Discerning European Perspectives on Evidence-Based Interventions for Vulnerable Children and Their Families

HANS GRIETENS

Abstract

In this contribution I reflect upon European perspectives on evidence-based working with vulnerable children and families. Europe is presented as an open-ended construction and a mosaic of cultures, languages, and ethnicities. This is not without consequences for child and family welfare practice. I will bring into memory some recent milestones in this field, and show how the evidence-based practice paradigm entered the continent and is given form today. Evidence, however, is not an endpoint. I will try to go beyond evidence by outlining what an integrative perspective on care for vulnerable children and families could look like, what it may offer to Europe and what the role of Europe in developing policy and practice based on such a perspective may be.

Key Words: vulnerable children, vulnerable families, evidence-based paradigm, Europe

Some Thoughts on Europe

What is Europe? Hearing this question, non-Europeans maybe will frown. Is Europe not simply one of the seven continents on earth? Don't we call it 'the Old Continent'? Europeans probably are more aware why we ask this question. Here are some quotes by famous people showing the complexity of Europe:

> "Even before Europe was united in an economic level or was conceived at the level of economic interests and trade, it was culture that united all the countries of Europe. The arts, literature, music are the connecting link of Europe" *(Dario Fo)*.
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> "We are a very special construction unique in the history of mankind... Sometimes I like to compare the EU as a creation to the organisation of empire. We have the dimension of empire" *(José Manuel Barroso)*.
>
> "Europe will never be like America. Europe is a product of history. America is a product of philosophy" *(Margaret Thatcher)*.

We hear different voices saying Europe is a culture, an empire, a construct. Let us add a voice from outside Europe (though with European roots), that of *Madeleine Albright*, the former

United States Secretary of State, who seems to be very confused about Europe's identity when saying:

> "To understand Europe, you have to be a genius – or French".

In Greek mythology the name Europe refers to a myth. *Europa* was a nymph living in Asia, in the land of Tyros and Sidon. She dreamt of leaving her country, was abducted by Zeus to a land – Crete – far away from her home, and raped. She had to live in isolation but the gods made her immortal by giving her name to the continent which received her. Europe thus is being born out of violence and pain. Its origins, according to the myth, are to be found in Asia. This is a remarkable story, even for us living in the twenty-first century, because when looking at the map of Europe we notice that especially in the south-eastern part Europe's borders are quite vague even today. Etymologically, the name Europe refers to *wide eyes* and metaphorically it may be construed as *open minded*, a metaphor to keep in mind, as openness of mind may imply sensitivity to what is coming from elsewhere.
What else is characterizing Europe? According to some modern philosophers, Europeans are, more than people from any other continent in the world, aware of tragedy. In European literature, tragedy plays a key role, with Sophocles, Shakespeare and Beckett being but a few examples representing a rich tradition. Tragedy has shaped our continent, it shapes our lives and our souls, it may occur unexpectedly, always and everywhere. The awareness of tragedy is deeply rooted in all of us and partly may explain our resistance to change, in particular our resistance to welcoming people from other countries within and outside Europe. Europe nowadays is again afraid of immigrants and refugees, far more than North America or Australia, and our attitudes towards these issues are changing but slowly.

Saying Europe, is also saying expansion. In the fifteenth century, it was as if the continent had become too narrow. New continents were discovered and many people who were looking for fortune or eager to start a new life were emigrating to the new world. Later, Europe colonised large parts of the world, a process which gradually came to an end late in the twentieth century but of which the aftermath still continues. One may conclude that Europe is everywhere. There seems to be no part of the world which has not been shaped or influenced by Europe, be it economically, culturally, linguistically, philosophically, educationally or religiously. Nowadays, the reverse seems to be the case with immigrants from Africa and Asia coming to Europe, but afraid as we are, we try to keep our borders closed.

Europe has a history that is very painful and full of bloodshed, power struggles, wars and revolutions. We are still recovering from the wounds the Second World War has made. Europeans share moments of collective joy and trauma, which are deeply embedded in our memories. As Europeans we do live in a web of stories, some of which are yet untold as they are too difficult to bring into public consciousness. Europe's recent political history still is deeply interwoven with our own histories and with the histories of our families.

Finally, there is the European Union, now consisting of 27 countries working together on political, economic, social, cultural and judicial issues. There are more candidates and the Union will include within the near future for instance Croatia, and later maybe Turkey and Serbia. As from 2009, Europe has its first president. For many people, Europe may be synonymous with 'bureaucracy' or 'Brussels rules', but the Union has a deep meaning as it was born out of the ruins of the Second World War and created with the idea to let such tragedies never happen again.

I described Europe as a myth, aware of its own tragedy, exploring and exploiting all parts of the world, with a painful history, and an ever-growing Union. What are the implications for the theme of this article? What are we talking about when we say 'European perspectives'?

Firstly, instead of being seen merely as a collection of independent countries, Europe is more like a mosaic, a patchwork of nations, regions, cultures, and ethnic minorities.
Second, the story has not ended yet. As I mentioned, more countries are seeking to enter the Union and the map of Europe has changed many times during the last two decades. Europe's borders and population make-up are still contested.
Third, Europe is also a mosaic of languages. There is no common language and with the number of countries in the Union growing we also see the number of translators in Brussels increasing. We must be aware of the multi-linguistic composition of the continent when talking to each other about issues related to child and family welfare in order to avoid a Babel-like confusion. Some key concepts in our fields may have different meanings and connotations in different countries. So the term 'family' may have a different meaning for an Italian than for a Norwegian, the word 'care' may have a different meaning for a Swede than for a Frenchman, the word 'residential setting' may have a different meaning for a Pole than for an Englishman, and so forth. Exchanging information is therefore not always an easy matter. I remember when I was attending a seminar organized by the Fondazione Zancan in July 2006 that the English word 'caregiver' (which was part of an item in a questionnaire for professionals) was very difficult to translate into Italian. Many words were needed to fully represent its meaning. Due to this complexity and to avoid misunderstandings the researchers decided not to translate this word. Words, let us remember, do not only bear meaning. They also have an underlying value and that may be the most difficult aspect to render.
Fourth, within Europe there are different helping professions involved in care for vulnerable children and families. This is a great richness, the fruit of varying educational systems, with origins going back for centuries. Students may benefit from this richness when participating in European exchange programs like Socrates. Let me give one example: social pedagogy. This is a discipline which exists in some form in most countries in mainland Europe and Scandinavia (for instance in Germany, France, Denmark, the Netherlands, Belgium), but not in the United Kingdom. An interdisciplinary team from the Thomas Coram Research Unit in London (Petrie et al., 2006) recently analysed residential care practice in these countries in a book entitled *Working with children in care. European perspectives*. They focused on the particular approach offered by social pedagogy. They learned that the concept has a meaning in continental Europe which goes beyond the purely educational (teaching) connotations it has in English language and thought. They describe its richness as "an organic system of thought, policy and practice that applies to many areas of work with children and young people" (p. 157) and they conclude "it has great potential benefit for children's and young people's lives and social well-being – not least for children and young people in residential care" (p. 157). Disciplines and systems of education also shape practice. The same authors found relevant differences between reactions of English, German and Danish staff on vignettes describing hypothetical situations with an escalation of conflict in groups of children in residential units. The most frequent reaction by English staff members was an 'action response' (for instance, undertaking action to change antecedents or re-considering treatment plans), whereas German staff members most frequently mentioned they first would provide some form of emotional support (including physical contact). Danish staff members most frequently mentioned an 'it depends' reaction. They appeared to be more reflective in comparison to the staff members from other countries and were looking for a contextualised response.
Fifth, all countries within Europe have very different systems of care for vulnerable children and families. No system is alike and they are all embedded in traditions – for instance in some countries the Catholic Church has long been involved in care –and in politics. There are countries with neo-liberal regimes and countries with social democratic regimes. Some countries within Europe (including Belgium and some Scandinavian countries) give, for different reasons, much attention to the early prevention of problems. Support, including parenting support, is offered 'as of right' to parents of newborn children during home visits or consultations. The home visitors (e.g. nurses or, in the UK, nurse-qualified specialist health visitors) are well-placed to identify at a very early stage risks in children and families and to provide the help needed. This results in professional care being available from the beginning of life and help is offered on a con-

tinuum with smooth transitions between levels of help and types of services. Other countries focus less on prevention, have a more categorical system of services, put more stress on child protection and consider risk assessment as a crucial step in the decision-making processes as to whether, and which, services should be provided.

Recent Milestones in Child and Family Welfare within Europe

I will describe some recent milestones within child and family welfare and the consequences they have for policy and practice within Europe. I will start in 1989, a year so crucial in Europe's recent history with the removal of the Iron Curtain, the end of the Cold War and the beginning of Germany's and Europe's reunification. It was a memorable year for the entire world, as on November 20 the United Nations General Assembly adopted the Convention on the Rights of the Child into international law as an advisory resolution. All countries in Europe have ratified the Convention. The Convention has become an instrument protecting children, safeguarding their rights and helping to empower them.

For the first time in history laws were formulated to make clear that children matter and to guarantee their basic needs of safety, protection, provision and participation. Children nowadays are listened to more than ever and are given voice in schools, services and courts. They are asked to participate in all stages of the decision-making processes, to give us their meaning and tell us about their experiences with regard to the care and education we offer. Indirectly, the adoption of the Convention on the Rights of the Child also influenced research methodology. For a long time, social scientists, for instance developmental psychologists, have been trying to reach children in order to do research on their experiences. The Convention reminds us that ignoring children as experts of their own lives and of the care they received today is no longer an option for researchers, as their voice has to be taken seriously. We have seen the number of publications on methodology to research children's experiences grow during the last two decades. This is an intriguing field, a challenge for all of us. Researchers need to be creative in order to reach children and share their worlds, they have to follow their rhythm, give meaning to their words and images, they have to get their consent and take into consideration ethics. This is a major challenge, in particular for those of us who want to reach children whose voice has been weakened by adverse life conditions, trauma, abuse or neglect.

The implementation of the Convention in Europe is still continuing. What has been done already for vulnerable children and young people? At national levels, the Convention has been understood in terms of decrees, guidelines and frameworks. Each of us will be able to give examples of how the Convention entered our policy and practices. The Convention has to be considered as "a living instrument" (Van Bueren, 2008). This means that the implementation will depend on the local care systems and evolve across time, because of changes in the systems and evaluations of practices. At the European level, the Council of Europe which has 47 member states, covering virtually the entire continent of Europe, has started to make a priority of children's rights. The Council launched in 2005 the programme *Building a Europe for and with Children* and focuses primarily on non-violent upbringing and on the elimination of corporal punishment – in some countries of Europe (for example, Sweden) there has for some years been a ban on corporal punishment, other countries including France, United Kingdom, Ireland, Belgium and Greece still have a way to go.

The Council also prioritised child protection and welfare, based on the rights of the child. In 2006, the Council published a booklet on the rights of children at risk and in care. On the back cover of this booklet it is stated that '...placement must always be an exception and a temporary solution – as short as possible – only foreseeable if all the right conditions are met and if the principal aim is the best interest of the child, including a successful and prompt social integra-

tion or reintegration. The main objective should be the development and fulfilment of the child'. I will return to this interesting publication later.

A second milestone in the field of child and family welfare is the evolution towards safeguarding and improving quality of care. This evolution has, like the children's rights movement, started about two decades ago – it is, however, less easy to date its origins, although this evolution is of course partly linked to the Convention – and is still continuing today in all countries of Europe and also at the European Commission level.

What are the basic tenets of the quality-of-care paradigm? We can discern the following elements. Quality of care starts from the imperative that care matters, that it should serve the best interests of clients and needs to be evaluated by those who make use of it. It is about the infrastructure of services and the way we design services, about professionalizing staff, about transparency of decision-making processes, treatment plans and care trajectories, about participation of clients in all activities which may have an impact on their lives, about looking for good practices and about taking into account and optimizing the clients' satisfaction with the care provided. These basic principles are concretized in quality criteria which have to be considered as minimal conditions necessary to guarantee good enough living and care and which need to be evaluated at regular times.

How does Europe deal with the quality-of-care paradigm? How does it implement the quality standards of care that need be reached? Again, we can make a distinction between implementation at the national and the European level. At the national level, governments take care of quality by evaluating – yearly or at regular times – whether services reach the minimum standards of quality, either through internal or external audits or clients' reports. In the event that they are not fulfilled, sanctions can be imposed on service providers, including their closure if children's wellbeing is being put at risk.

At the European level, much is done to enhance quality of care in services for vulnerable children and families. As with children's rights, new member states within Europe are encouraged to develop quality care guidelines, make them visible for workers and clients and evaluate what is the quality of the care that is provided. I'll pick out one issue: the *Quality4Children Standards for Out-of-Home Child Care* (www.quality4children.info) which have been published in 2008 and were the fruit of collaboration between three organisations: FICE (*Fédération Internationale des Communautés Educatives*), IFCO (*International Foster Care Organisation*) and SOS Children's Villages. Out of the stories of 163 children and young people on what good care for them means – in addition, biological parents, caregivers, extended family members, lawyers and government representatives participated at the study – 18 quality standards could be distilled, which were grouped into three areas: 1) the decision-making and admission process, 2) the care-taking process and 3) the leaving-care process. The on-line report of this study contains a description of these standards, guidelines to put the standards into practice and warning signs indicating a lack of quality. The standards may seem to be formulated in a very general way, but they do touch upon essential aspects of care. Here are a few examples:

1. with regard to the decision-making and the admission process:
   a. the child is empowered to participate in the decision-making process,
   b. the out-of-home care process is guided by an individual care plan;
2. with regard to the care-taking process:
   a. the child is cared for in appropriate living conditions,
   b. children with special needs receive appropriate care;
3. with regard to the leaving-care process:
   a. the leaving-care process is thoroughly planned and implemented,
   b. follow-up, continuous support and contact possibilities are ensured.

I suggest we compare these standards with ongoing practices in children's services (including residential units and foster homes). Where do we stand? Are we able to realize these standards? What do we need to optimize practice in terms of funding, service delivery, professionalization and ethics?

A third recent milestone in child and family welfare is the introduction of the evidence-based practice paradigm. As for the quality of care paradigm, it is difficult to date this shift. Practices in child and family welfare have always been inspired by theoretical models and have long been the object of study and evaluation, but the term "evidence-based interventions", and the language the paradigm of evidence-based practice has brought with it, reached Europe at the beginning of the nineties. At that time the term was already common in the United States. The reasons why this paradigm now is dominating discourse in Europe as well have not only to do with the "Americanization" of the field. Professionals feel an internal pressure to evaluate the outcomes of their work; they want to know whether the help they provide works. In particular they are interested in long-term outcomes. They also want to know what happens elsewhere and integrate new practices into their work with vulnerable children and families. Globalization and the internet bring them in contact with new practices, visions and research methodologies. Further, they experience a large gap between 'best practice' as spelled out in research studies and 'day-to-day' professional practice. In addition, there is pressure from outside. Our post-traditional society, according to Beck (1986) and Giddens (1990), has become a risk society. We have lost a deep sense of security in family, tradition, religion and community and tend to attribute all harm or adversity to human action or inaction. In such a context information about the effects of care becomes very important. Further, policy makers want to know whether the money they spend on child and family welfare services is spent well and citizens want to be informed about what happens in this often ill-defined field of care, about which professionals sometimes are too hazy and about which they hear so little except for some 'bad news stories' which are spread out widely in the media. Finally, clients are getting more empowered and start claiming their rights to receive the best care possible (Morago, 2006).
The evidence-based practice paradigm states that all interventions for vulnerable children and families need to have been proven to be evident. This means that they have to be tested using rigorous scientific criteria, before they can be implemented into practice. It implies that in the long run only 'best practices' may be offered to clients.

In essence, the children's rights paradigm declares that it is the child who matters (including their views about what they want from services and what they find helpful), the quality paradigm: that it is care that matters, and the evidence-based practice paradigm: that it is the outcomes of care that matter. Mostly, evidence-based practice is defined as practice preventing breakdown or early drop out, reducing problems, attaining the goals that were set out and enhancing the clients' quality of life. At a later stage cost-effectiveness of interventions has been added as a key indicator, which brings the field of child and family welfare in contact with welfare economics, a discipline analyzing social welfare – or well-being – in terms of economic activity. Testing evidence and searching for best practices is a new branch. We do not find these terms in publications on children's rights or quality of care (in the latter we can read only about 'good' practices, but this term sometimes has a somewhat different meaning here) – except in some recent publications, for instance the 2006 Council of Europe's publication *Rights of Children at Risk and in Care*.

Good, Better, Best: The Evidence-Based Practice Paradigm within Europe

It is good to keep in mind the evolution of the paradigm. Evidence-based practice originally stems from the medical sciences. The epistemological views underlying the paradigm are positivist, the research designs that are referred to are experimental with a test by using the randomized control design being the ultimate goal for researchers to reach. Is it not entirely surprising that this paradigm has taken some time to reach child and family welfare practice, where problems are characterized by high complexity and context is far more than merely a 'disturbing' variable

or 'noise'? The paradigm has also reached policy. If used mindfully this is an evolution that can be welcomed, because an evidence-based policy may replace opinion-based or ideology-based policy to the benefit of many. If an evidence-based policy is dictated in a too rigid way, however, will it then not undermine our creativity and open-mindedness – both viewed as characterizing European child welfare practice? I will return to this issue later.

How do countries within Europe now deal with the evidence-based paradigm? Since the paradigm has entered the practice and policy of child and family welfare, we see some important changes.
All across Europe, but particularly in the United Kingdom and the Nordic countries, we see in universities centres emerge having the term 'evidence' or 'evidence-based' in their name (e.g., *Centre for Evidence Based Social Work, Centre for Evidence-Based Interventions, Centre for Evidence-Based Social Services*). Some of these centres form partnerships with agencies outside the university in order to bridge the gap between research, policy, practice and education. Further, we see the emergence of public or private sector institutes and organizations for which evaluation of practices in child and family welfare is a core business. These institutes and organizations try to bridge the gap between the academic world and the field of practice, their mission being to inform professionals in the field about the knowledge on best practices and to make this knowledge accessible through conferences, journals and websites. Examples are: the *Dutch Youth Institute*, the *German Youth Institute*, the *Danish National Centre for Social Research*, the *Institute for Evidence-Based Social Work Practice* in Sweden, the *Observatoire National de l'Enfance en Danger* in France and the *Fondazione Zancan* in Italy. Browsing through the websites of these institutes and organizations, we are informed that the evidence-based practice paradigm is being implemented in these countries. However there are substantial inter-country differences, with big differences in the mode of expression used to write on this issue – no discourse is the same. Further, we discover that each country makes its own translation and has its own interpretation of the paradigm. Again, Europe is revealed as a mosaic.

The evidence-based practice paradigm crosses borders and so do researchers and professionals in the field. At a broader level, they are grouped into associations and networks. The *European Scientific Association on Residential and Foster Care for Children and Adolescents (EUSARF)* and the *International Association for Outcome-Based Evaluation and Research on Family's and Children's Services (IAOBERfcs)* are giving ample attention to the evidence-based paradigm, as translated into research methodology and child welfare policy and practice. Other networks exist, for instance the *International Foster Care Research Network*, which recently has been initiated by colleagues in Germany and groups foster care researchers from continental Europe and the United Kingdom. Another example, different from the two previous ones and located in another part of Europe, is the *Nordic Campbell Center*, a regional centre in the International Campbell collaboration. The mission of this centre is 1) to promote the formulation of transnational systematic reviews of surveys of high quality concerning the effects of social and welfare programmes, 2) to provide a link for Nordic networks of researchers and users who develop and maintain or apply systematic reviews within the Centre's areas of activity, 3) to disseminate updated knowledge within the Centre's area to politicians and users – primarily in the Nordic countries and 4) to participate in international Campbell collaboration. The Nordic Campbell Center supports and initiates the writing of reviews on the effects of interventions in different areas, including child and family welfare. Recently, the Center supported a review on the outcomes of cognitive-behavioural treatment of antisocial behavior in young people staying in residential care (Armelius & Andreassen, 2007).
Finally, the institutions of the European Union and the Council of Europe are supporting research programmes and funding research projects. There are resources for research on interventions for vulnerable children and families, in the Seventh Framework Programmes, the Daphne programme and the programmes supported by the World Health Organization Regional Office for Europe. Europe has much to offer for researchers, as long as they can show what may be the

European added value of their proposals. What can we learn from each other? What can Europe learn? How can knowledge be disseminated to European partners?
The European Union has implemented the Convention on the Rights of the Child and specified guidelines to safeguard the rights of vulnerable children. There have been quality standards of care formulated at the European level. Will Europe also develop standards or guidelines or protocols for evidence-based practice with regard to vulnerable children and families? I believe it will – at least in the form of guidelines – within the near future. A start has already been made, for instance by the Council of Europe's *Rights of Children at Risk and in Care* (2006). In this publication, some evidence-based practices to avoid out-of-home placement are mentioned and recommended to be implemented, for instance Parent Management Training Oregon (PMTO; see Reid, Patterson, & Snyder, 2002) and Multi-Systemic Therapy (MST; see Henggeler et al., 1998).

The evidence-based practice paradigm has conquered Europe, but can we discern typically European perspectives? Europe reacts in different ways to the evidence-base of interventions. It imports from the USA and Australia interventions that have been demonstrated to be effective or promising. An example is Triple P (Sanders, Markie-Dadds, & Turner, 2003), an integrative and multilevel parenting support programme coming from Australia and now being implemented already in 14 countries in Europe. Further, to prevent out-of-home placements, the Multi-Systemic Treatment model is being implemented in Europe, among others, in the Netherlands, United Kingdom and some Nordic countries, as are other North American family preservation programmes like the Homebuilders or Families First model, among others, in Belgium, United Kingdom, the Netherlands, Germany, Finland and Portugal. Another example is Family Group Conferencing (Connolly, 1999), stemming from practice in Maori communities in New Zealand. More than a single intervention, Family Group Conferencing rather has to be considered as a paradigm or a model to approach vulnerable children and families. It has been implemented in many European countries in child welfare as well as in juvenile justice systems.

Europe would not be Europe, if it were not to subject the evidence-base of interventions to critical review, analyze its underpinnings and evaluate whether evidence shown elsewhere can be replicated on its territory. Europeans like to reflect on concepts. Europe constructs but also de-constructs. With prominent philosophers as Foucault, Derrida, Habermas and Sloterdijk, it is the home of de-constructivism and critical theory. Here we can see some interesting differences between countries and cultures. On the website of the *Deutsches Jugendinstitut* we can read how in Germany the term 'evidence-based' and the principles underlying the evidence-based practice paradigm are de-constructed. In France, the word 'programme' has to be avoided in discussions with practitioners or researchers. For them the word has a negative connotation, it refers to 'control' or 'a violation of human freedom and liberty'. Whereas the Germans and the French spontaneously de-construct and criticize what is coming from elsewhere, other countries in Europe import first and criticize later, after having evaluated or having experienced a welfare policy too rigidly and narrowly focusing on the evidence-based practice and research paradigms. In England, for instance, the concept and the underlying principles have been criticized in social work journals (e.g., *British Journal of Social Work*, *European Journal of Social Work*). I try to summarize the main critics:

- some definitions of evidence-based practice are circular,
- the relevance to child welfare practice of linear and medical models underlying the paradigm are not always taken into consideration,
- what we call a positive outcome and how we measure it, may be influenced by our implicit norms,
- uniformity in terms of fixed protocols or intervention programmes is de-contextualizing children's and family's problems and strengths,
- the types of research used to evaluate interventions and demonstrate effectiveness show a strong preference for observation and an under-valuing of interpretation and qualitative methods,

- interventions may work for Western middle-class groups of clients but lack cultural sensitivity and may be less appropriate for children and families from non-Western cultures or Western under-privileged children and families,
- care is being reduced to its technological aspects, this means the mere application of 'what works' principles, and too little attention is being paid to its relational dimension.

Europe, of course, adds to the evidence-base in a more original way, by means of perspectives and models, practices and research methods. I already referred to social pedagogy, an organic system of thoughts, policy and practice on the European continent. Social pedagogy may offer interesting perspectives and good practices to help vulnerable children and families, at home by parenting or family support, in foster care or in residential care, adding a typically continental European dimension. Further, I can mention attachment theory which was born in Europe based on the work of John Bowlby. The attachment paradigm is no longer typically European, it is spread all over the world nowadays, but in some European countries, in particular the United Kingdom, attachment theory deeply influences thoughts and practice in child and family welfare. Many promising practices based on attachment theory have been developed, implemented and evaluated in the United Kingdom, in particular in the field of foster care (see e.g., McAuley, Pecora, & Rose, 2006, for reviews).
With regard to research methods, I have noticed an increase of methods to research vulnerable children's experiences. I could add here the rich German tradition of using narratives in qualitative research as well as hermeneutic analysis, respectively a means of data collection and data analysis. Both may be useful in outcome research because they can help us learn much about what people's real needs are and how care may give meaning to people's lives. These approaches may also help us to identify sensitive outcomes or 'steps on the way to success' (Berry, 2007).

Beyond Evidence: Outline of a Framework

We have seen major shifts in the field of child and family welfare in Europe during the last two decades: children's rights, quality of care, and evidence-based practice. These shifts have deeply influenced practice, policy, research and education and had the result that, today, we speak a new language. Changes have come at great pace but nevertheless we have to look forward. What will come next? What lies beyond evidence? It is obvious that vulnerable children and families will benefit from a more evidence-based care. However, it also becomes clear that the evidence-based paradigm will not be the end. Evidence-based interventions cannot be implemented in a vacuum. They are part of contexts. For this reason, questions are being raised, which need to be reflected upon further. For instance, how does evidence relate to the complexity of problems we are faced with, the complexity of services we are working in, cultural sensitivity, reflective practice, quality of life, voice and ethics, all basic dimensions of care that evidence-based working should take into account? These issues inevitably need to be addressed when the evidence-based paradigm is implemented in child and family welfare.
Another question that is being raised and makes me look forward is whether integrating perspectives would make sense. I presented three perspectives which changed our thoughts, policy and practice of helping vulnerable children and families and until now, there is little connection between these three perspectives. The children's rights and the quality care perspective have grown towards each other and they now are partly integrated, as is illustrated by the *Quality4Children Standards for Out-of-Home Child Care in Europe*. The evidence-based practice paradigm at first sight seems to deal with something else, in particular with how practice and policy can benefit from science and which methods and interventions professionals in the field need to follow in order to become 'good' (evidence-based) practitioners. The language used here is rather different from that used by researchers, policy makers and field workers referring

to the children's rights or the quality of care paradigm, except maybe that 'quality of life' as a concept to measure outcomes in children and families turns up today in debates on evidence-based practice (see e.g., Axford, 2008).

However, I believe it is good to do this exercise on integration because there are some commonalities between the three perspectives. In particular, they all share a common goal: to serve the best interests of vulnerable children and families. Why not interconnect the perspectives into a *best interests pyramid for vulnerable children and families* (see Figure 1), with children's rights on the base, quality in the middle and evidence-based practice on top? The order of the pyramid's building blocks makes sense as safeguarding children's rights is a basic condition that needs to be fulfilled in order to come to quality of care and evidence-based practice. Making such integration is more than freewheeling and not without consequences and engagement. Evidence-based practice which is on top rests on rights and quality. It needs to be supported and nourished by it. It is questionable how 'evident', in terms of 'providing the best care possible', an intervention can be if it does not give voice to children and families, does not empower them and help them to become agents of their own lives? What is an evidence-based intervention worth, let it be that it has been evaluated by means of a randomized control design, if it is implemented in a care system where children are not referred to the best places – in terms of their needs, life situation and original social environment – for whatever reason, and where little attention is being devoted to permanence and continuity of care or to leaving care processes? Many evidence-based practices probably do already take into account rights and quality in a sufficient way, but without making the links explicit. Turning to an integrative perspective implies that links have to be made explicit and that new measures of success need to be included in outcome research, in particular measures based on concepts of child and family well-being, as is illustrated by Axford (2008), who linked child well-being to needs, rights, poverty, quality of life and social exclusion.

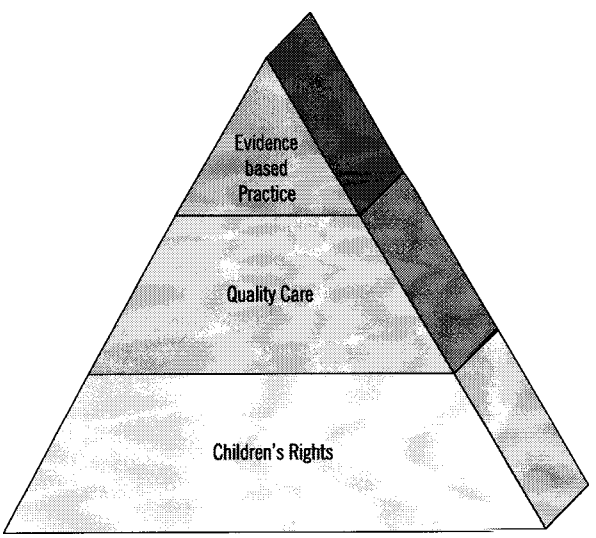

Figure 1
A best interests' pyramid for vulnerable children and families

Let us hope that research, policy and practice in Europe will evolve towards an integration of these perspectives in order to give a European model of evidence-based practice the elevated position it deserves and to let as many children and families as possible benefit from it.

To Conclude

Here our journey across Europe has come to an end. What can we conclude?
There are no clear typically European perspectives on evidence-based interventions for vulnerable children and families to discern. Europe simply is too much a mosaic. It is too diverse. And diverse it will remain, as more countries will join the European Union and more reports on child and family welfare practice and policy from the Union's new member states will be available to us. Does it matter that there are no clear European perspectives? Maybe this is Europe's strength. Let us enjoy Europe's complexity and keep this openness of borders and minds. Let us welcome what comes from outside and at the same time be critical of it. Let each country in its own way add to the evidence-base of interventions for vulnerable children and families and let us never give up collaborative dialogue so that we continue to learn from Europe's rich history of care.

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Author note

Dr. Hans Grietens
Full Professor
Centre for Special Needs Education and Youth Care
University of Groningen
Groote Rozenstraat 38
9712 TJ Groningen
The Netherlands