# Spoken interview with Erik Dannenberg

Hallo, and welcome to this interview. My name is Jelle Drijver and I’ll be talking to Erik Dannenberg, chair of Divosa, the association of municipal managers in the social domain. ZonMw just presented its ambitions for the next four years, and in this interview I’ll be discussing the challenges at the local level. Welcome, Erik!

## A brief introduction: who is Erik Dannenberg?

I was born in Zeist. I spent the first part of my career working in addiction care, social services and crisis shelter programmes. I’ve had all sorts of roles, and I’ve seen lots of multi-problem situations. I saw people who’d withdrawn from society altogether, who had all kinds of problems at the same time. Yes, those were some pretty heavy years. I met whole families who were homeless, and young people who’d fallen into crime. So many people with acute and chronic mental health problems. After that I devoted twenty years of my life to the Salvation Army, followed by a stint at Rivas Zorggroep and nine very enjoyable years as an alderperson in Zwolle. The last few of those years I was on the board of the VNG (the Association of Netherlands Municipalities); as a former care professional I had the new care structures in my portfolio. I led negotiations on new youth law and the new WMO (the Social Support Act), blazing new trails in the Netherlands. We planned to change the way we supported vulnerable social groups: coherent, local and close by. In reality things proved rather tougher and more protracted than I’d expected, so I’m very happy that I can also work for Divosa. I’ve been doing that for about four years now. It lets me work to rebuild the whole care and welfare field from a municipal perspective: local, close by and coherent. I also work for the Council of Public Health and Society one day a week, I fulfil a number of roles in supervisory boards, housing corporations and care institutes, and I do some research for Nivel.

## Not much chance of you getting bored, then! What’s your relationship with ZonMw?

I’ve been in contact with ZonMw all through my career. In Divosa that contact is on the theme of professionalism. We train professionals in the field so that they can say: in this kind of case I can employ this kind of intervention, and I know what works from my knowledge and experience on the one hand and from scientific research on the other. I’m also involved with a group that works to make better use of people with hands-on experience, because I think this should play an important role in actual care provision. It’s a separate perspective from the scientific one: use the knowledge of people who’ve been through it all before. I’m also on the Supervisory Board at Nivel, newly chaired by former director of ZonMw Henk Smid.

## ZonMw has developed a new policy plan. What’s your first response to it?

It’s positive. The plan starts by talking about the complexity of social issues, which I was glad to see, as this is something I’ve had to deal with my whole working life. The world is too complicated to split people up into ‘target groups’ or ‘knowledge areas’. When I was working in crisis care I read a lot of research reports, for instance into young people with autism. The researchers were always looking for a clear-cut population and trying to exclude those with additional issues such as a drug addiction, a low IQ, homelessness or some kind of physical disability. But in practice you’ll never find such a group, so what’s the use of this kind of research? I see all these kinds of problems as being interconnected: debt, criminality, low IQ, broken social networks. The initial focus that the policy plan gives to multi-problem situations – both in individuals and in households, in certain neighbourhoods and larger districts – was something I strongly agreed with. At the same time, the context of people with a low socio-economic status is approached very well indeed. These people live in the cheapest neighbourhoods, right next to a busy street, with a huge amount of noise, where you’re woken up twenty times a night by the noise of a 2-stroke scooter or by diesel exhaust fumes.

Another important context is insecurity. Debt, for instance, or precarious housing – having to move from place to place because of temporary contracts. There is a group of people in this country, between one and one and a half million, who are in a kind of permanent survival mode. And these people also have to deal with a society that is itself extremely complex. So I’m glad that the policy plan has focused on this.

## You just mentioned a number of issues you’ve encountered at the local level. How are people now working at that level to ensure the best possible health for everyone?

At this moment we’re seeing a tipping point, in which people are looking at issues at the local level much more. I remember showing a delegation of the Ministry of Health, Welfare and Sport around Zwolle, where I was an alderperson. A recently-renovated park included a panna football cage, and I said ‘That’s to make sure kids don’t sit inside all day, and get some good exercise outside.’ That’s effectively a health policy, but also a kind of crime prevention scheme. If kids can do the right kinds of thing outside during the day, and get the energy out of their system, they’re less likely to get bored and start vandalising things. So a single intervention might have several functions: a social function, and also strengthening community. At the national level you often see that everything has been split up into separate policy areas, but at the local level the same intervention should often serve more than one aim, from safety to health and welfare. I remember that one of the Ministry delegates asked ‘But how do we measure whether more kids are using the park?’ Our *wijkbeheerder* (neighbourhood manager) replied ‘We can just see it.’ That’s the difference between the national perspective, where everything has to be measured, and the local perspective, which depends much more on ordinary observation.

## How do you regard the multi-problem situation that many clients face? How could care be organised more along ‘client journey’ lines?

That has to do with how care and welfare organisations were originally set up in the Netherlands. They were shaped in large part by how we made their funding available, which now means that we have a rather small welfare sector in this country, compared with the health care sector. A lot of money is put into something we call ‘care’, but it is completely compartmentalised. Mental health care is organised separately from disability care, elderly care is something else again, youth care is also separate – and within each compartment there are countless others. In the wave of mergers that has affected the Netherlands for decades, an institute invariably merges with another similar institute. One hospital merges with another; one home care organisation with another. They remain islands in their own field, because that’s how they’re funded. One is paid by the province, another by the municipality, another by a regional care administration office, and what you get is large, supra-regional institutes that specialise in one area. So when decentralisation arrived in 2015, it created tensions. Municipalities often say: we’ve got a neighbourhood here where everything is going wrong, where misery is the only thing holding people together. There’s debt, poverty, poor health, unhealthy behaviour and an unhealthy living environment. They’re the ‘working poor’. They survive, but no matter how hard they work, they slide ever deeper into social deprivation. To support them you have to work in a coherent way: supporting their living environment as well as mentoring the families. In a neighbourhood like that there’s not much point to outfits that can only do one thing well. Municipalities would rather have a local organisation that can deliver everything. They’re creating them now, too, with ‘neighbourhood teams’. We’re moving away from the model of single-issue organizations serving a large region. And it’s creating a lot of tension. Should municipalities be purchasing services on the scale of the organisations that were set up in the past, or should those organisations be de-merged and re-merged in other ways so that they provide a sort of local supermarket, instead of specialist stores? That’s the battle that’s been going on for the last five years, and it’s by no means over.

I do think we need to retain some very specific kinds of expertise, however. And it has to be organised at the regional, and sometimes even the national level. But it’s only a small part. To compare it with the retail trade, I see lots of specialist stores and hardly any supermarkets – and the few supermarkets that do exist are very small and are called ‘neighbourhood teams’. I’d like to see these teams get bigger and more robust. And more accessible: a supermarket of services when it comes to coherently helping neighbourhoods that are affected by several kinds of problem. I’d like to see us moving away from these large, supra-regional service suppliers with their limited range of products.

## You’ve just answered my next question: what do you think is needed to effect real transformation? But how should we be shaping this decentralisation? What concrete things should be done? Where do we start?

This is where ZonMw could be very relevant, in supporting research and provoking the field. How can we properly shape this transformation? At the same time, the shop has to stay open during rebuilding. What are the new management principles that would underlie coherent care in families with complex problems? How would that expertise be translated? It’s an expertise issue, a knowledge issue, an organisational issue, and, last but not least, a financial issue – some municipalities are really struggling financially, even though we allocate quite a lot of budget to this compared to other countries. So it ought not to be a primarily financial issue. We may well have an organisational issue and a knowledge and expertise issue. It would be good to direct research towards those. Given the means available, could we organise things in a cleverer way? A better way, a more coherent way? We really have to stop sending twenty professional carers to a single family, with each one tackling part of the problem. We could be doing this work much more logically, and that would also make it more functional – and cheaper.

## Let’s say you’ve got your consultancy hat on, and you’re advising ZonMw. What would you recommend for the coming policy period, in closing? What do you think ZonMw should be taking on for the next four years?

I’d like to see ZonMw provoking the field to make care and welfare overlap more. To solve more problems in preventative ways. To make sure that our indicator systems don’t mean we take action only when things reach crisis point, but that we strengthen health in more preventative ways and strengthen the population in terms of resilience and healthy habits. And I think that ZonMw – and it’s clearly there in the policy plan – should start focusing on the large number of elderly people that are on the way, while our resources – certainly given COVID – are not going to be growing. We are more likely to be entering a phase of protracted cutbacks, to get the state budget back in order. And we also have a jobs market issue. With a tightened state budget we can afford fewer people on the front line, and that raises a very big issue: with fewer resources, how are we going to continue to provide proper community care for old and vulnerable people? How will we do that? I think there’s a lot still to be worked out in that area.

I’d also like to say that very many parties are asked to respond to a ZonMw funding call and write a plan. Only a few are eventually given the means to put that plan into action, and this means that a lot of knowledgeable, smart people putting a lot of time into funding applications are ultimately denied. I’d like to see whether we could treat people and resources more efficiently by making selections in a slightly different way.

## It looks as if you might already have an idea how that could be done.

Yes, we’re rather fixated on overly-long application forms that are then assessed by committees of the wise – with hands-on professionals involved, which I think is a good development at ZonMw. But at the same time we could be looking at a follow-up process while still in the discussion stage. How should we approach things? You could be making a sort of selection there, without making people fill in lengthy application forms for funding they might not get. I sometimes worry about the number of hours lost in making unapproved funding applications. We should be making better use of our time.

I’d also like to look at other ways of implementing accountability. We love words in this country, and well-educated people especially do a lot of their work on paper – but couldn’t accountability be done in other ways? For example, in a more narrative way: by giving accounts of people who had been given better help, and explaining why a new concept worked better than the last. I’m not saying that the current system should be scrapped; but its focus on the written word, the cognitive, needs a better balance with the narrative: stories, experiences, direction, conviction and passion. I’d like to see a bit more balance there.

## Erik, thanks so much for your time and for sharing your opinions on ZonMw’s new policy plan. Have a great day, and good luck!

Thank you! It was a good conversation.