



# Dutch generalist approaches and child welfare transformation through Nordic eyes

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October 2013

## Introduction

### 1. The Dutch context

In the years to come the Dutch child welfare system will be decentralised and transformed. From 2015 on the municipalities will be responsible for the whole continuum of universal, preventative and specialized services for children, young people and families. The new child welfare system should be more efficient, coherent and cost-effective. The focus should be on prevention, youth's and parents' own capacities, support at an earlier stage, care made to measure and a better cooperation between professionals.

Many professionals and local policy makers are now experimenting with new ways of working that should contribute to these transformation goals, for example the so-called generalist teams. These are networks of professionals from different preventative and/or specialized services. The multidisciplinary teams are based in local neighbourhoods. One professional, instead of several professionals, supports a family. The professional in charge gets advice from the other professionals in his team and can also ask colleagues to accompany him when visiting a family. This generalist professional coordinates the support that a family receives.

These teams should contribute to a stronger connection between the universal, preventative and specialized services for children, young people and families. Generalist working should also result in coherent approaches and methods in a variety of disciplines and a better access to specialized services. And the support given by the generalist professionals should empower families and involve their social networks and local communities. Municipalities throughout the Netherlands experiment with different models of generalist teams. The factsheet 'Generalist working with youth and families in the Netherlands' (Hilverdink, 2013) will provide you with more information.

### 2. The Scandinavian context

In the Nordic child welfare models local municipalities are responsible for organizing all guidance and support: ranging from the universal, collective approaches for all children and families to the more specialized support for individual parents and their children. In some countries there are also some regional structures, like in Norway. The models emphasize the importance of providing low threshold universal services for all children, young people and families, such as parental support, maternity and child health care and preschool services. These lay the foundation for early intervention, support and care within the immediate environment of families. Group activities and early intervention programmes are offered within the universal services.



Often individual support for families with significant problems only starts when such group-based parental support has not been adequate. In practice the same professional can provide universal collective support as well as this more specialized individual support.

Professionals in all services have a duty to report concerns regarding children's health and wellbeing, not exclusively regarding child abuse. Also children, parents and other citizens can notify concerns. Child welfare social work is the specialised service that investigates concerns, decides about support in dialogue with the family, writes a client plan together with the family, coordinates the care for the child and its family, may provide support itself and provides aftercare. In every support stage one social worker is in charge. This may be the same social worker or different social workers during the different stages, depending on the country and the scale of the municipality. The support is child centred and the child, its parents and its network are involved. The law describes the different support stages, including the maximum time per stage.

## **Method and key issues**

International exchange of knowledge and experiences may inspire and help Dutch professionals and policymakers in shaping generalist teams. Therefore the Netherlands Youth Institute and the municipalities of Haarlem and Apeldoorn organised a visit of Scandinavian social work experts<sup>1</sup> to these municipalities in September 2013. During two days they listened, observed and talked to policymakers and professionals about:

- The municipal approach in steering services.
- The practice of generalist teams.
- The involvement of children, young people, parents and others.

The team met generalist workers in the Youth and Family Centres and 'social neighbourhood teams' in the Netherlands. They are experimenting with new approaches in working with families and children at risk. They do this together with schools, close to the parents and by providing coherent support as much as possible within the families. The goal is to strengthen the parents opportunities to find their own solutions to their problems.

This factsheet summarises the municipalities' impressions and the experts' main findings.

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<sup>1</sup> The team consisted of Marit Klemp Stephansen – social worker child protection department in Sandnes (Norway), Arild Heskje – supervisor child protection department in Sandnes (Norway) and Berith Josefsson – child welfare and child protection expert at the National Board of Health and Welfare and secretary of an inquiry committee of the Ministry of Health and Social Affairs (Sweden).

## Municipalities' impressions

During the visit the municipalities of Haarlem and Apeldoorn noticed many similarities and differences between the Dutch and the Nordic welfare models and approaches. The municipalities were especially impressed by the following aspects of the Nordic approaches:

1. *Extensive universal and preventative relationship-based support*

Services and professionals in Scandinavian countries invest more in relationships with (future) parents to support babies and children in the early years, even before birth. This entails providing basic information on parenting and parenthood and collective support for and with (future) parents (e.g. family training). The support focusses on parenthood, the relationship between parents, parenting and growing up. Services also support young parents in meeting each other and organizing mutual informal upbringing support. Professionals from the preventative and specialized services also work in universal services like preschools, family centres and schools. For example school nurses, social workers and school doctors are available for a number of hours a week in primary schools. This approach is regarded as a base for working with (future) parents.

For the municipalities of Apeldoorn and Haarlem it is an inspiration and chance to focus more on earlier detecting and predicting possible risk situations in a different way. It challenges the municipalities to focus more on a collective universal approach, including the so-called pedagogical civil society. And to create clear lines between collective universal services and specialised services that focus on the individual family.

2. *Social workers' balance between empowerment and control*

The Dutch municipalities noticed that Nordic social workers manage to keep a successful professional balance between empowering parents and - at the same time - setting strict limits whenever supervising control and correction is needed.

The professionals in the municipalities of Haarlem and Apeldoorn are eager to learn more about this professionalized support while working on families' empowerment at the same time.

3. *Clear, distinctive and close working relations between professionals*

In Scandinavian countries most services are owned by the municipalities. This implies that social workers are all part of one approach and one financial system, which powerfully supports a better collaboration between the services and various disciplines. Social workers have transparent, distinctive profiles and close working relations exist between the various social work disciplines (e.g. social workers who are in charge of assessments and social workers who provide direct care). Next to that professionals in all services have a legal obligation (duty) to report concerns regarding child abuse, but also regarding children's health and wellbeing in general.

## Findings from the Scandinavian experts

### Strengths

The expert team was inspired by the impressive examples of generalist working in the municipalities of Haarlem (CJG coaches) and Apeldoorn (CJG4kracht). The experts would like to highlight the following strengths of the work in these municipalities:

#### *Working methods and highly skilled professionals*

The experts were impressed by the high degree of professional work at the core of social work and the commitment of many workers to their jobs. The experts have seen great examples of excellent generalist and specialist work and methods, like CJG4kracht and social teams. They were inspired by the family plans of CJG4kracht. The expert team regards these professionals and methods as assets for the community to build on. Do focus on your strengths as a team and as an individual worker and be proud of this. The team noted that the policymakers and professionals they met are willing to look at their own system and practice with critical eyes. At the same time these policy makers and professionals are identifying factors of success and are building upon them. They seem also to be eager to learn from others. Do keep up this self-reflection, it is a real asset.

#### *Systemic, outreaching and empowering community-based approach*

The team is enthusiastic about the Dutch systemic support approach, in other words addressing the issues of all family members including those issues that affect parenting indirectly. In addition, the outreaching approach of social workers is highly appreciated as well as the drive to build on families' strengths. The team welcomes the idea of families themselves writing their own 'family support plans'. This is part of creating involvement and empowerment. To leave the plan within the family in order for the family to use it as their working document is a strong asset in facilitating the development of their self-reliance. The team was inspired by the intention to create communities in which citizens look after each other. The experts were impressed by buddy projects in which volunteers support parents and children, like Home-Start, and the fact that families' social networks are involved in providing support to families.

#### *Use of social media and digital information platforms*

The experts are inspired by the awareness and usage of social media and digital information platforms. The team was also impressed by the existence of the referral index. They strongly recommend that professionals make more use of this referral index as it is a very useful tool.

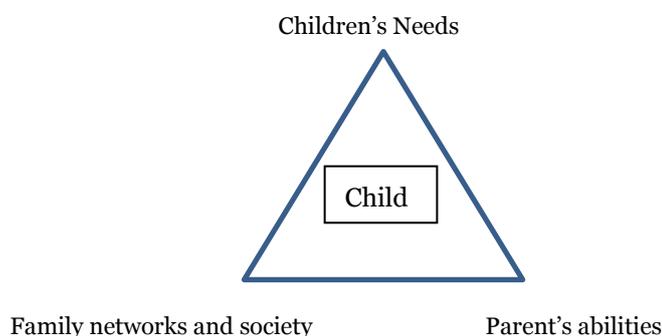
### Challenges

The experts also noticed challenges in generalist working in the municipalities that they visited. Therefore they would like to give the following recommendations:

#### *Safeguard three main tracks in developing new approaches*

- **Shared** views on children, families and on society based on the child's perspective and systemic and holistic, ecological approaches (see the triangle below).
- **Steering**: take small steps in order to continuously follow-up and evaluate the steps with the family and the child, for example in using the family plan – as a foundation for providing quality care.

- **Structure** your work, as in leadership, chairing, structured meetings with clear focus and clear division of roles and tasks (competence profiles).



#### *Develop a solid basis of integrated universal services*

Support children because they are children and support parents because they are parents. This means that all children and all parents should receive support, not just those who have problems or are expected to develop problems in the future. This requires a strong universal support approach: stimulate meeting opportunities for parents and children. Reach parents by offering group activities for children.

Make the universal, community-based support for children and young people (like youth work and community education work) part of the generalist teams. Youth workers know the life domains of children and young people and are able to build on their trust and relationships. Youth workers and community education workers work from a collective approach and are well able to make the connection to the local community.

Create a good balance between universal and specialized services: in the provision of support, in cooperation and in strengthening professionals in the services. Make strong connections between preventative and specialised services and hospitals, general practitioners, midwives, maternity clinics and mental health care. Also connect the voluntary and compulsory specialized services closely. They may even be steered from one organisation or municipal department. Make sure there is a simple, transparent system with clear lines from top to bottom.

Offer community-based services for children and young people, like youth work. Connect the already existing universal services strongly with the Youth and Family Centres, including services for future parents. For example, maternity clinics could be part of the Youth and Family Centres. In addition develop universal support for pregnant parents and parents who just got a baby. Scandinavian examples are: a family training to prepare parents for having a child and informal, 'cosy' meeting groups for new mothers (and fathers) in family centres or places that they already visit. Join and strengthen existing civil society initiatives.

#### *Focus on the best interest and solutions for the child*

Ask children and young people their views and opinions about the care and support to be provided to them. Always inform them about the actions to be taken. Listen to them and do not hesitate to do this also without the parents, if possible. Always talk to the child alone – and without the parents' being aware of it - if there is a situation of violence or abuse. Inform them of the legal boundaries and their own legal rights.

From a moral and ethical point of view it is in the best interest of the child if nearby, safe, secure and trusted care is provided by a family member (grandparent, aunt, uncle etc.) rather than by a social worker. It is also more sustainable. Ask parents and the child who should be involved in the development of the support plan and who is able to provide what kind of support for them.

Integrate the family perspective more with the child perspective. In starting from the perspective of the child follow the path towards a well-balanced combination with the systemic view towards the family and its context. Be aware that the family-approach may lead to a lack in focus of the child. The child is more than a unit within a family and needs to be addressed and approached differently from other family members. The rights of the individual should be highlighted alongside the focus on the entire family. Take note of the various programs and instruments existing to involve the child in the assessment and approach in care and support.

#### *Prevention in a supportive way instead of a problem-oriented way*

The experts see a symptom or problem-oriented approach to individuals and families. This mindset seems deeply rooted in Dutch society. Develop a system in which it is possible to work with indicators of predicting and identifying possible risks before they occur. You can then work on causes rather than symptoms. It also provides opportunities to work with young families with babies and small children. Raise this awareness on a general level in all the services in order to educate professionals in how to find possible risks.

Be aware not to send the message to parents that they are incompetent and work with positive parenting approaches. Start with getting to know families and building trust rather than screening and controlling. Create circumstances in which parents feel welcome, safe and secure. This will give them space to open up to you as a care provider. This is also the basis to be alert to possible risks and to be able to strengthen families' own abilities. Make parents and children aware of their rights to receive support. Be aware that preventative and specialized services are successful if they reach more families with small children as their demand for care may be easier to solve than when the children are older. In the Dutch situation this means that closer connections to the neighbourhood teams are necessary.

The focus on involvement of the family network is progressing and should be continued. The team stresses the importance of involving the child and family also in the development of a support plan. Ask for clear and reachable small goals per session and let the family and child themselves define their own findings about this at the end of the sessions. Let parents themselves fill in all the forms. Be a coach rather than the writer yourself. Ask parents to call or get in contact with other care providers themselves. End the care provision when the parents and children are satisfied.

#### *A clear focus for the generalist teams*

1. Separate work with families with small problems and those with severe, multiple problems: Clearly separate the work with multi-problem families from the work with families with less severe issues. This clarifies your role towards the families and between services involved. And it contributes to opportunities of integrating services from a target group-oriented approach.

2. Collaborate with the civil society and learn from volunteers:  
Although quite a few initiatives have already been taken, the team believes that it is recommended to further continue to create better connections with the civil society and with volunteers in e.g. Home-Start. The professionals can learn from their approaches in building relationships and trust. For generalists it is crucial to be visible in the community and therefore to make sure that the families know them. Map out the existing neighbourhood activities and connect to already established meeting points/ open activities instead of organising new activities when this is not necessary.
3. Cherish specialisms:  
Leadership is important. Be clear about each other's specialisms within the generalist teams as they should be the starting point for collaboration between all disciplines. Complementary roles, knowledge fields and capacities (profiling) and expertise should be clear and clarified amongst each other. These clarifications and this transparency provide the best opportunities for strong, healthy and mutually reinforcing collaboration. A pitfall for generalists may be to 'do everything yourself'. Be aware of that and ask advice from specialists or colleagues. Act as 'critical friends' between yourselves and create ways or methods of reflection. As generalists be more coordinative and cherish the specialist knowledge.
4. Support the implementation of generalist teams:  
In establishing and developing the teams it is advised to formalize the role of the trouble shooter for one of the generalists, including the authority to make process decisions. This keeps the pace in progressing instead of backlashing the development of actions. Steer the generalists the same way as you would like them to work with the families. With values like respect, being humble and with trust. Provide training and supervision, guidance and care and see to it that managers are always backing up the generalists.
5. Monitor by evaluating:  
Complementary to this approach the monitoring instruments could also be more in focus. Look for opportunities to monitor differently. Some possibilities are to use formal documentation only in specialized care. In the preventative fields there may be opportunities to realize more informal freedom to act and negotiate with parents and co-workers. Also monitoring might focus more on the quality of care by evaluating the planning, structuring and perception of support by the families. For example conduct indicator-based support evaluations every three months.

#### *Positive branding and image building*

Parents seem to have a collective negative mindset towards support and help by professionals in the upbringing of their children. They may suppose in general terms that support is invasive and intruding to the families. This might be a cultural issue and an outcome from the problem oriented and 'bureaucracy' focus of professionals until now. It is noticed that there are efforts to improve this towards more positive approaches. It helps to continue working on positive marketing about your supportive role towards *all* parents, regardless of the question at stake, as this can be a small question or a huge dilemma. Explain who you are and what you do and focus on lessening existing prejudices (problem-oriented service, incompetent parenting, et cetera). This positive marketing must also demonstrate that parents have the right to get answers to all their questions and to get their dilemmas sorted out. Professionals are there for them and not the other way around.

## Finally

The team was inspired by all the efforts taken in the municipalities to change the focus towards a more dialogue-oriented and supportive approach with the families that especially need this. It was experienced that all involved professionals and municipalities are strongly committed to transforming the Dutch child welfare approaches towards stronger support and guidance to families in an earlier stage.

*With special thanks to the professionals in the municipalities of Apeldoorn and Haarlem who have been open to debate and to reflect critically on their experiments regarding the generalist teams in September 2013. Also many thanks to the team that visited the two municipalities to share their expertise and opinions.*

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