



## Report of the inspirational meeting with Michael Little, Dartington institute, UK.

Aboriginal Museum, Utrecht, 14-3-2017

On Tuesday, the 14<sup>th</sup> of March 2017, a group of professionals and researchers in child and youth social care came together in Utrecht to debate the challenges in evidence based working and what works. The occasion was the presence of Michael Little, director of the Dartington Institute in the UK, who has been working on the subject of evidence based working for the last 30 years. In the Netherlands the debate on evidence based working in the field of child and youth social care has been reactivated in the process of the transition and transformation of the system.

Wim Gorissen, managing director of the program 'effectivity and craftsmanship' of the Netherlands Youth Institute, kicked off with the results of the think tank on Evidence Based Practice. He explained that evidence based practice consists of two connected levels: evidence based guidelines and evidence based practice, and in terms of programs in the Netherlands Youth Institute: effective interventions and craftsmanship. Wim emphasized that there are three playing fields where evidence based practice should be taken into account: knowledge development, practice and policymaking.

Recently there has been some criticism about evidence based practice and there has arisen a new vision: 'Doing what works while learning together'. This has the double standard of learning and developing together and doing what works.

This introduction was followed by some discussion. Denis Wiering of the municipality Rotterdam said that the standard model as we know it, is until now hardly used in Rotterdam. When they look at youth care they try to answer two questions: what can we do in an integrated approach and how can we spend our money on evidence based interventions instead of non-evidence based interventions?

Subsequently Michael Little continued talking about his vision on the standard model. He used 'antisocial behavior in children' as an example to illustrate this model. Scientists found that there is a relationship between 1) overcrowding--> 2) parental mental health --> 3) parenting problems --> 4) outcome: antisocial behavior in children. This model has been there for a while now. Although it was revolutionary at the time, we see that it also has some restrictions.

For instance we see that children who have high end needs are not matching the high end services which are given. On the other hand we do see that most of the children with needs get support. Michael states that outcome depends on Impact X Reach X Quality of the intervention and all of these factors have to be high to get a good outcome rate.

Michael stated an alternative model: the relational model/approach. Michael says that relationships are the cause of many problems but they also can be the solution. Relationships have a big influence on outcomes. So when there are negative relationships, it interrupts with emotions, which in their turn influence cognitions and work through to disconnections, with negative outcome as a result.

On the other hand, cognitions can also be influenced in a positive way by relations, which can result into more agency, connection and finally in positive outcomes.

In this new model there is a role for emotions, which was not the case in the standard model. That model was set on interventions and the relational model is not.

Michael emphasized that it's not about either the one model or the other, he only wants to show how important relationships are. He states that the standard model is very unnatural. For instance a treatment in hospital for a disease: it can be very effective but it is not natural. On the other hand relations are very natural, even when they are ineffective. Important in relations is that they have to have depth. Therefore it is important to integrate the standard model with the relational approach. Now there is a challenge to integrate this way of thinking in the new public system.

Of course, research is of interest but it's not about which type of research is the best but about which question you have and which knowledge you are looking for. Sometimes you answer the question with big data and RCT's and sometimes you can also answer the questions by qualitative research.

Sanne Verwaaijen of the Conrisq Group emphasized that we need each other to solve these questions and we need to look for common language so we can go further in giving the best care to children. She also pointed out that current care is often set on a quick fix, while often it doesn't work that way and children need lifelong interference with upscaling and downscaling. Current stepped care has specialists at the end but Sanne Verwaaijen of the Conrisq Group emphasized that highly trained professionals are needed at the entry point of families in care and in that way care becomes matched and only then we are able to integrate the two circles of needs and services with each other: good assessment makes sure that people get a better view of the needs and perspectives of children.

In short: we can't only look to problems and a disease driven model. We need to investigate more about the relational model. But the most important message was not to try and broker between the two sides: the evidence based model and the relational model. They need to be reconciled and connected; and are two sides of the same medal. Looking at the aspects of relations can enhance the evidence based model. We need to look beyond the present situation, also to reconcile the interest of the local authorities and the care providers in order to deliver the best outcomes for children.

Michael concluded the meeting that we already know a lot but we need to learn a lot more! So we have to keep approaching the world with the sense we don't know things!