

François-Louis Borel Foundation
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**Final Report of the NIC Experimental Group (Prise en Charge extérieur
Intensif PCI - 'Non-residential Intensive Care' NIC)**

This report describes an experimental project carried out between summer 2009 and summer 2012, offering support services to a group of vulnerable children through a combined package of outreach support and residential care provision.

The project was carried out under the responsibility of:

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Funded by:

The Loterie Romande and the Department for Health and Social Services

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Contents

Contents.....	2
Introduction	2
Project Progress.....	3
Analysis of Outcomes - By Theme	4
Pedagogical Outcomes	4
The Role of the Youth Care Worker	5
Organisational Feasibility	6
Project Appraisal.....	6
The Parents.....	6
The Children.....	6
The care team working with the experimental group and the institutional team	6
The Placement Services' Assessment.....	7
Cost.....	7
Summary	7
Conclusion.....	7
Outline of services available	8
Thanks and acknowledgements.....	8

Introduction

The FL Borel Foundation provides services for male and female children and adolescents who, despite presenting challenging behaviour, have the capacity to develop normally. The majority of these young people have been labelled as troubled and in many cases they have been suspended from school or other educational establishments. Thus the Foundation constitutes the "end of the line" for school-age children. It offers 51 places at its residential school and in order to better cater to the specific needs that the children have, it has developed a system offering a broad range of personalised support to suit individual children (see [www.fondationborel.ch/concept pédagogique et thérapeutique](http://www.fondationborel.ch/concept_p%C3%A9dagogique_et_th%C3%A9rapeutique) - 'Pedagogical and therapeutic concept'). The Foundation's service provision can extend into adulthood.

Social care for children and adolescents is usually provided either by family support workers on home visits or through residential placements, which are sometimes only part-time or semi-residential. In 1992 the Borel Foundation began developing the concept of personalised placements and in 1998 an alternative to residential placements was set up: *Prise en charge extérieure intensive*, or 'Non-residential Intensive Care' (NIC). This is now a recognised mode of working within the local Canton. The NIC 2008 Project constituted a further development of this model: for three years, in one of the groups, all the "inside vs. outside" boundaries - that is, the boundaries between residential care and living out - were erased.

The fundamental principle is "a child should grow up within their family of origin". Fostering and residential care aim to provide more or less intensive support, but are not an end in themselves. It is important to allow a child to work with the variations in their family situation and be able to move fluidly from full residential care to something more flexible, including living at home with outside support, or in the other direction, from living at home to residential care - all the while retaining the same social care team. Ensuring that a child is always looked after by the same care-givers and support team, regardless of their residential status, facilitates this mobility.

With this in view, the project focused on three main areas:

Pedagogical Outcomes: What is the impact on the child and family of a very flexible care structure which they themselves have been involved in creating? How will the child experience this mode of being cared for, in which nothing is "impossible" and the team works together to meet the child's needs without imposing any preconceived support framework? Will it yield a positive result?

What Role for the Youth Care Worker?: How can care workers adapt their practice to offer appropriate care both in a residential setting and in the child's own home? What is their professional identity in these two very different contexts - one setting casts them in the role of an authority figure, whereas in the second context their role is very different.

Organisational Feasibility: Is such a degree of flexibility within a social care team realistic?

Project Progress

The members of the group had to get used to new ways of receiving support. At the same time, the team had to accommodate some changes: usually the groups at Dombresson comprise nine children but for this project, the group grew to hold 12 to 14 children. This meant that some new adults joined the core team. As time went on, new options were formulated and tried out.

New ways of working:

- NIC was delivered by the care team, meaning that the youth care workers offered support in home visit settings and not only in an institutional setting.
- NIC-type solutions were combined with part-time residential placements (that is, a child in NIC might spend time in the institution for pre-agreed periods of time during the week).
- Supplementary Family Support (SFS) is a service whereby a child returns to live at home with part-time support from an outreach youth care worker. This formula requires the care worker to be both a "residential youth worker" within the institution and "family support worker" when working with the same child within the family home.
- The team developed partial care solutions (for instance, where children go home every evening without first having a period of living in a personally adapted residential programme).
- The team developed a model for care provision in a studio.

- The "Expansion Tank": This technical tool allows the care team the flexibility to devote a certain number of hours to providing Supplementary Family Support (SFS), over and above their fixed timetable. The time could, for instance, be used by care workers to visit a child at home for a few weeks.

Analysis of Outcomes - By Theme

Since the aim was for the care team to try out different - and sometimes entirely new - methodologies, they were given a lot of freedom in the way they organised themselves and how they used the means at their disposal to gain the best results from the tools and methods described above. A 360° evaluation was carried out, which collected feedback from the children, their families, the placement services and the care workers. As part of this assessment phase of the project, semi-structured interviews were also held with some of the looked-after young people and their mothers.

Outcomes:

Pedagogical Outcomes

Each family involved in the project (18 in total) gained at least some benefit from this experimental project. The children's rate of attendance at the evening group had already altered in recent years, due to the personalised placement system in the institution. We noticed that more children were returning home within the experimental context of this project, with the move being explicitly framed as part of their own personal learning process.

It was noted that the children who remained in the evening group tended increasingly to question the point of their status. They sought to understand the differences between their statuses, and what their status signified. It turned out that the more children returned home, the more the remainder of the group asked to also go home. These requests were then discussed with the children's families and support network to better understand their origin. Based on our belief that a child belongs with their family, it might be difficult to refuse such a request, which is why a child's return home required regular discussion. Sometimes the situation makes such a return impossible. It might also be that the situation deteriorates when the child spends more time at home with their family. The parents may find themselves in difficulties again and it can be hard for them to go into reverse and ask for their child to return, fully or partially, to institutional care. At the outset or when difficulties arise, it can be useful to be able to offer support at home along the lines of SFS or to have the option of limiting the extent of the return, in negotiation with the parents.

Here we see a link with the concept of destructive entitlement¹. Adapting the placement to the individual and enabling the child to go home more often are factors which help the child and family to accept the placement. In this situation, families are less likely to experience the professional team as a threat and are more able to feel themselves true partners, rather than being dictated to by experts. This sense of working towards a common goal is something that can be built on.

In the process of adapting each placement to the individual child, the care team finds itself questioning the very purpose of the placement. Frequent contact between the care worker and the family allows a special bond to build up between them and this stronger partnership can sometimes alter the dynamics of the support network.

¹Ducommun-Nagy, *Ces loyautés qui nous libèrent* ('These loyalties which set us free', JC Lattès, 2006)

Our focus is on supporting families and building relationships with them. The flexibility of this model of care allows us to live up to that core value and to meet the expectations of the children and their families (see Project Appraisal). Since we discuss everything with the families and their opinions are not only actively sought but genuinely listened to, each measure is carefully considered before it is applied. Should a custodial placement be called for, it would be compatible with this personalised approach, in that the punitive nature of the measure would be a contextual factor that gives meaning to the placement.

This personalised approach gives us a framework within which a range of different pedagogical directions are possible, with one caveat: that the parents are respected at all times.

The Role of the Youth Care Worker

While it is rewarding to be able to give children support that adapts flexibly to their needs, it proved expensive both in terms of time and energy. The care worker is always having to adapt. On occasion, a youth care worker might have to leave the group in order to go to a family. This means dropping what they are doing, switching roles to work within a family setting, and then coming back into the group and putting the "residential youth care worker" hat back on again. Naturally, the group will have moved on in the interim and the disruption caused by the care worker's departure will have been dealt with by colleagues. It puts additional pressure on the team members who remain, to have to hold the group and either complete the work begun by their absent colleague or leave it hanging, while the young people await their return with varying degrees of frustration.

In the residential setting, a care worker decides how the group and the space are managed, whereas on home visits a question arises: "What is my place here?" These visits must be undertaken with great sensitivity. Does the family experience these visits as intrusive? What do they expect from the outreach worker? What stance should the professional take? These are all questions that the team will ask themselves. Although there are no clear answers or blueprints, it appears to be important for a team working in this type of group to be able to regularly reflect on these issues together.

This was an issue that came up a lot in the experimental group. Going into people's homes is a very delicate undertaking, where you are in someone else's territory and role definitions become less clear. The outreach care worker is not there as an "instructor" to tell the family what to do, nor as an "inspector" to check they are following the rules, and even less as a "decider" making decisions for the parents. The outreach worker is there to help families think things through, to help them keep their perspective and to come up with new options - but not to impose anything on them. It is more common in our practice that the parents come to the centre for meetings. In the home visit scenario, though, the outreach worker enters into the family's private sphere, which is obviously going to evoke feelings. As Mme V put it, *"in the beginning it was difficult (...) here's yet another person coming into our home (...) then I said 'Let's give it a try and we'll see how it goes'. In the end, I think I made the right choice."* The care team were very aware of these concerns within the families, adopting a respectful approach to make home visits as unobtrusive as possible.

The interviews with the mothers held afterwards showed that the home visits were not experienced by anyone as invasive. Rather, the mothers averred that they felt trust. Mme V said: *"The people I had were really good, once again."* Mme H commented: *"It was the right time, right place"*. They both felt acceptance from the members of the care team who provided support and who, in some cases, continue to do so now. Mme H was emphatic:

"Something clicked into place and I felt heard. I felt they were listening to me and I also felt supported."

Organisational Feasibility

Once the decision had been taken to work in this way, the team had to deal with a lot of issues which may have appeared minor or incidental, but which needed to be clearly addressed if the project was going to be truly educational, rather than just an exercise in time management.

One of the first steps in setting up such a personalised model of service provision, was to clearly define what was possible in terms of time. Coordinating outreach work leading up to residential placements; offering a service mix which includes running a residential group and offering home visits; providing care for children on variable schedules, sometimes for only one half-day per week: this broad range of provision requires not only a lot of commitment, but also resources. In order to facilitate outreach work without disrupting the timetable of the regular group, we created the "Expansion Tank". This tool gave the team the flexibility to cover the costs of any crisis outreach work without too much administrative hassle. Supplementary Family Support could be provided outside of a care worker's basic hours and yet be accounted for through a simple system.

This simple measure, consisting of a pre-allocated budget, turned out to smooth the waters in numerous situations. Knowing that the "Expansion Tank" budget was available if necessary, the care team felt freer to exercise their creativity in finding appropriate pedagogical solutions. Obviously it was not a panacea, but it definitely reduced the difficulties.

Project Appraisal

The Parents

The results demonstrate high overall acceptance of the project by parents. They felt that their views and opinions were heard, they valued any family support they have received and they expressed satisfaction with the services provided. The parents are strongly in favour of maintaining the provision of this type of service, which seems to indicate that it offers support in ways that meet their needs and expectations.

The Children

It appears that the project was not presented to the children in a way that they could readily understand. However, the level of satisfaction among them is high: over 70% say they are satisfied, and not one of them felt there had been no benefit whatsoever. 80% of children answered "Yes" to the question "Do you want the support services offered by the experimental group to remain available?"

The care team working with the experimental group and the institutional team

Despite having had to make some difficult adjustments during the course of the project, the team is positive about how it went. They appreciated being able to offer such a diversity of services and the dialogue with the families and children. The "Expansion Tank" is a helpful tool to facilitate flexibility within their service provision. The team would prefer it if the outreach work could be spread among several colleagues, rather than one person doing it all, despite the complications referred to. They consider Supplementary Family Support (SFS) to be a promising avenue that merits further exploration. In conclusion, the team unanimously

wants the provision of services offered by the experimental group to be maintained. This view is echoed by all the other care team members in the institution.

The Placement Services Assessment

The social workers think that only about half of the families benefited from the outreach work. They noted that this way of working allows families to be partners in the process and that being able to receive support in their own home is a help to families in staying on an even keel. The social workers agree that these new services are additional tools in supporting families. In conclusion, they are unanimously in favour of the services offered by the experimental group and of maintaining them.

Cost

The financial aspect was not a main driver of this project. Our focus was the value and pedagogical impact that this personalised approach would have on the children's development, specifically in relation to the concept of destructive entitlement. Nevertheless, we realise it is important to give financial accounts of our project, so we have carried out a brief cost analysis of the project compared to traditional service provision. Please refer to the full report if you are interested in seeing all the financial detail. Based on the figures, we can confidently assert that the cost of providing care to a child in a group modelled on our experimental group is slightly lower than the cost of providing care within the traditional framework.

Summary

This experiment allowed us to test and develop some new ways of working pedagogically with families and to apply them in the field to assess their validity. We were able to evaluate the experience from the point of view of the children and their families, as well as the feasibility from a professional viewpoint. Naturally, the overall impact on the children cannot be inferred from the experience, since a child's development is too complex to be separated out into specific causes and effects.

We can safely say that in our estimation, working practices that focus on:

- strengthening the child-adult bond, irrespective of the type of placement or the child's age and
- involving the family in the decision-making process

will tend to reinforce the overall pedagogical value of the support they receive, and will be experienced as respectful by all the parties involved. It is possible, and beneficial to children, to offer a support system provided by the same team of adults both in the institution and at home. It is feasible to put in place an organisational structure that facilitates this way of working, but it must be carefully thought-through if the model is going to function long-term.

Working in this way is in fact an ethical choice whose validity is underscored by this project.

Conclusion

To conclude, we would like to share the words of a mother who has benefited from Supplementary Family Support and from a young person who has had support enabling them to live independently in a studio:

"To be honest, it was hard in the beginning, but when you're really at the end of your tether, as they say - well, you just try and get help where you can, don't you? It's definitely done me good... it's done both of us good!"

"Yeah, it's changed the way I think about the Centre. I don't look at it the same way I did when I was 14 or so. Now I see it more with an adult eye, well, more grown-up, and of course it's changed my relationship with all the people who work there - the care workers, the teachers and the rest of the staff. I can talk to them in a different way now..."

The Foundation has decided that as of summer 2012, all our groups will operate on this model. The federal and Canton guardianship bodies contributed to our deliberations. Together we have been able to find mutually acceptable compromises which will permit us to carry on our work on this methodology and to maintain provision of all the services to our children.

Outline of services available

Support at home	PERSONALISED RESIDENTIAL CARE <i>Placement of a fixed number of nights in the institution (higher or lower than for residential care) or day-care only, in accordance with a timetable agreed by the care team</i>													NC (Non-residential Care)					
	PART-TIME PLACEMENT <i>Home-based support within the group structure or personalised placement without having first spent a period of time in residential care.</i>													STUDIOS					
	with or without SFS (Supplementary Family Support)																		
1 session/wk	2 sessions/wk	> 3 + sessions/wk	1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk	6 days/wk	7 days/wk	1 night/wk	2 nights/wk	3 nights/wk	4 nights/wk	5 nights/wk	6 nights/wk	7 nights/wk	> 3 + sessions/wk	2 sessions/wk	1 session/wk

Thanks and acknowledgements

We want to express our thanks to the Canton committee of the Loterie Romande for the interest they have shown in our project. We are also grateful to the Department for Health and Social Affairs, led initially by Mr Roland Debély and subsequently by Mme Gisèle Ory, and to the Service des Institutions pour Adultes et Mineurs (SIAM - Office for Institutional Care for Adults and Minors) under the direction of Mr Jacques Laurent. As Director, I also want to extend my special thanks to the team responsible for this project. They showed outstanding commitment and tenacity, without which we would never have achieved such results. My thanks also go out to my colleagues on the Board, the whole institutional team, the members

of the Technical Evaluation Team and to the Borel Foundation's Supervisory Committee for all their support and advice.

Lastly, we would like to thank Dr Catherine Ducommun-Nagy of Philadelphia, USA, for the particular interest she has shown in our project.

The full report can be downloaded at www.fondationborel.ch.

On behalf of the FL Borel Foundation
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