

Solid ground for early intervention

**Findings of an international review
in The Netherlands**

Report based on a short stay visit to The Netherlands in June 2014 by child welfare experts of Finland, Denmark, Sweden and England, organized by The Netherlands Youth Institute.

Pink Hilverdink
Tijne Berg- le Clercq

In close collaboration with
Sue Miller (UK), Maria Sundvall (Sweden), Tine Vesterby Sørensen (Denmark) and
Petra Kouvonon (Finland)

October, 2014

Nederlands Jeugdinstituut
Catharijnesingel 47
Postbus 19221
3501 DE Utrecht
Telefoon 030 - 230 63 44
Website www.nji.nl
E-mail info@nji.nl

Contents

| | |
|---|----|
| Introduction | 4 |
| 1. The Dutch context | 4 |
| • Child welfare..... | 4 |
| • Education and child care | 4 |
| • Transforming towards better integrated working..... | 5 |
| • Connecting to universal services? | 5 |
| • International review..... | 6 |
| 2. The child welfare systems in Scandinavia and England | 7 |
| • The English child welfare system | 7 |
| • Child welfare in the Scandinavian countries | 7 |
| 3. Findings from the experts | 9 |
| • Strengths..... | 9 |
| • Challenges..... | 10 |
| • Finally | 16 |
| The expert team | 17 |
| Bibliography | 19 |

Introduction

1. The Dutch context

• *Child welfare*

Child welfare 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 provisions, preventative support for children and families (including parental support) and specialised youth care. Currently specialised youth care is the responsibility of the Provinces and delivering universal and preventative care is part of the tasks of local municipalities.

This will change in January 2015 when a new encompassing Youth Act will come into effect. Then, local municipalities will receive full responsibility for the whole continuum of universal, preventative and specialised care. 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, youths' 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 services (Bosscher, 2014). It should reduce the number of children and families needing specialised care. It also should reduce the costs of care, but moreover it helps to work more protectively at an earlier stage of children's lives, in the hope that this reduces risks that might hinder their further positive development (RMO/RVZ, 2009).

In the new Youth Act it is stipulated that local municipalities providing child welfare are obliged to

- enable, restore and enhance the problem solving ability (strengthening empowerment) of children, young people and their parents and the social environment.
- promote the educational capacities of parents in the upbringing of their children and the social environment
- prevention and early detection of possible problems
- the timely provision of the right support and care at the right moment (tailor made)
- effective and efficient collaboration around families.

• *Education and child care*

Changes are also foreseen within the educational system. Dutch municipalities do not have direct influence on the curriculum development or provision of care within the schools. Schools are autonomous in The Netherlands.

When educational programs are provided at the community school or within the integrated children's centres the Act on Primary Education is the framework for local municipalities. Since 2012 there is also the Law on Adaptive Education and the Act on Development of Opportunities through Education and Quality (2010) which obliges local municipalities to safeguard the access and care for children with special needs within the mainstream education and within child care. This means that schools have the responsibility to provide a suitable learning place for every child. Mainstream and special needs schools must co-operate in regional alliances to offer children such a learning place at one of the mainstream schools, if needed with extra support in the class room, or at a school for children with special needs.

Keep in mind though that while Dutch municipalities are responsible for regulating the quality of playgrounds and child care, they are only financially responsible for playgroups.

The transition in the child welfare and education system does not stand alone, but is connected to policy, budget cuts and decentralisation measures in the fields of long-term care and employment. Therefore a significant new task and set of responsibilities is coming into force for local municipalities at the beginning of 2015 when all respective laws are going to be operational.

All these changes provoke a paradigm shift in views, focus and approaches about how to work with parents, children and how to coordinate work between social workers and other professionals e.g. teachers in schools. These changes interact, although different actors have different roles. Many questions arise and many issues are at stake. It has arguably never been more important to be absolutely clear about what 'works' in terms of supporting positive outcomes for children and families, what does not, why and under what circumstances?

Many professionals and local policy makers are now experimenting with new ways of working. This includes the introduction of a generic 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 multidisciplinary teams are based in local neighbourhoods. These teams, it is argued, should contribute to a stronger connection between the universal, preventative and specialised services for children, young people and families. This should result in coherent approaches and methods in a variety of disciplines and a better, more timely access to specialised services. The support given by the generic professionals should empower families and strengthen their own informal social networks within local communities. Municipalities throughout The Netherlands now experiment with different models of 'generalist' local neighbourhood teams, either from an 'all citizens' cradle to grave approach or with a specific aim to support youth and families (Hilverdink, 2013).

- ***Transforming towards better integrated working***

With current transitions from national and provincial towards local responsibilities in child welfare, also a transformation in views and approaches in child welfare in The Netherlands is envisaged. Professionals in the child welfare field are expected to work in a more integrated way; to combine their forces from a variety of backgrounds and professions. They should work more generically with a greater focus on understanding the contexts and specific circumstances that children and parents experience.

They should focus more on empowering and strengthening the self-regulation of children and parents in finding solutions to their questions and/or problems (Hilverdink, 2013).

- ***Connecting to universal services?***

One of the issues in this new local context is how to realize stronger connections between these local multidisciplinary (generalists) teams and primary schools, community schools, childcare and preschools. Who should do what when it comes to early intervention and safeguarding the healthy and safe development of children between 0 – 12 years in the municipality?

Which vision and what kind of competences are needed? If specific individual care is needed, should the team professionals guide the teacher and the childcare worker to take up the lead for the care or should it be handed to the child care professional? Should the school social worker be part of the team?

- ***International review***

An 'out of the box' view on those issues from experts in research, policy and practice from other European countries should provide some new angles to these questions. This view may help Dutch local authorities, policy makers and practitioners to find new inspirational thoughts to debate current youth policy and practice dilemmas in The Netherlands. Dutch and international youth policy stakeholders can thus learn from comparable developments in each other's countries from an 'outsider's point of view', and from different national or local contexts, though from international experts from the same working fields.

Therefore The Netherlands Youth Institute and the municipalities of Nijmegen and Geldermalsen organised a visit of Scandinavian and UK early intervention and social work experts to these municipalities in June 2014. The four expert colleagues shared their expertise in child welfare from a variety of perspectives. They had experiences of working in practice as a social worker, or had backgrounds in practice and were now active in local municipality management, in youth and family policy and research issues. These perspectives were the backbone of the discussions and inspirations during the on site visit to the municipalities of Nijmegen and Geldermalsen. During two days these international experts listened, observed and talked to policymakers and professionals about:

- The municipal approach in steering services.
- The practice of child welfare teams in connection to universal services, like schools, childcare and youth work.
- The involvement of children, young people, parents and others.

The team met workers in schools, youth work, childcare and 'social neighbourhood teams' in The Netherlands.

This factsheet summarises the experts' main findings after a brief description of the child welfare systems in their home countries. We would like to emphasize that the municipalities of Nijmegen and Geldermalsen have been very transparent and open to share their strengths, but also their dilemmas and therefore acted as inspirational grounds for the development of the main findings. This factsheet lays down those findings. It should be noted however that with the current transition and transformation a 'one size fits all' model is not aimed for. Therefore this factsheet aims to provide some inspirational thoughts and possible new angles for the further development of the transition and transformation in other local municipalities.

2. The child welfare systems in Scandinavia and England

In Sweden, Finland, Denmark and the United Kingdom local municipalities are responsible for organizing all guidance and support: ranging from the universal, collective approaches for all children and families to the more specialised support for individual parents and their children.

- **The English child welfare system**

The English child welfare system also emphasizes 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 may be offered within the universal services and also as parts of packages of more intensive support. Individual support for families with significant problems can be offered alongside group-based parental support. A 'team around the family' develops a plan and a lead professional is identified from that virtual team to coordinate this.

Professionals in all services have a duty of care and should act on concerns regarding children's health and wellbeing, not exclusively regarding child abuse. Also children, parents and other citizens can report concerns to relevant agencies. Where a threshold of concern is reached, the child can be made subject to a child protection plan, statutory social workers are allocated to a family and they investigate concerns, decide about support in dialogue with the family, write a client plan together with the family, coordinate the care for the child and its family, may provide support themselves and provide or organise aftercare. 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 social workers have to complete each stage.

- **Child welfare in the Scandinavian countries**

The Nordic child welfare systems 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 programs 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 specialised individual support.

An example

In Linköping in Sweden there is also a special collaboration group in "heavy" areas. This includes the school principal, social worker from the social authority and a social worker from the social support and advice part of the social service. Sometimes the social worker in the school also participates. This group is handling questions concerning worries and problems regarding children between 0-16 years old and their families. They have a case management approach and are able to act immediately. These groups are quite new but were started up because of the need for a faster and more seamless communication between the school and the social service.

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.

For more information see also the factsheet [Learning from Nordic municipal social workers](#)

3. Findings from the experts

- **Strengths**

The expert team was inspired by the impressive examples of policy and practice in the development of connecting to schools and to youth work and child care with the local child welfare teams. There is visible evidence of the progress made towards the transformation of views and new ways of working together. In general the team was impressed by the determination to make the transition and transformation work by all involved at local level. There were no 'why' questions raised. This is regarded as very important as the commitment of those involved is crucial towards reaching the aims and to celebrate the successes of the transforming child welfare, not only amongst the professionals, but also to communicate this towards the families and children in the local surroundings. It has been regarded as very positive that all those involved realize that the transformation should and does benefit the children and families by focussing on the mutual provision of better quality and easier access to prevention and care for all.

With the development of the generalist teams it seems like the preparation for the new Youth Act to come into force has started very well; and already before the legal change has come into force nationally. Another 'positive' was the direction taken into broadening the scope into early prevention and towards stronger multi-professional collaboration. Especially within the community schools visited this was viewed as very promising.

However there was also a strong recognition that there are many hurdles still to overcome. The passion and competence of the whole workforce to engage with this was impressive and gives grounds for positivism.

The experts would like to highlight the following specific strengths of the work in these municipalities:

- *Quality of leadership*

Both municipalities have focused on creating a safe and respectful learning culture across key partners. The support of elected councillors who were willing to stand shoulder to shoulder with professionals was excellent. This shared accountability and determination to hold tenaciously to the key principle of early intervention as a right and means to head off later problems was impressive. The experts hope and emphasize the need to sustain this when moving into the tough realities of implementation.

The risks of many changes is that they are not understood by the frontline workers and it is seen in these local municipalities there is lots of awareness between the workers, which is an asset and key for the sustainability of the changes to be made.

- *Interdisciplinary collaboration*

In both municipalities there was a great willingness shown by the professionals to work closely together on the changes in approaches, even when coming from various backgrounds and having different skills. It was regarded as very positive to realize the grassroots effort to work together while belonging to different organisations with different goals and values concerning children and families, even if different working methods or (internal) working cultures are involved. These dynamics and optimism between professionals is very important for further development of the local transformation process and needs to be cherished by the political leaders and by the management within the respective organisations.

The experts specifically admired the way the Dutch municipalities and practitioners are involving not just children's services but also schools, housing, police, health care professionals, GPs (general practitioners) and employment services in the change process. This enables better sharing of information, the development of a one family, one plan approach, the establishment of a plan that can be worked through step by step and puts children at the centre. We are better together. A 'self-steering' team at this point seems to be too early in the process when so many uncertainties need to be addressed. To install a case-manager for the overall coordination and to have one contact person for the family (one family, one plan, one coordinator) is very welcomed by the experts and could be further developed. As an example: in Denmark the one who coordinates the support is the professional who has the best-specialised views on the overall problem of a child and/or the family.

In Sweden the child health care nurses work closely with the preschool teachers, social workers and other professionals to early detect possible problems of a child (physically or mentally) or possible necessities in extra parenting support. During a child first five years there are at least 15 meetings with the child health care nurse. This also supports developing closer contacts with the family. If there are any wonders or worries there will be more meetings.

- *Linking with voluntary approaches*

The experts emphasized the need to continue with the strong links between the (mixtures of) voluntary approaches (like Home Start and Family Factory) and professionals offering to further develop quality of parenting in communities. The work of volunteers and professionals offering parenting group work in schools could be of reciprocal value. This will potentially unlock potential within the community, reinforce messages about the civil society and that parents are the most important people in their children's lives and have the key responsibilities for positive outcomes.

• **Challenges**

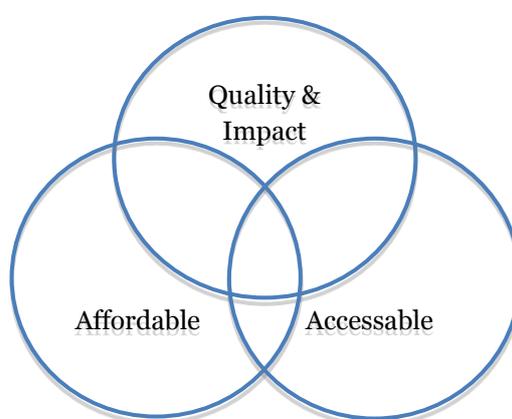
The experts also noticed challenges to connect the universal services to the local child welfare teams. Therefore they would like to give some food for thought for further strengthening these connections including some suggestions for further developments:

- *Focus on sustainability*

The willingness to collaborate and the enthusiasm shared is important, but not sufficient to reach sustainability. Especially when other issues at management or at political level become more important or if positions change. Working on impact, rather than output should be one of the main issues to share. It is vital, but also a challenge, to create clarification and transparency amongst all involved about who is doing what from which perspective. This especially needs to be clarified also when working within families; when is a preventive approach involved and when are more targeted (multi problem) approaches involved? There is also a danger that because of this diffusiveness, families will 'slip through the net' and this must be avoided. One solution might be to share common trainings and case sessions within which also expectations between each other and between professionals and families are on the agenda.

- *Reaching high quality and impact in support and care for children and their families by accessible and affordable services for all*

This should be the strategy in focus for all to work towards interconnectivity of the services involved. As guiding values, the principles of the Universal Rights of the Child are a strong binding force for all professionals (and politicians!) regardless of their backgrounds. The Child Rights perspective does not only concern those at risk or needing specialised care, they are meant for all children and their families. All children should be able to play, to develop friendships, to have a safe haven, to go to school, to develop themselves, to grow up healthy and to be able to have access to quality support and care when relevant. It is really important that the specialised care and universal services, such as schools, are prepared to realign 'their' funding together towards a shared focus on evidenced based preventative interventions. That work can no longer rely on central government grants.



- *Put the local municipality in the lead*

The local municipality should take and keep the lead in the development of common views and (strategic and operational) long term goals including long term agreements between the local partners involved. Also the local municipality should continuously develop the services to locally fit the needs of the children and families in the area. The values and principles of the inhabitants could be better reflected within the approaches that organisations and therefore professionals take. Especially within the integrated working methods this is crucial. There should be a certain common frame of understanding that also requires common training of the groups working together.

- *Focus on strengthening the political will to prioritize on transformation costs*

Support from local politicians within the councils is crucial to make the transformation sustainable. Administrative changes have to be made, organisations need to change their internal structures, protocols and approaches, professionals need to change their attitudes, ways of working and need to gain different knowledge. This all requires extra funding, while the budgets decrease. If budget cuts are to be made, local municipalities are faced with choices. Either the choice is to 'slice' the budgets of all services a little or feel under pressure to 'cut' some preventative services because of the strategy to focus on the most vulnerable. The regional services that are coming to the municipalities carry a high cost per child, will have an established set of practices and ways of doing things and will be managing high risk. It is important for all partners to realize that cutting of funding may be necessary and unavoidable within the current timeframe, but it is also essential to find parallel opportunities to invest in making the change towards a real transformation. Costs for the latter should not be underestimated. Organizations need to change their working methods, people need to learn to collaborate, public opinion needs to be informed well. Providing necessary information to local politicians to make the right choices is key.

As evidence shows in Denmark the local municipalities overspent their budgets in the first two years of their transitions (from 2008 onwards) and were able to make adjustments over the years. Now they are able to steer accordingly to their needs and budgets can be reduced without direct consequences towards the children and families involved. Politicians therefore should take responsibility for the decisions and support their official administrations, both financially and mentally to reach out to the entire organisation.

- *Develop better integration with specialised or targeted services.*

It seems that a mutual value base to connect universal and specialised services is still under construction in The Netherlands. The local teams will most likely face dilemmas in collaboration if solutions for 'how' to work together with professionals from a wide range of areas, including very specialised fields are not addressed or clarified beforehand. Addressing these issues, also at the national level, already now is absolutely crucial since one of the core issues of the forthcoming reform has been to reduce the need for expensive referrals to specialised services.

An example

Lessons from Finland learn that both costs and referrals were raised along with the decentralization of welfare services from 2008 onwards. The Finnish policy makers are now searching for ways to deal with the unwanted consequences afterwards. Surely some of those issues could have been prevented. One contributory factor has to do with the ways specialised services were drawn into the reform.

- *Include expertise of mental health into the teamwork done at the local level*

The team noted that that experts and NGO's, which are active in the mental health field in The Netherlands have felt somewhat uncomfortable with the new reform of decentralization in The Netherlands. The worry is understandable. One of the main issues will be how to find ways by which professionals in the mental health field feel motivated and comfortable to share their know how with "non- specialists".

This first and foremost requires that the mental health professionals feel that they themselves have a say eg. in how the quality of care and support will remain as high as today and how, when, on which grounds referrals still will be made etc. Secondly, it means that professionals from the mental health field are able to switch their own thinking into something like "prevention for the main part of families and care only when necessary". The more e.g. psychiatrists and other mental health professionals are included from the beginning the better are the chances seeing a change in their attitude towards local prevention as well. The concrete suggestion (hereafter) to enable such cultural change will also require actions from the Dutch State . For example, by ensuring an infrastructure by which high quality know how of mental support for parents and children is possibly turned into an understandable and useful language for professionals from other fields, such as social workers, child health nurses and so forth. Municipalities ought not to be left to deal with this issue alone.

- *Create stronger links between homes and schools.*

In the Nordic countries over 90 per cent of all children are in day care/pre education at the age of four. They start school at the age of 6 or 7. Therefore in the Nordic countries today's focus is to strengthen early support in day care/preschool. Experiences show that behavioral problems are best prevented at an early age and by including families. The team therefore suggests to narrow the distance between schools and homes within the Dutch local support structures. Since schools in The Netherlands begin already at the age of 4, many children could benefit from such narrowing. It is also known in the Scandinavian countries that parents trust schools as an arena for support when they face problems. But to be able to help these parents, also schools and school teachers themselves must be supported to take their responsibility for the wellbeing of children outside the school premises and not only within. The community schools (Brede Scholen) can be a good starting point as an example for the involvement of the schools in the neighborhood approaches.

An example

Most of the Swedish schools have their own employed social worker who acts as School Counsellor. The counsellor has an overall task to safeguard a safe and health environment within the school premises and in the class rooms. When teachers have difficulties e.g. to keep order in the classroom, the school counsellor can support. The School Counsellor also has a preventive and a supporting role towards individual pupils and their parents. They also are able to support within the individual families some months if needed. The School Counsellor regularly meets the pupils and their families, also when there are no problems. He/she collaborates with the teachers, special teachers, the school nurse and the principal. This supports easy access to the social authorities if needed.

Schools should be taken on board right from the start of the changes foreseen. Positive ways to collaborate between parents and schools should be introduced. Schools are the places where the children are and where parents can be involved from the start, even when there is no need for extra help. Parental support can be provided within the schools when this is needed. This might be done in several different ways. The first step is to ask parents themselves how they would like to be involved and to listen to them rather than offer new programs without their say. Redirect the offer-oriented thinking towards demand-driven approaches with the parents at the steering wheel.

An example

In the Nordic countries there is a large umbrella organization, which in Sweden, Finland and Denmark is called "Homes and School". Parents in schools might easily establish such an organization and apply for membership into the large umbrella organization, which provides help and support for the local organizations. The smaller, local organizations set out to create a link between schools and parents in their own municipalities by organizing thematic evenings or happenings for the whole family and school staff. The economic surplus from these events is used to extra equipment (e.g. children's books, toys), which has been agreed upon with the schools. Sometimes the extra money is used for cultural events for children. See website (in Swedish) with links: http://www.hemochskola.fi/hem/om_forbundet/samarbete/.

Make better use of evidence-based parenting programs within schools. Many well known evidence-based programs which set out to support parents have shown that they diminish behavioral problems among children. By using such programs schools could also benefit from providing parental support, as already done in e.g. the Brede school of Nijmegen. Also community schools should however think of using more evidence-based programs, provided by databases such as the effective youth interventions database of The Netherlands Youth Institute. Such programs are naturally not always better than 'homemade programs'. The advantage with using structural/evidence-based programs is however that they are not as vulnerable to turnover or changes in the workforce. Such changes might cause a good program to 'disappear' with the person who introduced it. This might be especially true where many professionals in the welfare field are employed by different organizations. Another way to promote collaboration between parents and schools is by parental evenings, or parent-to-teacher discussions.

In Finland all children have a welfare plan at school, which is followed up by parents, day care and health care. The plan gives a possibility to discuss each pupil on a regular basis, already before problems occur, without risk for stigmatization.

- *Involve the civil society*

Parents are children's first educators and have responsibilities towards their children which, in the vast majority of cases, they are committed to meet and just look for help to do so. Ideally we want to support that most important parent/child relationship. Parenting is arguably the most important job that anyone undertakes and, for many is the role that defines critical elements of their individual identity, impacting significantly on well-being and wider mental health not just of children but also of parents. Also with less money in the system there is an urgent need to unlock the potential in the community / civil society and parents. Investing in high quality evidence-based parenting support programs and family interventions that last long enough for real change in the way that families approach their child rearing responsibilities, will be critical to sustaining change in parenting practices. Intensive family support (such as "regieteams"¹) where practitioners have small caseloads, work intensively and tenaciously with families over time and with high quality supervision is the key.

In Geldermalsen the team talked with volunteers and parents participating in the Mama's club (an initiative of mothers themselves) and the Homestart-project (an NGO). This inspired the suggestion that these types of local initiatives could work much more together with the schools in the area in dialogue to strengthen the connection between homes and schools. It may be preferable for these schools to form a link also with families with children under the age of 4. Along with these events more structured forms of collaboration ought to be developed in order to support those families who need support in their parenthood.

Youth work can be the link between the local area teams and the school. Youth work aims to find key persons in the neighborhood and support them to make better connections with the civil society. They can support by gathering information about 'what's going on' within the neighborhood. These key persons can become role models to other young persons in the area. Role models are also part of the solution. The approach is however only reciprocal if all parties work with a transparent agenda and together with the families and children involved. Privacy issues are manageable even with an *Open Door* approach for all involved.

¹ 'Regieteams' work in the city of Nijmegen for citizens with multiple problems, including multi problem families.

- *Evidence your impact*

Not all municipalities or areas are similar. This also means that support measures at local level have to be different as well. In The Netherlands there is a wide range of different types of support measures as there are a wide range of service suppliers. What might become a problem is that support becomes scattered and fragmented or support measures are taken when not really needed and without knowledge of how helpful they actually are for the children and families in the specific area in which they are implemented. A lesson learnt in Finland for example is that a landscape of unfocused, diverse and often short-term interventions has become a real problem since the decentralization of welfare services from 2008 onwards. Municipalities often take care of the legally regulated business and leave out the “soft” and voluntary support measures, such as promotion of positive parenting-styles, to NGO’s. It is therefore crucial to gather evidence for the future impact of new approaches on the level of support towards children and parents, but also in quality of the services and professionals and the costs involved.

If also in the future services in municipalities are going to be delivered through a wide range of providers there is a need to support the development of:

- local ways to keep control over the types of needs and support measures from an overarching view. This is about enabling services to ‘achieve outcomes’, not simply ‘deliver outputs’.
- A possibility also is to gather information about e.g. the local generalist teams ‘know how’ in mapping what types of needs there are in different parts of the municipality and then design interventions accordingly. Even light forms of mapping and planning might help to choose interventions suitable to that area. Since situations are not static the situation should obviously also be followed up. This might be done by creating tools which might help to answer questions like ‘have our efforts made any difference to the families, children and professionals involved?’ These self assessment tools are necessary to keep up to the agreed quality and impact standards, but also support to keep the financing bodies updated on the value for money aspects of the work.
- Install independent high quality commissioning managers who really understand and recognise what ‘quality’ services look like (not just how much they cost), how those services delivering these need to be managed and supervised and how to maintain the focus on making a difference not just by doing activities, but by impact and quality guidelines.

- *Invest in workforce development*

Transforming towards new ways of thinking and towards innovative approaches does not sustain change if the current professionals do not have the means and opportunities to learn together. The need for ongoing staff development and learning has been mentioned earlier. Within the current era of budget cuts this cannot be emphasized enough. New connections need to be made between partners coming from a variety of expert fields. They have different educational backgrounds, professional identities, different working cultures and they use different working methods. Arriving at common values and changing of attitudes, coming towards acting rather than talking about it, involves long term investment by organizations and the local municipality in the development of their workforce. They need to learn to work in collaboration with other health and welfare fields at local level and with schools and the civil society. Also new partners e.g. in housing and e.g. employment market have to be found to find new overall solutions in combining issues of health, unemployment, debts, poverty and parental issues. This requires different skills and competences and therefore different training and education. Opportunities for shared learning between colleagues and supervision for the local neighborhood teams is essential if this work is to be sustained.

- The local municipality and the organizations involved should agree upon a ‘community of practice’ within which an open learning process of all participants is foreseen. This process oriented collective learning laboratory will support the mutual and reciprocal learning of all involved. When properly documented this will support the further development of the workforce. This is a crucial task for the local municipality.
- It is suggested to top slice from budgets from separate provisions to create an overall budget of pooled funding to support performance monitoring, training and workforce development of these professionals and their development of reflective practice and supervision of staff for all services combined.

- **Finally**

Not all support and development measures can be taken up at local level. The experts also address the national government and the respective national knowledge bodies in the youth field to support opportunities to share knowledge and information about quality and impact of the integrated working methods in current development. Sharing information and documenting the care and support process to this end is vital, emphasizing the notion that all professionals are learning together. As an example Finland is currently working on a concrete initiative with the aim of creating mental health promoting tools for professionals within the universal/preventive services who work closely with children and families locally. This initiative has recently been put forward by the Finnish Association for Mental Health and the ITLA- foundation. The task, currently under construction, is to create a database with the working name “Support for upbringing”. The database addresses professional local teams consisting of e.g. pre-school teachers, teachers, child health nurses, social workers etc. When ready it will provide information on the best available interventions for the promotion of mental health among children and families, including guidelines for implementation and knowledge on where to find training for these interventions.

The model has been taken from the Norwegian database www.ungsinn.uit.no, which in turn has been inspired by the NJi-database on effective youth interventions and programs in child welfare.

The transformation at local level also requires changes in the curriculums of the education and training of the professionals in child welfare, in mental health care and in the generic social work. Therefore the educational field is challenged to develop a new training and education strategy on integrated working from a preventive and positive social work approach to support the current and the new professionals in the field. The national government and/or respective national knowledge bodies in the social field in The Netherlands could take a pro-active role at this end together with the educational institutions.

With special thanks to the professionals in the municipalities of Nijmegen and Geldermalsen who have been open to debate and to reflect critically on their experiments regarding the generalist teams in June 2014. The transparency of the professionals and municipalities involved has been impressive and as the team is convinced, the only good mind set to make the transformation work. We want to thank especially Mr. Jan Bannink, local area manager child welfare policy advisor from the City of Nijmegen and Ms. Marij Strijbos, child welfare policy advisor of the municipality of Geldermalsen who organized the two visits within their municipalities.

The expert team

Mrs Maria Sundvall (Sweden)

Maria works as a social worker in the city of Linköping, Sweden, since 1997. She started to work in the Prison Service and some years later in a project concerning assisted living for mentally ill drug/alcohol abusers (double diagnosis). After that she started to work as a Field Secretary which means outreach social work towards young people between 12-18 years. She also worked as a school counselor in a secondary school. Since five years she works at a Family Center which is a collaboration between the Social Service, the Child Health Care and the Open door Preschool. Together they provide support in parenting and follow the child's development and health. Together they offer the opportunity to participate in parent groups and various themed meetings. There is also cooperation with the prenatal care, dental health care and dietician. The activities are voluntary and free. In her work as an advice and support counselor Maria meets parents and offers individual discussions, or with couples, regarding family life, relationships, conflicts etc. She also provides information on social issues. Parallel to her work she studies to become a Psychotherapist in Cognitive Behavioral Therapy (CBT). The studies will be completed in December 2014.

Mrs Sue Miller (UK)

Sue has worked as a teacher, senior educational psychologist, university lecturer, senior manager and commissioner in Children's Services. She is passionate about parenting support and has spoken and published widely for thirty years on this, family support and the challenges of reshaping services for families and children by working across professional disciplines. Until recently she worked nationally for the Department for Education and is a Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) national sector specialist for Families, Parents and Carers. She has stood down from her full time role. This has given her more time to establish her own consultancy service providing input to a wide range of agencies regionally, nationally and internationally with a focus on workforce development, enabling effective practice and developing cultures of continuous improvement in services. Her latest book 'Supporting Parents: making the difference to outcomes for children, families and communities' was published by Open University in 2010.

Mrs Tine Vesterby Sørensen (Denmark)

Graduated as a social worker 2002 at the age of 30. Before she was a sales manager at the Danish shoe manufacturer, Ecco. Tine also spent some years working with battered women and especially with their children. After 2002 Tine started to work for the municipality of Gladsaxe (near Copenhagen) with children at risk as specialty. She was a frontline worker, working with all kinds of children and families at risk. Today she is the head of all activities concerning children at risk in the municipality of Gladsaxe. That includes social workers, psychologists, targeted services, special schools, et cetera. Some of the important decisions made were to keep focus on keeping children together with their families and working as preventively as possible. It has been very important to work closely together with schools and daycare, so that the municipality could get in touch with these families at risk before their problems got to big. Or in case of families having big problems, so that they can solve them quickly. Thus a very close network between universal services and targeted services has become essential in Gladsaxe.

Mrs Petra Kouvonon (Finland)

Petra Kouvonon, **Dr.Pol.Sc.**, is currently working as programme director at the ITLA-foundation, for a 5-year programme 'Children, youth and families in Finland celebrating 100 years of independence'. The programme sets out to promote equality for children, which has been a common goal ever since the days of Finnish independency in 1917. The aim for the program she leads is to provide analyses and tools for decision makers and practitioners as basis for more efficient and equal policies and practices from the perspective of children, youth and families. Before her PhD Petra worked several years under the auspice of the Nordic Council of Ministers by compiling and promoting comparative research on issues relating to children, youth, substance abuse and policy making. Most recently she worked within the project "Early support for families at risk" at the Nordic Centre for Welfare and Social Issues (NVC). She is the author of the project's report about Nordic Family Centres. In her recent dissertation "Participatory Policies and Social Rights in Out-of-home Placement Services. Negotiated Agencies of Vulnerable Children (2013)" she investigates the possibilities of participatory policies, in the meaning of involving the civil society, such as children, their parents and non-public service providers, to be turned into social rights for vulnerable children in out-of-home placement.

The group was guided by The Netherlands Youth Institute:

Ms. Tijne Berg and Ms. Pink Hilverdink, advisors in the international child welfare knowledge exchange and involved with guidance and support towards transforming child welfare in The Netherlands.

Ms. Mariëlle Balledux, expert advisor in collaboration between targeted child welfare and universal provision like e.g. child care and schools.

Bibliography

- Berg- le Clercq, T., Bosscher, N., Vink, C. (2012). Child welfare in Europe.
- Berg- le Clercq, T., Bosscher, N., Keltjens, M. & Vink, C. (2014). *Learning from Nordic municipal social workers*. Utrecht: Nederlands Jeugdinstituut. Online document retrieved at:
- Berger, M., Van Leeuwen, M., & Blaauw, E. (2013a). *De jeugd- en gezinsgeneralist als spil in het nieuwe jeugdstelsel*. Utrecht: Nederlands Jeugdinstituut.
- Berger, M., Van Leeuwen, M., & Blaauw, E. (2013b). *Generalistisch werken rondom jeugd en gezin. Een analyse van ontwikkelingen, taken en competenties*. Utrecht: Nederlands Jeugdinstituut.
- Bosscher, N. (2014). *The decentralisation and transformation of the Dutch youth care system (revised version)*. Utrecht: Nederlands Jeugdinstituut. Online information retrieved at:
- Hilverdink, P. (2013). *Generalist working with youth and families in The Netherlands*. Utrecht: Netherlands Youth Institute. Online information retrieved at:
- Marklund, K., & Simic, N. (Eds.). (2012). *Nordic children. Early intervention for children and families. Results of the 'Early intervention for families' project*. Stockholm: Nordic Centre for Welfare and Social Issues.
- RMO/RVZ (2009). *Investeren rondom kinderen*. Advies aan de minister voor Jeugd en Gezin. Den Haag: Raad voor Maatschappelijke Ontwikkeling / Raad voor de Volksgezondheid en Zorg