



Generalist working with youth and families in the Netherlands

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Introduction

From 2015 onwards the Dutch child welfare system will be fully decentralized and reformed. Dutch local authorities are then responsible for the whole continuum of universal, preventative and specialized care for all children, young people and families, including those with multiple problems¹. This transition also brings about a mayor transformation in the approach to care for children, young people and families. Many professionals and local policy makers are now experimenting with new ways of working. This includes the introduction of the generalist approach in local multidisciplinary social neighbourhood teams. This approach refers to a method or variety of methods in which (child and family) support is provided to the clients. The generalist teams, which is in fact a collaboration of youth care workers in child health care, social work, psychologists, general practitioners and others, aim to provide earlier and more direct support, to work more on empowering the families in finding their own solutions to their parental and care issues and to work more coordinated between each other. They can work within the preventative field, but also models of generalist approaches occur in providing care to multi problem families. This factsheet provides more information about this new way of working. Please note that this generalist approach is now being shaped in a variety of local models and will be further developed.

The transition and transformation of the Dutch youth care system

1. More cost-effective and better collaboration to provide earlier support

Youth welfare policy in the Netherlands aims to support children and young people between 0 – 25 years to grow up safe and healthy in a positive living environment. It provides support through universal, basic provisions, preventative support for children and families (including parental support) and specialized youth care. Currently the specialized youth care is under responsibility of

¹ See also: Bosscher, N. (Nji, 2013). The decentralisation and transformation of the Dutch youth care system. In this factsheet also a description of the variety of services and provisions in the Dutch child welfare system.



the Provinces and the universal and preventative care is part of the tasks of local municipalities. This will change in January 2015 when a new encompassing Youth Act² will come into effect. Then, local municipalities will receive full responsibility for the whole continuum of universal, preventative and specialized care³. This transition in the youth care system is connected to policy, budget cuts and decentralisation measures in the fields of social support, long term care, employment and education. A 'transformation' is foreseen as changes in views and approaches to care and the provision of services towards children, young people and families.

The national government wants the new child welfare system to be more efficient, more coherent and cost-effective. The focus should be more on prevention, youth's and parents' own capacities, support at an earlier stage, care made to measure and a better cooperation between professionals in order to decrease the use of the specialised services⁴. The idea is to have all care in one local hand and therefore to have the opportunity to provide earlier support closer to the needs of the families, starting from their own strengths, within their own living environment, and with easy low threshold access to all kinds of services.

This change in the system and proposed reduction of costs provokes a paradigm shift in views, focus and approaches about how to work with parents, children and young people. One of these issues is how to empower parents to strengthen their abilities in finding answers in their parenting questions or finding solutions when multiple problems occur. The approach should be more demand-driven and more tailor-made in collaboration with the clients. This demands a different way of working within a different collaboration of agencies and between workers.

Generalist working as an approach

The term 'youth and family generalist' mostly refers to an approach or a method in which (parental) support is given to the child and/or the family. This approach is highly in development and many pilot models are now being tested. The generalists team members can be (youth) health care workers, social workers, community education workers, youth- and social psychologists, psychiatric nurses, behaviour scientists or any other professional field involved in child- and parental support and care. The fact that they are called 'generalists' is because of the working method they use to collaborate with each other and towards the families involved. They work as 'T-shaped' professionals; each of the professions participate from their own expertise and field of action; this is the pillar on which the additional generalist competences are built.

² The future Youth Act encompasses the support for children and young people (0 – 25 years) and their families within preventative and specialized care and welfare.

³ The ministry of Security and Justice is responsible for juvenile justice policy and related institutions.

⁴ Bosscher, N. (Nji, 2013). The decentralisation and transformation of the Dutch youth care system.

The approach is shaped in a variety of ways and in practice many professionals and professions are involved. In a Dutch publication the generalist is described as ‘someone who is a jack of all trades, does not necessarily need further specialized knowledge, but has sufficient overall knowledge to provide ‘first aid’⁵. The generalist worker, also called the ‘social professional’ should be able to act as a matchmaker between the life-spheres of the families and the institutional world of provisions and services.

1. One Family, One Plan, One Coordinator

The main goal is to provide a coherent set of care solutions to the child and its family from collaborative multidisciplinary support, the so called: ‘one family, one plan, one coordinator’ approach. This demands strengthening the universal and preventative services to connect stronger and to link better with the specialized care for smoother access if needed, to facilitate the local community of citizens in providing support between them (to develop informal support networks) and to develop coherent approaches and methods in a variety of disciplines and professions in the generalist teams working in the neighbourhoods.

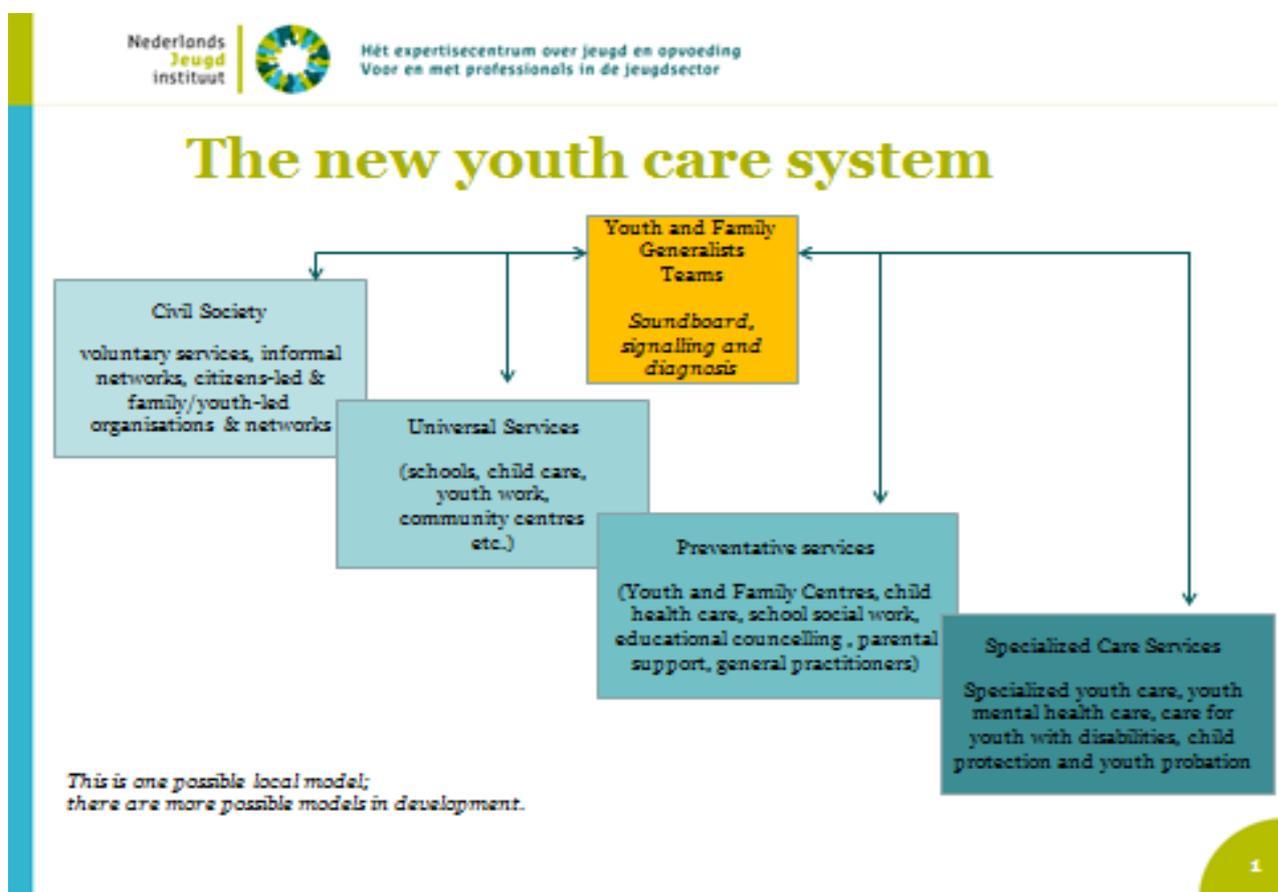
These developments are all relatively new and provide spaces to learn. Not one model occurs, but all municipalities are experimenting with their own approaches depending on the issues at stake at local level, the size of the municipalities or the approach taken in their local policies. It is also noted that different demands of different clients create differences in the practice of the generalist teams.

2. Youth and family specific generalists?

Current debate within the Dutch social (youth and family) work field is if generalists teams should work with *all citizens* (the 0 – 100 year approach) or that domain specialists - like ‘youth and family generalists’ - are needed. Within the youth field it is widely accepted that specific quality, expertise and knowledge is needed to work with issues of child-development, upbringing and parenting and therefore domain specific ‘youth and family generalists’ should be part of the overall municipal generalist teams. However, what is vital is that these ‘youth and family generalists’ work from a view and overall knowledge that crosses over the various life spheres of families (employment, finances, health, housing, education, social security etc.).

⁵ Scholte e.a., (2012). De generalist, de sociale professional aan de basis.

Positioning of the generalist teams within the new youth care system



(Netherlands Youth Institute, august 2013)

Municipalities are now strengthening their frontline services. In the current Dutch youth care system⁶ these services are both the universal and the preventative services, like schools, child care and youth work, and also the child health care, general social work, parenting support and the Youth and Family Centres. They should work more closely together, but also connect better towards the specialized care. Next to that they should foster better and more smooth access to tailor made care for families and children, based on their own questions and needs for specialized care. A more integrated approach is needed.

1. A new role of the Municipal Centres for Youth and Families?

The Youth and Family Centres in the municipalities act as frontline services for all kinds of questions on parenting support. After the transition, the municipalities may choose the definite focus for these Centres; either as the access points for specialized child welfare and/or also to provide direct support

⁶ See also the overview at www.youthpolicy.nl (Child protection and welfare) and the factsheet on Decentralization (Bosscher, 2013)

for children, young people and families with ‘normal’ parenting or growing up questions as a universal and preventative service. The youth and family centres will play a major role in quite some municipalities towards the generalist approach:

- connecting as provision with generalists social neighbourhood teams (0 - 100 years approach) or
- adding ‘youth and family coaches’ directly to these social neighbourhood teams or within the care and advice teams of schools (in some cases)
- development of Youth and Family Centre outreaching teams in which a variety of disciplines e.g. social workers, mental health workers, general practitioners, nurses, midwives and others work together and thus become the generalist team for youth and family support.

Tasks of the Generalist Workers

1. Team approaches

The number of professions and professionals involved have their background within the preventative services, but also in specialized care. They work in a collaborative approach and their role is to have space/room for action, to be responsive and to be responsible as a team. Within the team they have full opportunities to share their expertise. Outside the team they are able to apply for specific expertise in specialized care. In the Netherlands there is now a variety of approaches in experimental stage. Either the teams work specifically for families with multiple problems or they orientate more towards the collective approach e.g. towards the ‘smaller’ questions and issues in parenting. The generalist should be flexible in choosing the role which is most appropriate.

2. Stepped care within a variety of developing models.

The focus is on ‘*stepped care*’- which means “*to provide mild care whenever possible, and severe care when necessary*”. The specialist is being asked for support by the generalists, e.g. on consultation, advice and treatment for the child/family involved. The system should be client-oriented and therefore the specialists are the providers of the care/service towards the generalists and towards the child/family. Local municipalities will make their own choices to the range and scope of the ‘youth and family’ generalist within the multidisciplinary teams, based on the local

The most common tasks of the 'Youth and Family' Generalist:

- ✓ *Working from a networking approach within the neighbourhood, e.g. together with youth-led or citizens-led associations and other networks (sports, leisure time etc.)*
- ✓ *Supporting the universal provisions, like childcare and youth work, (extended) schools and others to promote earlier signalling and provide preventative measures*
- ✓ *Adapt to the demand (working demand-driven) and working tailor-made together with the children and the families*
- ✓ *supporting the development of a 'one family' plan together with the family (making the connection with other life-spheres as work, finances, health, housing etc.)*
- ✓ *enhancing and strengthening the empowerment of the families, children and young people involved*
- ✓ *strengthening the parenting role and tasks*

When families with multiple problems are concerned, then also:

- ✓ *strengthening connections with other fields of work/ other domains of action (employment, debt relief, education etc.)*
- ✓ *involving specialized care*
- ✓ *interconnecting all care and support measures*
- ✓ *immediate action when crisis occurs*

issues at stake. This depends on the team focus, e.g. when situated in or around the schools, being part of the Youth and Family centre approach, or working within a more overall social neighbourhood team.

3. Wrap Around Care model is one of the models in use

One successful model for provision of care for multi problem families is Wraparound Care (USA origin). This model is now in use within a number of the developing generalists teams. The model also serves the purpose in signalling and indicating treatment in issues of prevention or mild care. The model combines the support of a family with the coordination of care by one generalist and is based on empowering families, either with mild questions of care or with multiple problems. The

focus is on empowerment of the families. They learn to share ownership in finding solutions to their own problems and to develop their own informal networks. The support of all professionals works through one integrated action plan with concrete targets to implement within the families own

Switching between the various roles

The generalist switches constantly between a variety of roles and perspectives; the perspective of the family in mind, the ones from the professionals and their 'mother' organisations. The tasks then follow through;

- ✓ *The '**contractor**'; works co-operative with the family, notes what is happening within the family and involves them in setting a plan of action*
- ✓ *The '**director**'; works overarching and coordinating; comes to the formulation of aims, strategies and targets with the family and is responsible for the chosen method to get there.*
- ✓ *The '**coach**'; is there to strengthen, to empower and to involve families to become co-creative in finding solutions to their problems and to solve them (partly) themselves.*

environments. Wraparound care is not 'one size fits all' method or intervention, but tailor made and flexible, based on the needs of the families and their contextual situation. The primary responsibility for care is with the family and of the professional, being most close to the family and therefore acting as the generalist.

4. How to decide about specialized care?

One special issue in current experiment models is when and how to involve those specialists providing specialized care. The central aim of reshaping the whole care system is to create lesser and smoother access to specialized care, but also to reduce the need for this. Still, there will always be a need to provide specialized care, the question now becomes how and when to decide for this

specialized need and by whom? Current assessment procedures should be simplified. Further knowledge about what works in effective decision making on why and when to provide specialized care is needed and takes place:

- ✓ in dialogue with the parents and their children; they need to be involved in this process
- ✓ within a transparent decision making process; target oriented, structured and with good insight to all parties involved
- ✓ within a cyclical process (act, plan, do, check) as part of the care measures
- ✓ from an integrated approach and with an overall, coherent view (one family, one plan, one coordinator)
- ✓ with equipped professionals with
 - an eye for safety of the child
 - adequate knowledge about parenting issues, risks and problems,
 - ability to come to a balanced view; what is the family capable of doing themselves and where is professional support needed
 - knowledge about effective interventions; what works given de nature of the problems and the possibilities and limitations of the family involved

Quality and Competences needed

The future Youth Act defines professionals as those who reach out, who work next to the families, children and young people, who work together with them and who work collaboratively with all others in a wide spectrum and connect with all kinds of different domains and fields. A 'jack of all trades' – a 'family coach'. This demands qualities like entrepreneurial, flexible, context minded, able to let go and delegate, modest. Other capacities lie in the fact that the professional should be able to be creative in finding solutions, have 'guts' to act, have coaching capabilities, innovative and should be persuasive.

In the Netherlands most professionals at local level have a bachelor degree, or a – sometimes – university background (master degree). They usually work within youth care, youth health care or social work. The generalist workers should have a profound knowledge and expertise in the youth field and have knowledge about a number of other domains in the life-spheres of families, children and young people like housing, upbringing, finances, psychological and social functioning. Next to that the youth and family generalist should have specific knowledge and expertise in the most common upbringing issues, risks and problems and should be able to assess possible risks and dangers in safety of children (abuse). An important part of their knowledge should be about the challenges and limitations to empower families and their children themselves.

Issues in current debate

1. Domain specific or general social professionals?

As mentioned at the start, one of the current debates is whether it is necessary to have specific youth and family generalists or to allow also generalist social professionals (0 – 100 years) to take care about the youth and family issues themselves.

2. Severe multiple upbringing problems or with the smaller preventative issues?

Another issue is the choices to make with respect to the specific target groups – the ‘less severe’ and more community oriented approaches or generalists teams working specifically for families with multiple problems or both. This consequently also demands choices in the system and the choices to stronger connect with the basis provisions and getting knowledge and expertise about their ways of working or – in the other direction – with the specialized care. When less severe issues are at stake the ‘youth and family generalist’ is steers towards providing direct guidance and to get the family back in their normal family life as soon as possible. Activating the social network and the empowerment is his/her first task.

3. How to empower parents

How to work towards developing a better sense of responsibility and advocacy towards parents in order to facilitate them to be the ‘actors of their own solutions’ rather than directing and controlling their care; how to work co-creative within a set of professionals with their own expertise and with different mother organisations, how to measure success and how to register the support are just a few of the questions arising during the experimenting with the various generalists working models. It should be noted that not one answer may be provided.

Sources:

Berger, M. van Leeuwen, M en Blaauw, E. *Generalistisch Werken rondom jeugd en gezin ; een analyse van ontwikkelingen, taken en competenties*. Nederlands Jeugdinstituut, 2013

Bosscher, N. *The decentralisation and transformation of the Dutch youth care system*. Factsheet, Netherlands Youth Institute, 2013

De jeugd- en gezinsgeneralist als spil in het nieuwe jeugdstelsel; generalistisch werken rondom jeugd en gezin. Factsheet. Nederlands Jeugdinstituut, 2013

Scholte, M., A. Sprinkhuizen en Zuithof, M. *De generalist, de sociale professional aan de basis*. De sociale professional aan de basis, Bohm, Stafleu van Loghum, 2012.

www.youthpolicy.nl

Information on the web on Dutch youth policy issues and developments.

Netherlands Youth Institute