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Parenting Support in the Dutch ‘Participation Society’

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This article focuses on ‘the turn to parenting’ in the Netherlands and embeds it in a major reform called ‘transition and transformation’. While support for parenting by way of public healthcare and denominational family care and advice has a long tradition in the Netherlands, the field gained new importance in the 1990s under the influence of medical and psychological ‘scientification’ and the introduction of evidence-based methods. Current reforms are modulated with a critique of specialised forms of parent support and (re-)introduce a community- and family-based approach in which professionals are charged with helping families to help themselves and with guiding and supervising volunteers who actually do the job of parenting support.

Keywords: Parenting support, public health, professional work, transition and transformation, evidence-based interventions, the Netherlands.

Introduction

Parenting support in the Netherlands has a long tradition, dating back to the beginning of the twentieth century when public child healthcare centres [Consultatiebureaus voor moeder en kind] were made available all over the country to improve public health and reduce infant death rates (Rigter, 1996; van Lieburg, 2001). These centres still form the backbone of parenting support in the Netherlands; they are to be found in every village and city, and reach almost all (95 per cent) parents with children up to six years of age (Gemeentelijke Gezondheidsdienst, 2010). Originally, the public child healthcare centres mainly attended to physical/medical issues of children, such as vaccinations and monitoring weight, height and physical development as well as motor and language skills. However, with the new Youth Act [Jeugdwet], implemented on 1 January 2015, the responsibilities of these centres have expanded and now include preventive tasks such as ‘light’ forms of parenting support, for instance related to issues such as the prevention of negative child-rearing practices or healthy nutrition (Commissie Evaluatie Basistakenpakket Jeugdgezondheidszorg, 2013). The centres are also responsible for monitoring and screening children, and for informing local policy makers about child-related issues.

Part of the history here is that parenting support has been intensified since the 1990s. The distinctive role of parents and their capacities in the socialisation of their children was challenged by increasing attention being given to children’s rights and children’s best interests. This has meant that parents’ rights are now juxtaposed to those of their

children, and the family is no longer an institution but an ‘assemblage’ of individuals (van Nijnatten *et al.*, 2014). The drivers behind this shift in focus include (the ratification of) the UN Convention on the Rights of the Child, the media’s exposure of a number of violent deaths of children in families, and the fragmentation of families by divorce, separation and serial marriage. Consequently, new targets for the prevention of social and psychological problems within childhood have been introduced. Concurrently, there has been a ‘scientification’ of parenting. Inspired mainly by psychological and epidemiological studies on the risks for children and young people, this has resulted in a large increase in diagnoses of deviations or potential deviations from ‘normal development’. Parents as well as professionals became alarmed by each apparent sign of deviance and tried to find solutions via a wide variety of intervention programmes, particularly those programmes defined as evidence-based (Van Yperen *et al.*, 2010). While a decade ago that kind of thinking fitted well with the government’s approach of ‘every € spent well’ (Aos *et al.*, 2004), the new Youth Act (Ministerie van Volksgezondheid, Welzijn en Sport, 2014) has re-directed the emphasis towards embracing a process of ‘normalising’ the field. The term ‘normalisation’ has become a keyword in both public and policy discourse to refer to the expectation that parents take responsibility for the way they raise their children, so as to avoid medicalisation, psychologisation and unnecessary care (Nederlands Centrum voor Jeugdgezondheidszorg, n.d.). This emphasis on parental ‘responsibilisation’ coalesces with a localisation of services as described below. Both scientification and normalisation, then, define the most recent ‘turn to parenting’ and are serving to reshape the huge variety of child and youth support services that exist in the Netherlands.

The turn to parenting in the Netherlands thus can be summarised in parallel with the definition presented by Daly (forthcoming): ‘Parenting support is a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents’ child-rearing resources (including information, knowledge, skills and social support) and competencies.’ In summary, in the Netherlands the turn to parenting focuses mainly on child well-being, is preventive and oriented to monitoring and, although it has aimed to be science-based since the 1990s, now tends to shift towards the responsibilisation of families and activation of their social networks.

In this article, we will address two questions: what are the expected implications for parenting support services of the most recent shift towards preventive care and responsibilisation of parents; and what are the ideas of parenting support that underlie the debate? These questions skirt the issues of the vision of ‘good parenthood’ and ‘the best interests of the child’, alongside governance and organisational matters. To address these questions, the article uses evidence from two main sources. The first evidence base comprises national and local policy documents. These include reports such as those of the Council for Societal Development [Raad voor Maatschappelijke Ontwikkeling, RMO], the ‘Commission Evaluation of Basic Facilities in Public Child Healthcare’ [Commissie Evaluatie Basistakenpakket Jeugdgezondheidszorg] and the Netherlands Youth Institute [Nederlands Jeugdinstituut, Nji]. The local policy documents that were analysed were mainly policy reports regarding child, youth and family policies from two selected municipalities in the Netherlands. The second source of evidence was interviews which were conducted as part of the Open Research Area (ORA) project ‘Governing “new social risks”: The case of recent child policies in European welfare states’.¹ Evidence was obtained through thirty-nine interviews with experts, national and local decision makers and practitioners working in the field.

Parenting support in the context of restructuring social services in the Dutch welfare state

With regard to welfare services, the Netherlands has been, and still is, a corporatist welfare system in which a wide variety of child and youth support services²² have been offered by religious-based or religiously neutral welfare agencies, private agencies, self-employed professionals, voluntary or self-help groups and lay persons. The overall adage of raising children on which all parties agreed in the post-war period was the three R's: *Rust, Reinheid en Regelmaat* (rest, hygiene and regularity) (Super *et al.*, 1996). Given that in the process of expanding the welfare state almost all these agencies became publicly funded, the government has tried since the 1970s to manage the dispersed field by forcing stand-alone agencies to merge into large regional coordinative organisations for efficiency purposes (Ministerie van Justitie/Ministerie van Volksgezondheid, Welzijn en Sport, 1989, 2004). Central coordination was increased on the basis of the White Paper *Regie in de Jeugdzorg* (Direction in Youth Care) (Ministerie Van Volksgezondheid, Welzijn en Sport, 1994), which instigated the start-up of regional agencies to coordinate youth and child support, the *Bureau Jeugdzorg*. The Youth Care Act ([*Wet op de Jeugdzorg*]; Ministerie van Justitie/Ministerie van Volksgezondheid, Welzijn en Sport, 2004) set out the tasks and functions of the fifteen *Jeugdzorg* agencies (one in each province and three in the larger urban centres). This Act offered a legal framework for the support services for children and adolescents at risk and their families, and outlined whether and how the agencies had to fulfil their coordinating tasks, assessments and responsibilities for providing the proper support for their clients. Alarmed by rising rates of school dropouts, the subsequent Operation Young [*Operatie Jong*] government-coordinated committee had as its task to improve the quality and coordination of the services offered (Ministeries van Binnenlandse Zaken, Justitie, Onderwijs en Cultuur, Huisvesting en Milieu, and of Volksgezondheid, Welzijn en Sport, 2004). In 2007, Rouvoet, the first, and last, Dutch Minister of Youth and Family, began to decentralise the governance of parenting support by creating local centres for children up to the age of eighteen and their families [*Centra voor Jeugd en Gezin*]. The aim was to bring preventive child and youth support services closer to parents by situating existing local public child healthcare centres and organisations, offering advice and support to parents and children, under one roof. However, coordination with the regional *Jeugdzorg* agencies remained complicated and overlap persisted.

Current changes in the field of child and youth support cannot be understood without embedding these in the wider, far-reaching reform of the Dutch welfare system in which policy aims are being redefined, budgets cut and social services reorganised. Two major catchphrases guide these reforms: the 'do-democracy' and the 'participation society', terms introduced by a number of government advisory boards and agreed upon by the current coalition of the Liberal VVD (People's Party for Freedom and Democracy) and the social democrats PvdA (Labour Party). In reaction to advice from the Public Administrative Council (Raad voor Openbaar Bestuur, 2012) and the Advisory Council on Governmental Policy (Wetenschappelijke Raad voor het Regeringsbeleid, 2012), the government proclaims that a 'do-democracy' is needed to overcome an overly bureaucratic state apparatus that is unable to deal with a highly educated and more communicative population, and too slow to react to initiatives for societal innovation that are developed from the bottom up. As voiced by the Ministry of Internal Affairs, the coalition embraces advice from these advisory boards such as: 'passing the baton from

government to society; new relations between the government and citizens; increasing opportunities for citizens to determine their own living environment; citizens finding direct solutions for social problems without government intervention; a government that lets go, facilitates and creates space for civic initiatives, and a government that stimulates citizens' own responsibility and cooperation' (Ministerie van Binnenlandse Zaken en Koninkrijksrelaties, 2013: 13). For parenting support, this means that the preferred way in which support is organised differentiates between parenting advice (through public healthcare, social support networks and the education system), parenting support (via Neighbourhood Teams, described in the next section), specialised care (diagnostic care through mental healthcare and youth support) and judicial provision (from compulsory education officers, teams for child abuse cases and family guardianship and the Child Welfare Council [*Raad voor de Kinderbescherming*]). In this new parenting support system, the 'traditional' Dutch approach of subsidiarity re-appears; it is a social initiative belonging to society unless it emerges that it cannot do without the state's support or interventions (Rijksoverheid, 2013: 16). This new way of thinking redefines the Dutch welfare state as part of a 'participation society' (ibid.). Hence, in its latest iteration, the turn to parenting is embedded in the context of a 'do-democracy' and 'participation society', and is shaped by a reform process that centres on 'transition' (localisation) and 'transformation' (the 'responsibilisation' of citizens).

The data gathered and analysed indicate that parenting is a contested area of social policy. The main contests concern the accountability of social services, the 'responsibilisation' of parents and the related more generalist approach to parenting support, and the 'scientification' of parenting support. These three contested issues will now be illustrated and discussed in the context of the new reform which is referred to as 'transition and transformation'.

Reconfiguration of family policy governance: transition

'Transition' for the purposes of this article refers to the process that is underway to decentralise the governance of almost all public services, including child and youth support. It means that municipalities obtain budgetary and executive responsibility for preventive and curative support (except for those measures that are part of the legal framework such as out-of-home placements and child protection). In consequence, municipalities now have to negotiate with a multitude of welfare agencies for contracts for parenting support and manage very different needs and expectations. The complexity is compounded by the existence of parties with varying interests: municipalities facing budget cuts negotiate with welfare providers that seek to retain their 'slice of the cake', while parents in need of support try to understand the meaning of self-governance and civic empowerment. In this process, a new model of professional family support is being implemented in almost all municipalities: the Neighbourhood Teams. When child healthcare centres, childcare centres or schools, defined as 'detection points', identify children as being in need of support, they refer parents to the Neighbourhood Teams. In these teams, various kinds of professionals (neighbourhood nurses, school care workers, police, pedagogues, social workers, for example) work together in order to organise and offer integrated support for all the families in their area. The idea is that prevention and early detection are needed to avoid greater problems, underpinned by the view that those such as nurses, childcare workers and teachers, who meet children on a daily basis, are the

best observers of those needs. Another core principle is that one professional will deal with one family, regardless of the family's type of need (whether financial debt, a problematic divorce, child development problems, addiction or a combination of problems). The interviews with respondents reveal that professionals and policy makers assume that family problems will always have an impact on parental child-rearing behaviour and consequently on the child's development. All family problems, therefore, need to be treated together. The preventive approach is seen to demand intensive monitoring of children, to signal potential risks at an early stage and to observe not only children's development, but also potential problems within a family.

However, the interviews also indicate that experimenting with Neighbourhood Teams creates several new problems of coordination and accountability, as well as posing a challenge for professional workers in the field. These professionals, who have been trained as specialists in a particular area of expertise, will now have to become generalists in the broader area of family problems, and are expected to give special attention to the development, rights and protection of children. One professional pedagogue³³ explained the situation as follows:

To my regret, they did not even consider our expertise at the time of the formation of the Neighbourhood Teams. And we insufficiently emphasised it. I think it is rather odd that the professionals working in Neighbourhood Teams tend to be general social workers, not pedagogues. The main questions we deal with in our current team [pre 2015] always have a pedagogical angle because it is about families with children. It is rather strange that this is neglected in the Neighbourhood Teams.

The policy makers who were interviewed also suggested that preventive forms of child and youth support do not necessarily have to be carried out by trained professionals but could be done by 'lay' persons as well. We interpret this to confirm the tendency towards de-professionalisation by way of 'responsibilising' parents, their social networks and volunteers.

Accountability and budget cuts

The latest reform appears to involve more than merely good intentions regarding streamlining the fragmented field of child and youth support. The financial crisis dominates the discourse on austerity via 'a small government', and cutbacks have become part of the reform process. Municipalities will now be responsible for managing public services with rather limited budgets. For the years 2015, 2016 and 2017, there will be budget cuts of €120 million, €300 million and €450 million, respectively, equalling 3.5 per cent, 8.5 per cent and 12.5 per cent of the total budget (Rijksoverheid, 2011a; Vereniging Nederlandse Gemeenten, 2014). One of the main instruments through which the budget cuts are realised is by a small and 'at distance' government. Yet, while the government, in outlining the 'do-democracy' and 'participation society', claims to be only a facilitator of child and parenting support, local policy makers and civil servants have their doubts. In accordance with Clarke and Newman (1997), decentralisation in the Netherlands does not result in less state control *per se*. In the interviews, local policy makers and decision makers point out that because the government controls so many of the details organisations actually have limited space to manoeuvre. Also, some respondents expressed doubts

about whether the government will maintain its facilitating role when something goes wrong with a child or family, or when differences between municipalities in range and quality of parenting support become too large. Dutch citizenship is guided by the equality principle, meaning that every person should have equal chances; this is a potential source of conflict when the government reduces its role to that of facilitator. It is crucial here that parenting support will no longer be a right but a provision to parents, which in turn raises concerns about accessibility. A representative of employers in the social sector expressed the following view:

Local differences will increase and become too large. For youth support we now have a transition period of one year in which the right to support for children is guaranteed. At the same time, investments have to be made in low-threshold support and the more specialised support has to decrease. This is a tension. Large differences between municipalities will develop, which undermines social equality. What we as employers in the field can do is to exchange best practices.

Nevertheless, local policy makers approach governance in a mainly managerial fashion. Their dominant concern is to establish organisational settings and structures (the Neighbourhood Teams) as well as to cope with limited budgets for parenting support. They use instruments originating in the business sector to plan and spend their limited budgets. Via bids and tenders to the open market, municipalities outsource those activities that fall under their responsibility to non-profit or commercial welfare agencies, (residential) youth care centres and home care organisations. This process allows them to select welfare agencies and youth support organisations that match the values and vision of local governance at an affordable price. They want to spend their resources well, but have to be flexible in terms of how these 'wants' are met. In doing so, and in line with market-based assumptions, client satisfaction gets priority over professional discretion. Or as one local policy maker stated:

You have to check carefully whether [the measure] suits the need. This means that the ways in which client satisfaction is measured should be done differently now ... Rather than a professional checking off his or her own list [of relevant points], the measure must now be focused on how parents experienced the help? Or the child?

Reconfiguration of parenting support: transformation

The 'transformation' part of the reform is captured by the shorthand 'de-medicalising, de-caring and normalising' (Raad voor Maatschappelijke Ontwikkeling, 2012; Staatsblad, 2014). The policy approach indicates the intention to intervene at a lower level of professionalism, to empower the family and its social networks and to accept that deviations from the standard route of child development should not always be perceived as problematic. It can be interpreted as a reaction to the excessive 'psychologisation and medicalisation' of the child and youth support sector in recent decades in which there was felt to be an undue emphasis on standardisation of children's behaviour to the average (Van Eijck, 2006; Raad voor Maatschappelijke Ontwikkeling, 2012). The combination of transition and transformation thereby changes the social policy discourse on parenting support by stressing parents' own responsibility and that of their social networks/community for solving problems. Popular programmes like 'own strength conferences', in which social or familial networks are invited to solve their own problems

under the supervision of a coach, exemplify this tendency. Implicated in the process also is an aim to empower parents by discouraging them from immediately turning to specialists for child upbringing problems that are (represented as) easy to solve.

Professionals and parenting support: from specialists to generalists

As mentioned, empowerment of parents is one of the aims of the transformation and is directly specified by the national government (Rijksoverheid, 2011a, b; Ministerie van Volksgezondheid, Welzijn en Sport, 2014). Respondents are sceptical, particularly professionals, and some experts, who doubt the government rhetoric, instead speak of a controlling government, or a risk-reducing, repressive and protective government. According to these respondents, empowering parents is not intended to emancipate them but to make them adjust to alleged proper norms and values in the best interests of their children. Respondents also claim that although goals of parenting support programmes generally entail notions such as 'enhancement', 'empowerment' and 'family preservation', they are often geared towards improving parental skills. The underlying and central aim of parenting support programmes, in this view, is to improve the outcomes for children, and parents are vehicles to achieve that goal. It is recognised that parents increasingly ask for support and have become proto-professionals (de Swaan, 1979) due to access to information via all kinds of media. Likewise, it is understood that preparing children for a much more competitive society results in an increasing quest for early support and preventive intervention (Ivan *et al.*, 2014). The general notion in the Netherlands regarding parents and parenting seems to conform to ideas described in scholarly literature (see, for example, Lee, 2014), as well as to developments reported for some of the other countries covered in this themed section that envision parenting as a job for which parents need to be well-prepared and taught the proper skills.

The interviews also suggest that professionals and experts recognise this dual positioning of the government. They acknowledge the existence of fear around missing any symptoms of problems or abuse. There is increasing use of risk assessments and protocols in order to retain a form of control, especially within public child healthcare services. In respondents' experience, the government is trying to retain control over families and children, and they see parents as allowing the government to conduct extensive forms of surveillance (for example, via Electronic Child databases, risk assessments and information exchange). The relative acceptance of surveillance contrasts with the relatively tense relation between the Dutch state and families with regard to actual interference, or what has come to be known as the notion of 'behind the front door' (*Achter de Voordeur*). For professionals, the result is not only that 'they have to sit on their hands', as one decision maker phrased it in the interviews, but that their job also changes from offering actual help and support to becoming an 'apparatus of governance' with the main tasks being monitoring, registration and surveillance.

Most crucially, the 'turn to parenting', as envisioned by the policy makers, academic experts and youth support professionals in our interviews, implies a change in perception of the parental role rather than a change in the meaning of parenting or the parent-child relation: parents have always been responsible for the health and well-being of their children, but nowadays they have to account for how they perform as parents, and for the consequences of this for society at large. Both parenting and the role of children in society have become subjects of public debate. While previously considered

inappropriate, discussion of children's contribution to and participation in society is now open and explicit, for instance in relation to the ageing of society and matters regarded as affecting social cohesion.

A scientific dispute on parenting support

The orientation towards parents taking responsibility, keeping professionals at distance and a generalised professional approach fits uneasily with the specific medical and psychological approach and related evidence-based programmes that have dominated Dutch child and youth support over the last two decades. Data from the interviews and an analysis of Dutch child and youth support programmes show that a highly behaviourist approach towards children and their parents has dominated since the 1990s, with an associated strong emphasis on social learning theories geared towards enhancing the skills and competence of parents and children. Previous efforts to professionalise the field have been translated into an emphasis on evidence-based practices and attention to the effectiveness of support programmes. Since 2007, the responsible Ministry encouraged and financed the introduction of evidence-based programmes, and plans were made to arrive at an enforced implementation of evidence-based practices (Ministerie van Jeugd en Gezin, 2007). Whilst offering a moral imperative for professionals to know and understand what they are doing (Sackett *et al.*, 1996; Gambrell, 2006), the advantage for a central state that controls at a distance might also be that such programmes help monitor professional interventions. Experts, however, disagree about whether this is the best way to support parents, and there is an ongoing lively debate on intervention methods. Although some claim that evidence-based methods should be applied strictly in order to ensure quality of care, others emphasise participative citizenship, minor professional guidance and professional discretion based on skills and expertise. The struggle over the scientific paradigm divides developmental psychologists from social pedagogues (Veerman and Van Yperen, 2007; De Winter, 2008; Van Yperen *et al.*, 2010).

In line with the push for evidence-based programmes, the Netherlands Youth Institute has developed a database showing the scientific basis of interventions according to several categories: theoretical soundness, probable effectiveness and established effectiveness. The interventions are accredited by the National Commission for the Accreditation of Interventions [*Erkenningscommissie Interventies*], and have to be re-assessed on a regular basis.⁴⁴ The Netherlands Youth Institute, in cooperation with youth care agencies, has also developed performance indicators for child and youth support, for instance regarding demands in terms of client autonomy and child safety. A joint nationwide venture for effective youth support [*Samenwerkingsverband Effectieve Jeugdzorg Nederland*] implements these performance indicators and offers training to service providers. The Netherlands Youth Institute also supports several evidence-based programmes from abroad: it purchases the licence for those parenting programmes that are considered to have been proven to be effective, translates them to the Dutch situation, trains professionals to implement the programme as intended and accredits child support organisations to 'allow' them to use the programme. Currently, around twenty of the seventy available 'effective' parenting support programmes are of non-Dutch provenance. A programme like the Positive Parenting Program (henceforth Triple-P), for example, is currently implemented in 204 municipalities, offered by over 500 organisations, and trains over 13,500 professionals for its use (Nederlands Jeugdinstituut, 2014). In the meantime,

the effectiveness of the programme remains contested. Some scholars have found positive effects (de Graaf *et al.*, 2008a, b; Nowak and Heinrichs, 2008; Onrust *et al.*, 2012), while others (for example, Wilson *et al.*, 2012) express serious concerns about reporting bias. Yet, such critical evaluations have not changed the opinion of national policy makers, who still assume that these programmes outperform care generally offered, both in duration and effectiveness (La Greca *et al.*, 2009).

The evidence-based approach debate strongly divides policy makers, experts and professionals working in the field. We found local policy makers categorically resisted offering guidance regarding the methods professionals should apply in supporting parents, because in their view this should remain at the professionals' discretion, as well as professionals who refused to work with these programmes because they require strict and careful execution to maintain their evidence-based quality. Some of the professionals interviewed are of the view that standardisation does not offer the flexibility and responsiveness they value in their work:

it takes too much time; you have to measure your output, do a pre- and a post-measure. We then should all work in the same way as much as possible, in order to know what you're actually evaluating. Such a standardised approach affects the support that is given. It conflicts with customised work.

The current transition places more responsibility for care in the hands of family members and their support networks, and in this sense de-professionalises care and support. Even though effectiveness is an issue that is brought to the fore by decision makers (mostly in relation to the budget cuts and idea of the '€ well spent'), how the evidence-based approach will develop within the specific parameters of the current transition remains to be seen.

Conclusion

There is a profound transformation taking place in the Netherlands geared towards declining national state responsibility, less specialised professional support and more expectations of 'do-it-yourself parenting'. This might be understandable in light of the overwhelming professional attention to all kinds of real or potential disorders affecting children, combined with a perception of child support organisations as non-cooperative and unable to prove effectiveness. Yet the current shift in focus towards 'self-strength' and 'do-it-yourself' places much responsibility on the parents themselves, their social networks and the professionals working with parents.

Strengthening the governance of the local welfare state as envisaged by the newest reform measure is a means of integrating dispersed responsibilities, diverging opinions and mixed interests. The turn to parenting in the Netherlands seems to be a last-resort solution in a field of parenting support that is politically divided (familialistic versus liberal) and institutionally dispersed (comprising various stand-alone welfare agencies with diffuse tasks and activities). The current transition and transformation is geared towards a twofold aim: an organisational reform that transfers the responsibility for child and youth support to the municipal level as well as a transformation towards the normalisation of problem behaviour that emphasises preventive over curative measures and 'responsibilises' parents as the main instrument to enhance children's well-being.

The current reform, however, also brings about changes that have a direct impact on the discourse on parents, parenting and related support services. The ‘responsibilisation’ of parents that has come about with the reform has changed the organisation of parenting support and the methods and instruments that are used within support services. The changes seem to sit uneasily with the way in which the field was organised hitherto, given that they were predated by a system that strongly emphasised the quality of care and the use of evidence-based methods.

We started this article with two questions which we initially thought would bring this tension to the fore. First, we looked for the implications of this reform for parental obligations and second we interrogated how this ‘responsibilisation’ of parents fits with the established emphasis on evidence-based, or science-based, methods. In the analysis however, it became clear that these two lines of approach are not so much in tension, but rather represent a merger into what we could think of as recourse to extreme professionalism on the part of parents with a parallel diminished professionalisation of practitioners. The former normative approach to parenting, as exemplified by the three Rs of child rearing (Super *et al.*, 1996), is no longer in place. Parents can decide for themselves how they want to raise their children. However, the implicit expectation seems to be that parents follow scientific evidence in their parenting practices, either with or without the guidance of a professional. For their part, professionals are no longer the experts with pedagogical and psychological knowledge and techniques, but are expected to supervise parents in becoming experts. Although parents have always informed themselves with regard to their children, knowledge acquisition by parents now seems to be an implicit assumption and expectation underlying the reform. De-professionalisation of skilled practitioners seems to go hand-in-hand with an enhanced professionalisation of parents. Over time, science-based methods in this sense may become less important and the scientific understanding of parenting itself might become even more important.

Notes

1 Grant number 464-10-070.

2 In the Netherlands, policy and interventions on behalf of young children and youth (aged nought to eighteen years) and their parents are called jeugdzorg (literally, ‘youth care’). However, because this term also includes young children, and in order to avoid confusion with day care services, we use the term ‘child and youth support’ in this article unless we are referring to agencies (Youth Care Bureaus) or official documents on ‘youth care’.

3 A pedagogue is a professional in child rearing and child development. Theoretically it combines knowledge of social work with knowledge from developmental psychology.

4 See <http://www.youthpolicy.nl>.

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