



# Mothers of Rotterdam: Scaling a Social Services Program in the Netherlands Teaching Plan

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## Synopsis

*Nanne Boonstra, board chair for Mothers of Rotterdam, eagerly anticipated his afternoon meeting. It was a warm day in July 2017 and Boonstra, along with the rest of the board, was to learn the details of a scaling strategy proposal for the fledgling social service program that helped the city’s disadvantaged pregnant women.*

*Mothers of Rotterdam had attracted attention in the city and Boonstra’s employer, Stichting De Verre Bergen Rotterdam, the venture philanthropy foundation that was funding the program, was interested in whether it was feasible to scale the pilot program throughout Rotterdam. Other stakeholders—most notably the Bernard van Leer Foundation, a Netherlands-based global venture philanthropy foundation—hoped the program might be replicated elsewhere in the Netherlands or even within other European countries.*

*Though scaling the program had been a priority for Stichting De Verre Bergen since it joined Mothers of Rotterdam as a partner in 2016, Boonstra knew that some stakeholders were concerned about scaling too early—before research determined if the program was effective and for whom. “The people in the program say, ‘We already know that it works you don’t have to convince us.’ But at the same time, if the [design and] execution is not perfect we need to improve it before scaling to other cities,” said Boonstra.<sup>1</sup>*

*He hoped that Andersson Elffers Felix, the consulting firm hired by the Bernard van Leer Foundation to design the scaling strategy, would be able to answer their many questions about how best to move forward. How do you turn an innovative start-up program into a structured professional program with-*

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*This teaching plan was written by Julie Boatright Wilson, Harry S. Kahn Senior Lecturer in Social Policy at the Harvard Kennedy School (HKS). HKS cases are developed solely as the basis for class discussion. Cases are not intended to serve as endorsements, sources of primary data, or illustrations of effective or ineffective management. (October 2013) KS1270*

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*out losing the passion and energy that comes from its founders? How do you go from a start-up to a more structured, formalized organization? Is the program's inventor the right person to scale the program? How long does a program need to run to determine whether it is effective? Is it necessary/advisable to scale the program in Rotterdam first, and focus on replicating the program in other cities afterwards or can this happen in parallel? Is there a risk of other cities trying to copy the program without guidance from the Rotterdam staff and "not getting it right"? These and a myriad of additional questions were on Boonstra's mind as he headed off to the meeting.*

The case goes on to unfold the story of Mothers of Rotterdam—an entrepreneurial social service program based in the Netherlands—from its inception through the board of directors meeting. The program's stakeholders, eager to broaden the impact of Mothers of Rotterdam, grapple with how the program can best be scaled up. Of significance is the role of the organization's charismatic founder, Barend Rombout, who is credited with driving the program's successful—if unorthodox—approach to social service delivery.

## **Learning Objectives**

The case is designed to facilitate a live, in-class discussion about how to assess the viability of scaling a fledgling social service program and the role an entrepreneurial founder can or should play in driving a program's growth and expansion.

## **Assignment Questions**

Students are asked to consider these questions as they read and reflect on the case:

1. What would Mothers of Rotterdam be without Barend Rombout?
2. We do not yet know how effective Mothers of Rotterdam is. Given this, why should we scale it?
3. Are Rombout's management and leadership style replicable? Do they need to be for the program to scale?
4. The plan is for the Mothers of Rotterdam program to be handed over to the neighborhood teams both in Rotterdam and, when replicated, elsewhere. What challenges will that pose?

## **Class Plan, 70 minutes**

***Introduction 5 minutes***

***First discussion pasture: Who is Barend Rombout? 15 minutes***

***Second discussion pasture: Mothers of Rotterdam and the Neighborhood Teams 15 minutes***

***Third discussion pasture: Scaling 20 minutes***

***Wrap-up, 15 minutes***

## Introduction (5 minutes)

In this case, students learn about Barend Rombout, a veteran police officer who, after witnessing the ravages of poverty, drug abuse and other social ills becomes committed to helping vulnerable citizens in Rotterdam. He leaves the police force to start a social service agency, Frontlijn, that from its inception, is independent of the municipal government. Over the course of 10 years, Rombout attracts support for Frontlijn's work, eventually partnering with Erasmus Medical Center to launch a niche project, Mothers of Rotterdam, to provide customized services for highly vulnerable pregnant women. Their objective is to provide women with medical and social service care beginning in pregnancy and extending through the third year of their child's life. Now, the program's stakeholders are considering scaling up the program and they are faced with several choices: 1) scale up the program within Rotterdam alone; 2) scale up outside of Rotterdam by sharing information and methods with other cities in the Netherlands; 3) maintain the status quo until the research is completed.

## First Discussion Pasture: Who is Barend Rombout? (15 minutes)

The instructor can kick-off the case discussion by exploring the qualities of Frontlijn's founder, Barend Rombout. When addressing the scaling question, a central consideration will be the role that Rombout plays in the Mothers of Rotterdam program and how/if his contribution can be replicated by other managers in Rotterdam or other cities. During this discussion pasture, students should come to wonder if the Mothers of Rotterdam program—which requires a flexible, responsive team—can be effectively led or scaled by a traditional government bureaucracy.

The instructor may start by asking: *Why did the government ask Rombout, a police officer, to “clean the streets”?* Students may say that as a beat officer, Rombout was very familiar with the community and knew the people in the neighborhood. He had access combined with the authority of the law. Given his long tenure on the beat, he had developed a trusting relationship with the residents. *Why do you think he decided to leave the police force?* When Rombout was asked to “clean the streets,” he clearly saw the effects of poverty, drug addiction and other social ills on the residents of Rotterdam. He had long believed that punishment was ineffective in curbing illegal behavior that was driven by desperation or ignorance; he now felt that he could best help residents by working to provide social services that could help residents become economically self-sufficient, healthy and responsible.

*What do you expect his personality is like?* Students will note that Rombout is portrayed as firm and compassionate, stubborn and perhaps difficult to manage (“lice in the fur”). They may also describe him as someone who is tenacious, determined, principled, and ambitious. Some may characterize him as innovative, entrepreneurial or as a maverick.

*How do you institutionalize an innovative maverick?* The city of Rotterdam's solution was to offer Rombout his own agency, budget, staff and authority. Essentially, he was marginalized yet given fairly free reign to realize his vision for Frontlijn. Rombout's actions and methods are considered unconventional by municipal government standards but he is “tolerated” by traditional bureaucrats because his approach is effective. A clue to why it is so difficult for the government to manage him can be found in

Rombout's own words: he argues that "the government must protect its weakest citizens, even if that goes against the interests of that government."

## Second Discussion Pasture: Mothers of Rotterdam and the Neighborhood Teams (15 minutes)

The instructor can now transition to the second discussion pasture which focuses on comparing and contrasting the Mothers of Rotterdam program with the city's neighborhood teams. In 2015, just as Mothers of Rotterdam was launched, the Netherlands substantially changes its funding and administration of healthcare and social services, pushing responsibility to the municipalities. Nationwide, municipalities introduce neighborhood teams to deliver social services across all demographics. Rotterdam's teams were operated by Maatschappelijke Ondersteuning in de Wijk (MOW) which was responsible for offering a wide range of social services, including housing and welfare, life skills training, addiction counseling, geriatric services and the like. MOW was led by Director Anne Coenen.

Frontlijn and Rombout were expected to turn the Mothers of Rotterdam program over to the neighborhood teams in 2017. During this discussion pasture students will find that the neighborhood teams as currently comprised and managed may have difficulty implementing the Mothers of Rotterdam program. Given that cities throughout the country are adopting the neighborhood team model of social service delivery, this may cause students to question whether the Mothers of Rotterdam program is suitable for scaling.

The instructor can begin this discussion pasture by asking, *How do Coenen's neighborhood teams compare to Frontlijn's Mothers of Rotterdam teams?* To guide the discussion, the instructor may use the board to construct the headers and left column of the table below, allowing students to fill in the table.

	Neighborhood Teams	Mothers of Rotterdam
<b>Constituency</b>	Broad constituency: serve all citizens requiring social services.	Narrow constituency: highly vulnerable mothers and their families.
<b>Budget</b>	Funded by the central government through taxes.	Privately funded by philanthropic foundation.
<b>Leadership</b>	Anne Coenen, traditional government bureaucrat.	Barend Rombout, maverick entrepreneur.
<b>Approach</b>	Some services customized; most services programmatized. Staff choose services for clients.	All services customized. Clients play a role in service selection.
<b>Staff</b>	Professional social workers, mostly sub-contractors.	Mostly young graduate students, some professional social workers.
<b>Type, location</b>	Cross-functional, street-based.	Cross-functional, street-based.
<b>Governance</b>	Reports to municipal government.	Reports to board of directors.

Next, the instructor may ask: *Though the program was due to transition to the neighborhood teams in 2015, that hasn't happened yet. Why?* Students will likely offer that the neighborhood teams simply aren't ready to address the nature and scope of the social issues currently handled by the Mothers of Rotterdam teams. They may determine that the intensive and comprehensive nature of the Mothers of Rotterdam program is too difficult for the neighborhood teams to execute. Some students may note that the Mothers of Rotterdam program contains both a medical and non-medical assessment and services while the neighborhood teams are strictly engaged in social work. Finally, the Mothers of Rotterdam teams focus on stabilizing their clients and have the resources and flexibility to offer this service, which cannot be done by the neighborhood teams.

### **Third Discussion Pasture: Scaling (20 minutes)**

The final discussion pasture focuses on considering whether and how Mothers of Rotterdam should scale up. There are multiple scaling models to consider: Mothers of Rotterdam can grow the existing program and offer to replicate it in other cities; they can use a “franchise” model, training other cities to implement their own “Mothers of” programs; or, they can simply provide a toolkit of resources to other cities who would adapt them to fit their own needs.

Start by asking students to consider: *Should Mothers of Rotterdam scale up?* Students may suggest that scaling is premature, given that the research study has not yet concluded and reported findings. Others may suggest that perhaps before considering scaling outside of Rotterdam, the program should first be expanded within the city. Regardless, if Mothers of Rotterdam is to continue or grow, the main challenge is duplicating the vision and passion embodied in Barend Rombout.

The next question—*Would this program exist without Rombout?*—typically leads to a fast and unanimous “no.” Follow up with: *How do you transfer Rombout? Does he really believe, as he says, that other programs won't need a pioneer?* Students point to the difficulties encountered by the neighborhood teams as proof that Rombout is vital to the success of the program.

At this point, students may wonder *why* the organization's stakeholders want to scale up. Though the case notes that there is some political will to introduce such a program elsewhere, practically speaking, the program is in its infancy and has not yet displayed proof of concept; indeed, the research results are still two years away. Students may also call into question whether the research findings will even support the goal of scaling up, given the research design. The instructor may wish to remind students whereas Rombout is interested in developing women's self-sufficiency and improving their life skills, the case notes:

*Researchers wanted to learn if the program's screening and assessment model resulted in admitting highly vulnerable women into the program and whether the program's approach to providing services improved the women's autonomy and confidence in the government's provision of social services. They also wanted to know if the program was effective in causing women to follow both medical and social service advice and whether*

*the program's multi-disciplinary approach itself made the medical and non-medical care more effective.*

Students may remark that the research appears to be more about evaluating bureaucracy and less about evaluating the efficacy of the program itself. Regardless, at the conclusion of the case we simply do not yet know if the program is effective even as we are being asked to consider whether to scale it. *If you are an official in Amsterdam or The Hague and you are interested in improving perinatal mortality and morbidity rates, and you have heard Mothers of Rotterdam is doing good work. Do you approach Mothers of Rotterdam? Students may note the importance of assessing other cities' service capacity. Could they even implement such an ambitious program? Further, do they need to?* Rotterdam's perinatal mortality and morbidity rates are, admittedly, higher than those in other cities; perhaps the need is acutely higher here, rendering the program of less interest elsewhere.

### **Wrap-up (15 minutes)**

In 2016, a cross-functional team comprised of representatives of Frontlijn, Mothers of Rotterdam, Erasmus MC, Stichting De Verre Bergen Rotterdam, the City of Rotterdam and the Bernard Van Leer Foundation attended "Leading and Scaling Early Childhood Initiatives," an executive education program offered by Harvard University's Kennedy School of Government. After the program, the team published some of its learnings:

*The course at Harvard has made clear to the team that we should not only consider scaling the program by increasing its size in Rotterdam or replicating it (or key elements) in other cities. We should also consider if there are other areas in which we should invest to increase the likelihood of the program to be able to scale in Rotterdam and in other cities.*

*We also understand that there is potential to scale not only the program itself, but also the impact we are trying to achieve. For instance we might use the unique approach and results from the [program] to achieve that greater impact. This could include demonstrating the need and value of connecting the social and medical domains to influence (national) policy and/or promote medical and social professionals to co-operate. The impact can go beyond the most vulnerable pregnant women. The question of scale and scope should be addressed in the scaling strategy. However, we do need to take into account the limited resources we have available and the impact of adding scope onto the current program and research. The primary aim is to optimize the Mothers of Rotterdam intervention and scale it to reach more vulnerable pregnant women in Rotterdam and other cities. Scope needs to be added if it contributes to that aim.*

The team also identified the factors they believed had made Mothers of Rotterdam a successful program. Specifically, the team was charged with identifying elements that would need to be replicated in any scaling or adaptation of the program. These were:

1. Crossing medical and social domains;

2. Personalized, holistic (all problems, all life domains, all family members) and hands-on care provided in the home and coordinated by one organization; also, intensive and focused on self-reliance;
3. Continuous application of new knowledge (practical and scientific), adapted based on knowledge of the context/situation;
4. Public, private, research partnership;
5. Use of a digital work process, monitoring system and database; and,
6. Use of student interns (low-cost, non-threatening for the mothers, culturally sensitive, language, computer and technology skills, 'can do' mentality).

Note: The team determined that the first four elements would be most challenging to implement at scale.

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<sup>1</sup> Case faculty sponsor interview conducted August 24, 2017.