Diversity Developmental Tool

Increasing the reach and effectiveness of
interventions aimed at (ethnic) target groups

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2.1 Introduction: framework

The aim of the 'Diversity Developmental Tool for Interventions' project is to develop (and eventually incorporate in existing standards) criteria that make it possible to assess whether interventions sufficiently connect with the reality as experienced by immigrant parents and their children: with their beliefs, expectations, standards, behaviour and interactions when dealing with problems, help-seeking behaviour and relationships with professionals.

The main issue is specifying the *ecological validity* of interventions. We will first discuss the meaning of this concept as related to this study. Next we will address the topic of determining how extensively interventions need to be adapted in order to be able to apply them to ethnic groups.

Ecological validity in this study

Relating to the client's 'clinical reality' (from Kleinman, 1980) requires differentiation and customization, something that should ideally be part of any intervention. However, not all 'ecologically valid' interventions are by definition sufficiently diversity sensitive. After all, interventions are frequently based on theories that have been developed for and fine-tuned to the western middle classes. For example, many interventions have an individualistic bias (e.g., Pels, 1998). Regardless of the responsiveness of the professionals towards the clients involved, the fact that autonomy is one of their own cultural axioms may blind them to this bias.

In our view, the term 'ecological validity' refers to four theoretical principles. Firstly it places the parent's and caregiver's thoughts and actions in a cultural ecological context, as demonstrated by Super and Harkness (1986, 1998) in their 'developmental niche' model. They divide the family system into three interrelated sub-systems: the psychology (values and opinions) of the parents and caregivers, parenting customs and practices and the physical and social settings within which children live. Following on from Bronfenbrenner (1977) the child and family are visualised in concentric circles representing meso-systems (for example the school or youth facilities) and macro-systems (for example the dominant culture and political and economic context). Interactions between the family members and the wider meso- and macro-environment influence interactions within the family micro-system as well as in the context of the interventions. Families of non-western origin are more likely to experience dissonance with the wider environment.

The second principle is related to the foregoing: the extent and type of sociocultural adaptation of young people and their parents or caregivers depends on their perception of the minority – majority relationships and on their status in the wider community. (Ogbu, 1987; Ogbu & Simons, 1998). If they think that the community reacts negatively towards them, they are more likely to resist change or adapt selectively in specific areas (Portes, 1995).

The third principle has already been implied by the previous two points; namely that a dynamic concept of culture is called for. Child rearing and development patterns have both a historic and a collective dimension, because individual life histories are created within cultures and frameworks that have been around for a long time. However, adaptation also takes place in response to new circumstances (Eisenhart, 2002). The thoughts and actions of parents and children in the multi-ethnic context are the results of conflict between the old and the new, results that neither fit 'traditional' nor dominant mainstream patterns (see also Pels & de Haan, 2003). These thoughts and actions can also vary greatly within groups and even within families.

Fourthly, 'diversity' relates to a wide range of factors. In addition to ethnic-cultural factors, other factors involved include migration issues, gender, social environment, religion and status within soci-

ety, to mention just a few of the most important. In connection with the above, Crenshaw (e.g., 1994) introduced the term 'inter-sectionality'. An individual is formed by the mixture of various and (sometimes) conflicting group identities. Depending on the situation different aspects of the identity or social positioning will become more dominant (see also Wekker & Lutz, 2001). Although diversity can include a wide range of accents, this project for diversity in interventions focuses on diversity related to ethnicity.

It is clear that there can be significant differences in parenting practices and development values, as well as the context within which these develop, both between and within (ethnic) groups. For interventions this means that each situation needs to be treated individually and prejudiced opinions must be avoided. Existing theories and methodologies are however frequently based on research of middle class populations in a western setting (Dekovic & Asscher, 2008; Pels, 1998). In order to do justice to the diversity between and within groups it is essential to focus on improving the ecological validity of interventions. This raises the question of the nature and extent of the desired adaptations to the interventions.

Specific or adapted interventions?

Whether the demands of ecological validity require the development of specific interventions for specific target groups or whether it is sufficient to adapt existing interventions is a controversial issue. Tharp (1991) distinguishes three visions of *cultural compatibility*: one postulating the necessity for specificity; a weaker variant arguing the case for adaptation, or in other words embedding methodologies in group specific denotations and processes; and finally a third vision that assumes that effective treatment will have the same effect on a wide range of groups. According to Tharp, the most viable hypothesis is the midway variant: interventions for *everyone* should be embedded in the values, processes and language of the client (see also Kazdin, 1993).

Research, both national and international, has demonstrated that immigrants and minorities frequently do not relate to the interventions available. This contributes to their lack of participation in these interventions and their relatively high drop-out rate from 'traditional' programs. Unfamiliarity for example may also play a role (see e.g., Barlow et al., 2004; Pels, 2004).

In a review of mainly American studies Barlow et al (ibid.) researched the effectiveness of generic, adapted and cultural specific family interventions. They too demonstrate that the 'traditional' interventions being reviewed do actually work for various different groups. The findings regarding the effectiveness of adapted and cultural specific interventions are inconclusive, a fact that the authors ascribe to the poor quality of the studies in question. Barlow et al. conclude their review with the call for more development and research in this field. They argue that the importance of adapted or specific interventions is based on two arguments, namely that generic interventions do not always meet the specific requirements of minority groups and that these interventions may be rooted in different principles and values. Kumpfer and Alvarado (1995) presented the results of five studies comparing generic with adapted versions. The generic versions appeared to produce slightly better results, but the adapted versions were considerably better at reaching and retaining clients. Adaptations to interventions can therefore be important. The authors do however recommend that such adaptations should not involve reducing the intensity of the intervention or renouncing central effective elements (Kumpfer et al., 2002).

In summary, the literature indicates that generic programs as such can be effective for diverse groups, but that adaptations may considerably improve the reach and retention and thereby the effectiveness. In addition, adapted and specific interventions may better meet specific requirements for which generic interventions are ill equipped.

For both substantive and practical reasons it seems the emphasis should be placed on (the adaptation of) generic interventions rather than on the development of culture-specific methodologies. To start with the practical considerations: given the heterogeneous composition of the population in most Dutch (multi-ethnic) districts and considering the significant and increasing cultural and other diversity within groups, it does not seem sensible to develop unique interventions for specific groups. Substantively, it also appears to be both possible and desirable to adapt generic programs to the experiences and backgrounds of minority groups, without having to design different curricula for different groups (according to Reid et al., 2001).

Furthermore interventions can be considered to act as mediators between client and society, as part of a process of (cultural) adaptation. In order for these interventions to succeed with ethnic

minorities it is important for there to be a common basic starting point (Bernal, Bonilla & Bellido, 1995; Knipscheer & Kleber, 2004; Knipscheer, 2007), although this is not the same as completely adapting the approach to the point of view and wishes of the client. According to Sue and Zane (1987), cultural incongruity is frequently inevitable and sometimes essential, certainly in the context of migration and minorities. The provision of services in this context involves constant inter-communication between supply and demand, as argued by Van der Laan, Plemper and Flikweert (2003).

This leads to the conclusion that investments should mainly focus on improving the usefulness of existing (promising / proven to be effective) and still to be developed generic interventions in the multi-ethnic context. Explicit criteria for this purpose are not currently available. The purpose of this diversity tool is to help develop ways to remedy this deficit and to allow for a more objective assessment of the appropriateness of interventions for working with (changing) immigrant populations.

2.3 Diversity Tool - ten points

The following paragraphs list the most important assessment criteria of the Diversity Tool for Interventions, as described in (inter)national literature.

We are currently unable to provide a satisfactory answer to the question of whether and to what extent specific criteria should be given a higher priority or should be more heavily weighted than others. However, it is possible to distinguish between criteria that apply to the interventions themselves and criteria that apply to the conditions and characteristics of the context that is of importance for the interventions. From the point of view of diversity, attention should be paid to the (pre-) screening or diagnostic phase; however this is not always considered a part of the framework of the intervention itself. Furthermore, a shared definition of the problems and the approach may or may not be part of the intervention[1]. Important conditions may, strictly speaking, not be considered part of the intervention even though they are essential to the reach and diversity sensitivity. These include adapting language usage, specific ways to encourage clients to make use of the intervention or – one of the most important criteria for success –the professionalism (intercultural competencies) of those carrying out the intervention.

In the following overview of the assessment criteria we therefore distinguish between programmatic criteria and conditional criteria.[2] This distinction does however not imply that the latter type of criteria is less important. There are numerous indications that the success of interventions depends on the client's trust and on the quality of the professionals involved. Attention is also given to institutional embedding and (effectiveness) research as these are both necessary in order to guarantee the effectiveness of interventions in the longer-term.

Programme criteria

1. Problem analysis

An important characteristic of effective interventions is that these focus on theoretically relevant and empirically proven risk and protective factors that play a role in the development and continuation of (problem) behaviour. These can include characteristics of the individual and of the socio-cultural environment in which the young person functions: family, peers, school, neighbourhood and the community (political climate, media, poverty). Empirical research consistently shows that micro-factors, the factors within the direct environment of the child, such as family and peers, are the most important (Deković & Asscher, 2008). Given the potential variation in individual development (for example acculturation issues) and the socio-cultural context within which children in immigrant families grow up

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1 Jointly determining the targets and approach is the important issue here, and not the issue of whether a family or young person is eligible for the intervention.

2 This distinction adheres to the system used by the Accreditation Commission for Youth Interventions. This system does not include conditional criteria; a number of which can however be found in the NJi-databank of effective principles. The Judicial Accreditation Commission for Behavioral Interventions does not make this distinction; they do include conditional criteria.

(e.g., Pels, 2008), the possibility that the development and continuation of problem behaviour are ethnic-culturally specific should be taken into account. It is frequently believed that theories and models of the relationship between risk factors and problem behaviour, which have been developed based on research on young people in western populations, can be generalised to young people from ethnic minorities. Only sporadically have these assumptions actually been tested (Deković, Janssens, & As, 2007). National and international research however indicates that existing theoretical models less accurately predict the problem behaviour of young people from ethnic minorities (Deković & Asscher, ibid.).

Validity of the theoretical model

If an intervention is (also) aimed at immigrant youths / families then the question arises as to the validity of the theoretical model and the concepts upon which the intervention is based. Does the parenting or developmental theory upon which the intervention is based also apply to specific target groups? Are the components of the problem definition appropriate? In other words do the risk factors and problem behaviours included in the model as well as the relationship between them apply to the specific target groups? (Bernal et al., 1995; Martinez & Eddy, 2005). Deković and Asscher (2008) postulate that further insight – and therefore research – into the causes of the problem behaviour of (girls and) immigrant youths is necessary in order to be able to determine whether interventions need to be adapted. It will only be possible to develop (and/or adapt) interventions that cater for differences in development, or its determinants, once it has been made clear whether such differences actually occur. For examples of a specific, problem-focused intervention for drugs prevention in the US, based on an ecological model, see Okamoto et al. (2006).

2. Goals

Interventions that do not sufficiently connect with the client's 'clinical reality' may not achieve their aims (Vincent et al., 1990). If the interventions are to succeed it is important to agree upon the basic principles (Bernal et al., 1995; Knipscheer & Kleber, 2004; Knipscheer 2007): what do the social worker and the client hope to achieve with the intervention? The terminology used must also fit in with what the target group considers to be important. Finally the target group may have specific experiences, such as raising their children in an Islamophobe or stigmatised context, which require a particular approach to the interventions.

Consensus regarding the aims of the intervention

It is important that the aims of the intervention match the wishes and expectations of the clients. This may involve reaching consensus on what the intervention can achieve and for whom. This requires basic knowledge of the diversity between and within groups, for example in relation to child-rearing targets (see amongst others Cartledge & Simmons-Reed, 2002) or attribution of emotional and behavioural problems (Armistead et al., 2004). Also (collective) assessment of needs and (individual) dialogue and fine-tuning are important ways of arriving at shared definitions of the problems and their solutions (see further points 7 and 8, 'diagnosis' and 'involvement').

As previously stated, it is not always necessary or desirable to reach consensus (in advance), let alone to completely adapt to the point of view and wishes of the client. In the context of immigrants and minorities, (cultural) adaptation may be important, whereby those seeking help need the professional to formulate targets that go beyond the current scope of their own perspectives. It is also imperative to work from the client's own starting situation and possibilities. This is especially true in the case of statutory (involuntary) intervention.

'Framing' intervention targets

It may be necessary to translate the intervention targets in terms of values, views and strategies that are important to the clients (Bernal et al., 1995). If the aim is to encourage the parents or caregivers to adopt a more authoritative attitude to their children, it may be beneficial to point out the importance of such an approach when it comes to performance at school. Here too it is of utmost importance that there is sufficient knowledge of the target groups and that discussions aimed at reaching agreement are carried out.

Specific backgrounds and experiences

When determining the aims of an intervention and how to *frame* them, the specific cultural backgrounds must be taken into account while not losing sight of the dynamic cultural context. Vast differences can occur within and between groups and within and between families. Over the generations many changes take place, for example in child-rearing models and child-rearing issues (e.g., Distelbrink, Geense & Pels, 2005; Pels & Distelbrink, 2000; Pels & De Gruijter, 2005).

In addition we must take the specific circumstances and experiences of immigrant families/young people into account, such as acculturation problems and (perceived) lack of prospects or stigmatisation, absence of social support and trans-nationalism. Interaction with unfavourable circumstances at a social, economical and/or political level may result in specific coping styles, conceptualization and (defensive) attitudes (see also APA guidelines). Anglo-Saxon literature for example reports strategies of 'racial socialisation' (Coard et al., 2004), such as emphasis on cultural traditions and pride, preparation for negative encounters and fostering ethnic or religious distrust (Hughes & Chen, 1999). A lack of (sufficient or suitable) social support in the face of poverty may also be of influence (Boyd, Diamond & Bourjolly, 2006). Such circumstances can lead to a distrust of social workers/professionals and researchers (e.g., Sarno Owens et al., 2007; Armistead et al., 2004). The literature does however provide some pointers for working with these issues. In the context of migration, an example would be the role of 'cultural broker', responsible for setting up a 'culture-migration dialogue' (Bernal et al., 1995, P. 78). Preconceived notions, attitudes and behaviour that are frequently not directly apparent may form a significant problem. They can colour relationships, for example with the professional, and may make it necessary for the intervention goals to be reformulated or supplemented. The professional must be capable of discussing this with the clients so that both parties know where they stand, after which the necessary adjustments can be made.

3. Methodology

A criterion that links in with the two previous ones concerns implementation practices, and in particular the issue of whether the (presumed to be) effective components of the employed methodology are actually ecologically valid.

Is the theoretical justification of the intervention valid and do the intervention goals match the client's perception of reality? If so, the next question concerns the validity of the methods used to reach these goals. Do the methods used in practice have the same effects on differing groups? (Bernal et al., 1995; Martinez & Eddy, 2005).

Validity of the effective components

Methods and tasks must be ecologically valid; in other words they must relate to the client's reality. This is true for factors that are assumed to be effective in general as well as for the factors specific to the intervention.[3]

For ethnic minorities the ecological validity may for example mean that a community, network or family approach is preferable to individual treatment (Breuk et al., 2007; Tharp, 1991). Systematic approaches have – at least in the USA – a much greater effect when it comes to reducing behavioural problems than interventions that focus solely on the youths themselves; this is true for both traditional and acculturated minorities (Tobler & Kumpfer, 2000). Furthermore, it may sometimes be more appropriate to involve the female members of the family rather than the fathers (Distelbrink, 2000; Boyd et al., 2006). Where necessary it is important to take relationships between generations and between genders into account, whilst remaining open to opportunities for change in these relationships. For example men could be encouraged to consider gender relationships in a professional context (Bouhalhoul & Van der Zward, 1996) and youths could be allowed to express their opinions in the presence of their parents, provided sufficient respect is shown (Breuk et al., ibid.). Many interventions call on the cognitive and verbal abilities of the clients, their self-accountability or their willingness to psychologize. Poorly-educated immigrants are not always able to meet such demands and could potentially benefit more from role models or supervised participation (e.g., Pels & De Haan, 2003). It may also be necessary to further invest in gaining their trust or in psycho-education (Bellaart, 2003). More gene-

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3   When testing this diversity gauge on a number of projects we frequently encountered the problem that the project descriptions did not include a clear distinction between general and specific factors.

rally, the protocol must allow for differentiation. Finally it may be necessary to provide details of the specific skills expected of the professionals for the intervention involved.

Conditional criteria

4. Communication

As a rule, the most important vehicle in the learning process of interventions is the written and/or spoken word. The effectiveness of the intervention depends on the effectiveness of the communication. Responsiveness is a major aspect of effective communication, a principle that is also crucial to the ecological validity of an intervention. In the following paragraphs this principle is discussed in terms of specific aspects of communication with clients.

Use of the native language
It may be necessary to converse with clients in their 'own' language, for example making use of interpreters and translated materials (see Bellaart, 2001).

Adapting language usage
Whatever language is used, it may be necessary to adapt its usage when dealing with bi-lingual clients, especially with poorly educated and illiterate people. It may be advisable to avoid written forms of communication and abstract concepts, especially if these do not fit in with the client's own reality. On the other hand, it may be useful to make use of audio-visual aids for communication. Furthermore it is especially important to double check whether messages have been understood (APA guidelines; Armistead et al., 2004; Bernal et al., 1995; Cartledge et al., 2002; Knipscheer en Kleber, 2004; Nix et al., 2005).

Much depends on good communication concerning the problems and the treatment. It is advisable to make use of symbols, concepts and sayings that the clients are familiar with, for example when introducing the intervention and during the intervention itself (Bernal et al., 1995; Boyd et al., 2006; Knipscheer & Kleber, 2004; Knipscheer, 2007).

5. Skills required of the professionals
The success of an intervention depends on the skills of the (semi-) professionals involved (Van Veen et al., 2007). In the context of diversity this means that professionals must be sensitive to similarities and differences, for example in etiquette (see Matos et al., 2006). Sensitivity also involves: avoiding all forms of cultural prejudice and prejudices based on socio-economic status, family structure, gender, generation gaps and acculturation (see e.g., Law, 2007 concerning 'culture conflict'). The willingness and ability to gain trust and maintain close personal contact may be of great importance to the development of the (therapeutic) relationship (Bernal et al, 1995). Sue and Zane (1987) refer to the credibility of the professional in the eyes of the client. This is mainly achieved by the client being able to identify with the conceptualisation of the problems and the approach to achieving the goals.

Diversity competencies
Over recent years in the Netherlands the concept of diversity competencies has been detailed by, amongst others, Bekker and Frederiks (2005), Knipscheer and Kleber (2004) and Kramer (2004). It involves the knowledge as well as the skills and attitudes with which the professional can optimally prepare himself/herself for the diversity characteristics of the clients. Both professionals (expert opinion) and immigrant clients (practical experience) indicate that the most crucial components of diversity competencies are an unprejudiced, open and respectful attitude together with strong intercultural communication skills.

Opinions differ as to the level of knowledge required. According to some, insight into the history and culture of minorities is essential, whereas others find this less important. Some detailed background knowledge of phenomenology, aetiology and potential specific determinants of problem behaviour is of course relevant. However, such background knowledge alone is not sufficient to guarantee the effectiveness of an approach. We must avoid generalisation and a static approach based on a cultural formula (Sue & Zane, 1987). Furthermore, diversity competence does not necessarily mean that interventions should match the client's culture and values. Ultimately it is the credibility of the profes-

sional in the eyes of the individual client that is most important. The professional must be able to strike a balance between carrying out the intervention according to protocol and allowing room for the individuality of the client in his or her context.

Professionalization
The professionalism of the members of staff involved in the intervention is crucial. Especially when it comes to inter-cultural competencies, which can be acquired through training, refresher courses and inter-vision (inter-collegial learning) (Bellaart & Azrar, 2003). Cartledge et al. (2002) refer to a questionnaire developed by Sileo & Prater (1998, p. 339) that gives professionals insight into their own level of 'cultural awareness', for example of important rules within the family or school children's behaviour (discipline styles, interaction with figures of authority, the role of silence and questions/answers in the youth's culture).

6. Reach and retention
One of the biggest issues for (youth) care services is encouraging potential clients to make use of the available services and preventing drop-out: how to reach clients of non-western origin and how to retain them?

Attention to diversity is essential when approaching clients and establishing conditions for participation. For example, distrust of the social services may stem from previous negative experiences, negative perceptions of the services or fear of stigmatization and its consequences (e.g., Armistead et al., 2004). Over-representation of the statutory, intensive interventions (as compared to voluntary interventions) also has a negative effect on the image of the youth welfare work and the immigrants usage thereof. Partly as a consequence of this, the aid offered may be seen as too invasive and drastic (e.g., Breland-Noble, Bell & Nicolas, 2006). The gap between supply and demand, caused by the above-mentioned circumstances, can be bridged in various ways.

Awareness
An important method is to invest in making clients aware of the available services with the help of mediators or intermediaries. Paraprofessionals can encourage key figures to become involved (De Gruijter et al., 2007). Self-organizations and 'bringing the aid to the clients', for example consultation sessions in the mosque, (Bellaart & Azrar, 2003) are also useful methods.

Information and motivation
It goes without saying that clients should be adequately informed about the intervention, the procedure and other issues such as confidentiality and privacy. In addition it is important to pay sufficient attention to engaging with the clients and to motivating them for the intervention (Breuk et al., 2007; 'engagement work' see Santisteban et al., 2006). The literature mentions methods such as the 'family check-up', including 'motivational interview', described by Uebelacker, Hecht & Miller (2006) and the 'psycho-educational module' (Matos et al., 2006).

Taking specific circumstances into account
Attention must also be paid to family circumstances: working hours, childcare, low income (financial compensation), journey times, transport. Characteristics of the family structure may also influence the intervention's chance of success. These include family size, the specific circumstances of single parent households and LAT families (e.g., Nix et al., 2005, Armistead et al., 2004).

Activities not directly related to interventions
Furthermore, trust can be gained through communication that is not directly linked to therapy: a more personal approach, home visits and maintaining contact, even during treatment (Adriani, 1993; Boulhalhoul & Van der Zwaard, 1996; Breuk et al., 2007). Doing something for the community may also be helpful (Armistead et al., 2004).

Finally, it may be necessary to broaden the scope of the treatment, for example by recognising physical health problems, poor socio-economic status or acculturation-stress. Where necessary, there should be room to provide additional, practical help (concrete advice, support and training; assistance with social, work-related, financial or accommodation issues) (Knipscheer & Kleber, 2004; see also Matos et al., 2006).

7. Client Engagement

In the foregoing we have already implied the importance of involving the clients in the intervention, for example by establishing shared definitions of problems and their solutions (see point 2. 'Goals of the intervention') or by paying extra attention to motivating clients (see point 6. 'Reach and Retention'). In addition to engagement at an individual level, the development or adaptation of interventions can be improved by engagement at a more collective level.

Engagement during development/adaptation of interventions

It is also possible to involve clients during the development or adaptation of interventions (see Bouhalhoul & Van der Zwaard, 1996). For the design of ecologically valid interventions, see the Fraenkel (2006) 10-step model and the Castro, Barrera and Martinez (2004) 12-step model. For information on involving the target groups in the adaptation of existing interventions with the help of teams of experts and focus groups, see Boyd et al. (2006) and Martinz and Eddy (2005).

8. Screening/diagnosis

Another condition relates to the phase preceding the intervention, namely screening and diagnosis. These are not required for all interventions, however they can be necessary when determining whether a family/young person matches the intervention's target group, or to gain further insight into the child's/family's problems. Even when the client does belong to the target group, it is necessary to take the client's background and clinical reality into account. Research shows that, for example, cultural differences between client and social worker can lead to differences in the interpretation of the problem. See Snowden's work on the diagnosis of schizophrenia among Afro-Americans and white Americans: with the same symptoms the former are almost twice as likely to be diagnosed as schizophrenic (in Breland-Noble et al., 2006). See also Cartledge et al. (2002): teachers often misinterpret the behaviour of Afro-American pupils because they are not aware of different communication styles (see also Pels, 2002).

Ecological validity of instruments and testing procedures

During screening or diagnosis, the tests and questionnaires are frequently biased because they are usually developed and standardized within a western framework (Kouratovsky, 2003). Few of the currently available diagnostic measures have been validated for use on groups of non-western origin. Are the instruments used ecologically valid and are the diagnostic testing procedures appropriate? (see e.g., Klein Velderman et al., 2006). Is the problem of validation at least being acknowledged and are measures being taken to tackle this problem as effectively as possible, for example by means of a research pilot?

The client's point of view

Before detailing the diagnostic phase, it may be important to pay attention to the client's view of the problem ('clinical reality') (Kleinman, 1980): the problem, the causes of the problem and the possible solutions as perceived by the people involved. Law (2007) recommends Kleinman's *Illness Narrative Model*, which includes questions such as: What is your problem; how would you describe the problem concisely; what do you think is the cause; why do you think it started when it did; how bad is it; what happens; what does the approach need to focus on; what results do you expect (see also Adriani, 1993; Bellaart & Azrar, 2003). See also 'the cultural interview' regarding diagnoses in psychiatry (Borra, van Dijk & Rohlof, 2002; Law, 2007). The 'ethno-cultural history component', how the cultural community perceives illness and treatment, should also be included in the intake. Sometimes it may be better to start the intervention before a clear understanding of the diagnosis/underlying problems has been determined and to improve this understanding while already providing help, for example in cases where a strong bond of trust is necessary to break down taboos (Bellaart & Azrar, ibid.).

9. Institutional embedding

Besides the intervention itself, attention must be paid to the institutional context in which it is embedded. Firmly rooting the diversity mind-set. For this reason the GGZ Nederland (association for mental health and addiction care) has focused on the possibilities for increasing the accessibility and effectiveness of care programs for immigrant clients (Pannekeet, 2004).

Institutionalization of diversity policies
First of all, the full support of the relevant institution is essential if the 'diversity competent' intervention is to be successfully implemented (see also, Santisteban et al., 2006). This requires a certain level of institutionalization of diversity policies. In the area of 'diversity audits', FORUM provides many starting points for organization-specific internal criteria for the institutionalization of diversity policies, such as focussing on equal access to all functions by adapting recruitment and selection procedures, maintaining an open organizational culture, monitoring ethnical diversity of the personnel and developing the required support (Bellaart, 2001). Continual self-evaluation is important, for example by measuring customer and staff satisfaction. Personnel capacity is also required in order to set up the (extra) activities and investments that are necessary to improve the reach and accessibility of the services.

Institutional chain
The (quality of the) institutional chain in which the intervention/institution is embedded is also of importance. This is related to the issues of making clients aware of and encouraging them to make use of the intervention and where necessary calling in other relevant services: somatic care, social work, employers, housing, self-organizations, religious and traditional healers (Knipscheer, 2007).

10. Research
There is currently no data available concerning possible differences in effectiveness of interventions for different ethnic groups in the Netherlands (Deković & Asscher, 2008). Attention must be paid to diversity when evaluating the applicability of interventions as well as when researching possible interventions.

Data on reach and effectiveness
When evaluating interventions, it should be standard practice to consider the reach and effectiveness of the intervention for ethnic groups, if they are included in the target group: does the intervention reach the target groups sufficiently and has it been demonstrated that the intervention is effective for the groups concerned (Deković & Asscher, 2008)?

Attention to diversity
Attention must be paid to diversity when monitoring, carrying out satisfaction surveys, evaluating and researching effectiveness. Research proposals must always indicate if and how factors such as gender or ethnicity have been taken into account and if not, why not.

In principle, many issues that are also relevant for the design of interventions will be discussed during this process: the importance of knowledge of the population groups (demographics, acculturation, living and work situations, language, education, perception of illness, use and image of services) and a good outreaching strategy (taking into account previously mentioned background characteristics, for example compensation, transport and childcare; linking in with the right channels, participatory methods, extra focus on building trust; ethnic matching where necessary) (National Institute of Health, 2002; see also Bekker et al., 2005; Bellaart, 2001; see also ZonMw's tips for multi-cultural subsidy requests).

When measuring results, attention must of course be paid to how well the desired (hard-to-reach) target group has actually been reached, data on (diversity in) implementation, program integrity and effectiveness and the specific factors that positively or negatively influenced the effectiveness.

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Colofon

In recent years, increasing attention has been paid to the effectiveness of interventions aimed at supporting families, parents or young people. There is no easy answer to the question whether an intervention is effective. Effective for whom? Interventions have rarely been studied, for instance, with regard to their effectiveness for non-Western migrants. A frequent consequence is underuse and premature dropouts. For this reason, criteria are needed for the systematic evaluation of interventions for their sensitivity to diversity.

Commissioned by the Ministry for Housing, Spatial Planning and the Environment/Housing, Neighbourhoods and Integration, the Verwey-Jonker Institute has developed a ladder consisting of ten points of special interest. These concern the methodical core of the intervention but also the preconditions for reaching and helping groups more effectively, for instance through professional competences, communication and recruitment.

In addition, this report shows which steps are needed to operationalize and test the ladder, and how to embed it in existing standards. The ladder is of interest to anybody involved in the development, evaluation or application of interventions.