on January 2011 through a merger of 3 smaller municipalities: Breukelen (in the west), Maarssen (in the east) and Loenen (in the north)

### Relevant youth policy and current issues

The expectation is that the government looks to and supports the citizens to find solutions to problems. The three towns in the municipality of Stichtse Vecht are developing their Youth and Family Centres (CJGs) to fit with the new governmental structures. In close collaboration with the new government and its partners in youth health care, the school system, child care and youth care the Centres have been given a stronger profile.

Prevention should be given more priority and the early signalling of possible problems is part of this. Coordination of the care (wrapping around care) is an important goal to come to a new, more logical and efficient infrastructure built around the people who need it.

Youth participation is an important priority focus for the local municipality, not only to activate youngsters to participate in social life (sports, culture, volunteering), but also in the local policy development (youth council).

The total offer of support and services in the universal and preventative spheres should be easily accessible, low threshold, close to the person who needs them, demand-driven, integrated, flexible and innovative.

A key goal is to realise a coherent approach for young people with early or more profound needs for specialized care. This coherence should not only be in terms of infrastructure, but also in terms of building shared understandings and connectivity between the preventative services and the specialized and targeted care for those in crisis situations.

We wish to strengthen the universal and preventative functions in order to prevent young people being referred on to more 'heavy end' specialized and targeted care services.

There is a strong network of professionals in the universal and preventative services. Alongside this the municipality wants to rely more on the (voluntary) support close to the child and as much as possible together with its direct environment (the family, co-educators etc). The need to empower those within the direct environment of the child and in connection with their own living

••• 36 environment and the belief in the strengths of citizens are both important factors in the approach in this policy.

### The municipality of Leeuwarden

### Facts & figures

Thee municipality of Leeuwarden is situated in the northern part of the Netherlands. It consists of one town (Leeuwarden) and 9 villages (Goutum, Wirdum, Wijtgaard, Leykkum, Snakkerburen, Hempens, Teerns, Swichum and Miedum). The capital of the municipality is Leeuwarden, which is also the capital of the Dutch province of Friesland. On 1<sup>st</sup> January 2009 Leeuwarden had 93.498 inhabitants. On 15<sup>th</sup> June 2012 the municipality of Leeuwarden had 95.321 inhabitants.

### Relevant youth policy and current issues

The municipality of Leeuwarden aims to formulate its care and welfare policy according to the following principles:

- 1. Focus on citizens' own responsibility and direction.
- 2. First support in someone's own network will be sought.
- 3. Quick interventions when someone is in danger or when someone's development is at risk.
- 4. Prevention and facilitating have priority (above providing care).
- 5. Whenever possible governmental services should be offered collaboratively.
- 6. Trust if possible, procedures if necessary.
- 7. Financial systems should fit.
- 8. If necessary one should do outreach work within the neighbourhood.
- 9. The care should be geared to the demand.
- 10. Work should be according to the slogan 'One household, one plan, one contact person'.

# Appendix 4 Brief pen portraits of each of the services and groups visited

### Day 1

- Goudestein Town Hall, Stichtse Vecht: Municipality policy and vision
- Niftarlake School: Project Technasium
- Niftarlake School: Care and Advice Teams
- Breukelen: Centre for Youth and Families (CJG)
- Breukelen: Specialised care and its connection with universal and preventative services
- Breukelen: Preventing young people from entering the criminal justice system
- Loenen: Youth Centre Gemuda and the Nuchter Verstand prevention of drug and alcohol project
- Loenen Town Hall: Buurtzorg Jong project providing care to families with complex problems delivered by district health workers in family homes

### Day 2

- City Hall, Gouverneursplein, Leeuwarden: Municipality policy and vision
- Youth Health Care Teams: Firm Parenthood
- Humanitas: Home-Start
- Sinne playgroups and parental support: Step in and Step up
- Friesland College: School as a workshop
- Welzijn Centraal: Social Neighbourhood Teams
- City Hall: Educational and Youth Agenda in Leeuwarden
- City Hall: Youth Advisory Board and Parents' Feedback Group for CJGs

### Stichtse Vecht

### Context

The youth and family policy is part of a broad future vision for all citizens in this new (1 year) municipality consisting of a number of smaller towns and villages. This vision starts with the principles:

- The principle of own strength and responsibility
- If a resident can't manage on his own he will receive support
- 1 family, 1 plan support and guidance within the family structure
- Start with the question from the family
- Accessible services, low threshold, close to the person who needs them, demand-driven, integrated, flexible and innovative
- Social neighbourhood teams
- More priority to prevention including early signalling of possible problems.
- Coordination of the care (wrapping around care).
- The question of the citizen is the starting point for providing support.
- Youth participation is an important priority focus.

### Universal services

### Visited services

*Niftarlake College* is a secondary education school with 1300 students between 12 – 18 years. With three top levels (in Higher Secondary Education, HAVO, Athenaeum and Gymnasium) it is the largest school in Stichtse Vecht. <u>http://www.niftarlake.nl/</u>

*The Technasium programme at Niftarlake College* for better students aims to raise children's intellect with technical skills and to foster participation at real life projects, to act by connecting Think and Do e.g. create a low budget hotel and designing an interior for a youth centre in a Multi Functional Centre: (MFA). Children design and designers and architects help. During school hours. http://www.niftarlake.nl/technasium/

*Youth Centre Gemuda*. The youth centre is an activity centre in leisure time for and by young people themselves. Young people run the centre and its activities in music, sports, arts and other leisure time projects. The youth centre is supported by the local government. One of its peer-education projects in prevention is the programme Nuchter Verstand (see preventative services). http://www.gemuda.hyves.nl/

### Preventative services

### Visited services

*The Care Advice Team at the Niftarlake College* aims to prevent children from dropping out of school. It places the school in the centre and aims to involve parents. Current care structure makes the teacher the first to signal possible problems and discusses this with the team supervisor (every 4 weeks available). Then the ZAT comes in to act with youth care and health care. The internal team meets every three weeks with the ZAT – which deals with behaviour problems and family issues.

*The Centre for Youth and Families* (CJG) in Breukelen is situated in the home for the elderly with special premises for the support for (new) parents and their children. It is a low threshold service dealing with questions about parenting and growing up. It works with the 1 family, 1 plan approach for parents, children and young people up to 23 years and for professionals in the field. It has a direct linking pin with the ZAT (with e.g. the school doctor). It works with a telephone daily reached, walk in and a website.

### **Discussed services**

*Presentation Youth and safety.* HALT coordinates the punishment of children (community services). HALT gets notification from CJGs, school attendance and e.g. the police. *Safety House* for Stichtse Vecht is working with 16 – 17 year olds creating hindrance, and then to the group connecting with them and with others around it to prevent them going in the same direction. Youth groups can be divided into slightly troublesome, troublesome and criminal. The types of hindrance and the measures taken are partly based on the 'traffic light' approach. <u>http://www.veiligheidshuis.nl/</u> *Nuchter Verstand Programme at the Youth Centre Gemuda* (Loenen) to prevent young people – from 12 years up – from using alcohol and drugs. Peers provide information to peers at festivals, youth activities. Main focus is the environment of young people themselves. The local government is committed long term to this integral approach with measures in four components: 1. environment (limiting availability e.g. in schools). 2. education and awareness. 3. signalling, advice, support and treatment 3. legislation and enforcement. <u>http://www.nuchter-verstand.nl/</u>

*Buurtzorg Jong* is a private NGO providing care to families with complex problems delivered by district health workers in family homes. Independent teams of a maximum of 12 professionals organize and are responsible for the whole process: clients, planning, education and finance, etc. They visit the family at home, first gain trust, then make a plan with the family that fits what they want to change and who can help in their network. Then do whatever is necessary and if it's done: monitor it well, keep in contact. <u>http://www.buurtzorgjong.nl/</u>

### Leeuwarden

### Context

The youth and family policy principles in Leeuwarden are:

- 'One family, one child, one plan and one contact person'.
- Working within the neighbourhood and at school.
- Integrated working.
- Empowering people.
- Preventative services should aim to reduce risks.
- Professionals in the universal services should be equipped in such a way that they can detect problems and intervene at an early stage.

### Universal services

### Visited services

*Friesland College* is a school for vocational education. The schools' students are aged 16 years and older. The school offers education in various industries, like engineering, care, catering and IT. The school is host to the *'School as a workplace'* project (see preventive services). More information: <a href="http://www.frieslandcollege.nl/english.html">http://www.frieslandcollege.nl/english.html</a>

*The Youth Advice Board* consists of 15 young people from 12 till 18 years old who attend a variety of school types. The board advises the municipality, when being asked and when not being asked, about subjects and policies that influence youth. A youth workers supports the board. More information: <u>http://jarleeuwarden.nl/</u> (in Dutch).

### **Discussed services**

*Community schools* are buildings in which several organisations like child care, play groups and schools are accommodated. Integrated child centres are similar, but all services are managed by one manager. Leeuwarden has twelve community schools of which two are integrated child centres. More

information: <u>http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Education-and-Youth-Unemployment/Community-schools</u>

*Education and day care* are mostly the responsibility of the national government, school boards and/or private organisations. Municipalities are only involved in building schools and some quality guidelines.

*Youth work* provides among other things activities with children and young people in the neighbourhood, at school or in play grounds.

### Preventative services

### Visited services

*Stevig Ouderschap ('Strong Parenthood')* is a youth health care programme for families at risk in order to improve children's healthy and safe upbringing, children's contribution to society, the development of children's talents, children having fun and children's preparedness for the future. Families at risk are visited by a nurse before and after birth with a total of ten visits. The nurse and the parents discuss the parents' own developmental history, their experience of parenthood, their expectations of child development, their support networks, what is going well in the parents' lives, what the parents would like to change or improve an how changes or improvements can be achieved. Parents are referred if necessary. More information: <u>http://www.stevigouderschap.nl/</u> (in Dutch).

In the *Home-Start* project volunteers offer support, practical help and friendship to parents with at least one child younger than seven years old. The project is coordinated by a paid worker. Home-Start tries to prevent small problems from becoming big problems. More information: <u>https://www.home-start.nl/pages/Home-start/Locatie?id=219&windowuid=uid5061b75868430</u> (in Dutch) or <u>http://homestartworldwide.org/</u>

*Instapje, Opstapje and Opstap ('Step in, Step up and Take a big step)* are programmes for families with children up to 6 years old. They try to stimulate children's development. Families are visited at home by professionals who play with the children and the parents, who teach the parents how to play with children and who explain why playing is important for children. *Opstapje* and *Opstap* also contain group meetings for parents. More information: <u>http://www.stapprogramma.nl/</u> (in Dutch).

*School als werkplaats ('School as a workplace')* is a project at vocational school *Friesland College* that aims to reduce the amount of drop-outs. A team of eleven professionals from the preventative and specialised welfare and care services support both students and teachers and try to improve the social climate at school. The professionals have different backgrounds. They are specialists but work like generalists.

*Social neighbourhood teams* are teams of specialists from different organisations who work like generalists in several neighbourhoods in Leeuwarden. The team members of each team share an office and visit families at home. The team members are paid by their own organisations and the

municipality provides funding for the management of the project. One team member is the contact person for one family while being supported with knowledge by the other team members.

The *Leeuwarder Educatieve en Jeugd Agenda ('Educational and Youth Agenda in Leeuwarden')* is the administrative body in the municipality of Leeuwarden that concentrates on the age category minus 9 months till 27 years old. It develops a vision, gives advice about draft memoranda of the municipality and makes agreements about the implementation of the memoranda.

In Leeuwarden the *Youth and Family Centre* is a network of preventative institutions and services, managed by the municipality. The organisations involved are not accommodated in one building. The *Ouderklankbordgroep Centrum voor Jeugd en Gezin ('Parents feedback group of the Youth and Family Centre'*) consists of parents who are consulted about the implementation of the Youth and Family Centre from the perspective of children and parents. More information: <u>http://www.cjgleeuwarden.nl/</u> (in Dutch).

### **Discussed services**

The *Care and Advice Teams* build a bridge between the preventive youth care, the youth care and primary, secondary or tertiary education. These teams consist of professionals from the Youth and Family Centres (mainly the child health care) and Youth Care Agencies, education professionals, social workers, police and truancy officers. These teams aim to support schools in detecting and dealing with problems of pupils at risk at an early stage. The Care and Advice Teams also support schools in referring pupils at risk and providing coordinated, more specialised care. More information: <u>http://www.zat.nl/</u> (in Dutch).

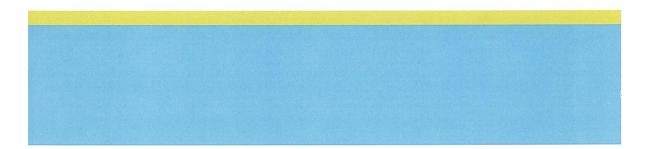
# Acknowledgements

The Netherlands Youth Institute is the Dutch national institute for compiling, verifying and disseminating knowledge on children and youth matters, such as child abuse, residential care, youth care, parenting support and family policy.

The Netherlands Youth Institute 's main aim is to improve the physical, cognitive, mental and social development of children and young people by improving the quality and effectiveness of the services rendered to them and to their parents or carers.

For questions on the Netherlands Youth Institute, youth Policy in the Netherlands, international cooperation and exchange programmes, please visit our website <u>www.nji.nl</u> and click on 'English' or send an email to <u>international@nji.nl</u>.

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#### Colofon

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The report can be downloaded from: www.youthpolicy.nl www.nji.nl/internationaal



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