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### Taking care together

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# CHAPTER

General Introduction

1

## 1.1 A short history of families experiencing complex and multiple problems

Children and families experiencing problems in multiple areas of life have since long confronted care professionals with considerable challenges in providing adequate support. Throughout history, perceptions of the nature of the problems these families experience and suitable care provision have changed (Baartman, 2019; Bakker et al., 2010; Ghesquière, 1993).<sup>1</sup> The first services for these families aimed to improve their life situation by providing material support, housing, employment, healthcare and education. Simultaneously, these services intended to protect society from negative consequences of poverty (e.g. crime). As healthcare and social services became more widely available in the twentieth century, living conditions improved for most people (Baartman, 2019; Ghesquière, 1993). However, families experiencing problems in multiple areas of life often did not to profit from these improved circumstances. It was at this time that families experiencing complex and multiple problems were first identified as a distinct group. Baartman (2019) states: “It was as if, now the improved welfare had erased impoverishment and the social excesses related to it, a group emerged that kept struggling with a multitude of problems, both internally and externally” (p. 41).

In the early twentieth century, family support services shifted their focus from the provision of practical and material support towards parenting support and individual therapy. Care professionals often considered families experiencing complex and multiple problems to have unrealistic expectations of these services. Therefore, these families were often described as ‘*unhelpable*’, ‘*unmotivated*’, ‘*distrustful*’, ‘*hard to reach*’, or ‘*refractory to care*’ (Baartman, 2019; Ghesquière, 1993). This illustrates that families experiencing complex and multiple problems are not only characterised by an accumulation of problems at the individual and family level, but are also part of a service delivery system that is unable to provide suitable care (Baartman, 2019; Morris, 2013; Wills et al., 2017). Geismar and LaSorte

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<sup>1</sup> The studies in this section describing historic developments are mainly focused on Western Europe (The Netherlands, Belgium, Germany, the United Kingdom) and the United States.

(1964) already observed: “problematic family functioning and inadequate agency functioning may be viewed as two sides of the same coin”.

Throughout the latter half of the twentieth century, several types of outreaching family-focused services were developed to meet the needs of families experiencing complex and multiple problems (Baartman, 2019; Ghesquière, 1993; Kinney et al., 1991; Loeffen & Pasveer, 2004). These programmes provide integrated services focused on multiple areas of life in the family’s home-environment (Loeffen & Pasveer, 2004). With the shift towards more integrated services, system-focused approaches became preferred over individual approaches (Ghesquière, 1993; Lange, 2006). Examples of these system-focused home-based family-focused programmes are Homebuilders (Kelly & Blythe, 2000; Whittaker et al., 1990), Families First (Veerman & Tönjes, 2019), Intensive Ambulatory Family Support (Lekkerkerker, 2019), and Ten For the Future (Tausendfreund, 2015; Tausendfreund & Van Driel, 2019).

Families experiencing complex and multiple problems are not only characterised by an accumulation of problems within the family, but often also experience considerable socio-economic disadvantage. For example, the capability approach (CA) – a theory that states that not all people are equal in their capabilities to develop and participate in society (Dixon & Nussbaum, 2011; Nussbaum, 2007; Sen, 1999; Wolf et al., 2015) – has been used to show the multi-layered and complex context of child-rearing assessment (Vischer, 2019). Although it is generally acknowledged that service provision and socio-economic circumstances are of great importance in the context of families experiencing complex and multiple problems, classifications solely emphasising family dysfunction (e.g. *multi-problem family*) are still widely used. Such classifications have been criticised for being stigmatising and incomplete (Knot-Dickscheit & Knorth, 2019; Ministerie van Justitie en Veiligheid, 2019; Verhallen, 2015). In line with these findings we aim to avoid stigmatising classifications and definitions that disregard societal factors and factors related to care provision (Helming et al., 2004; Tausendfreund, 2015; Verhallen, 2015). In this thesis a definition is used that does not only encompass individual and family problems, but also includes factors related to the socio-economic circumstances of families and the service system. Furthermore, a neutral description is used instead of characterising families

as ‘resistant’, ‘unmotivated’ or ‘refractory to care’. Building on definitions by Ghesquière (1993) and Baartman and Dijkstra (1986) the following definition for families experiencing complex and multiple problems is used:

Families experiencing complex and multiple problems are characterised by an accumulation of interrelated individual and family problems, socio-economic disadvantage and problems of service systems in providing appropriate care.

## **1.2 Growing up in families experiencing complex and multiple problems**

Children growing up in families experiencing complex and multiple problems are exposed to multiple stressors in their environment (Kolthof et al., 2014). Several studies have linked children’s exposure to multiple environmental risk factors to a wide range of negative developmental outcomes such as lower academic achievement, behavioural problems, poor psychological wellbeing, poor self-regulatory behaviour and poor social competency (Davidson et al., 2010; Evans et al., 2013; Knot-Dickscheit et al., 2015). Developmental outcomes are especially poor for children growing up in families experiencing complex and multiple problems characterised by parental psychiatric problems (Boer & Vlak, 2019), addiction (Van Der Meer-Jansma et al., 2019), intellectual disabilities (Drost et al., 2019) and migration backgrounds (Steketee & Pels, 2019).

Although the relation between multiple risk exposure and poor developmental outcomes has been well-established, these findings cannot be generalised to all children. In her seminal work, *Ordinary Magic: Resilience Processes in Development*, Masten (2001) identified a number of factors that were related to positive developmental outcomes of children despite exposure to challenging developmental circumstances (Masten, 2014). Furthermore, many studies investigating the effect of risk exposure have either investigated the effects of single risk factors on one or multiple outcomes, or the effect of multiple risk factors on a single outcome. However, there is a lack of studies that investigate the effect of multiple risk factors on multiple outcomes (Davidson et al., 2010; Spratt, 2011). In the context of children growing up in families experiencing complex and

multiple problems, this implies that knowledge is available on the risk of developing specific problems, but not on the risk of developing multiple problems. The findings of such studies may have important implications for services for families experiencing complex and multiple problems as multi-faceted services are more likely to be effective in addressing the needs of these families compared to programmes focused on specific problems (Evans et al., 2013).

### 1.3 Challenges in service provision

The definition of families experiencing complex and multiple problems used in this thesis emphasises that these families are not only characterised by problems within the family, but also by a service system that is unable to provide adequate support (Baartman & Dijkstra, 1986; Ghesquière, 1993; Knot-Dickscheit & Knorth, 2019; Knot-Dickscheit et al., 2015; Verhallen, 2015). Joosse and colleagues (2019) have described the inability of service providers to provide adequate support as a ‘machine tragedy’ [Dutch: *machinetragiek*]. They argue that support for these families is often characterised by a machine analogy with specialised parts of the care system designed to deal with specific problems. This often results in services applying a linear approach that disregards the complexity of the situation with unintended consequences for families. Two of the main problems in care provision are the fragmentation and poor coordination of services. This is partly due to the specialised nature of many services, with care providers demarcating the borders of their professional mandate (see for example Alberth & Bühler-Niederberger, 2015; Knot-Dickscheit, et al., 2011). As indicated above, multi-faceted services are expected to be more effective for families experiencing complex and multiple problems than services focused on specific problems.

As families experiencing complex and multiple problems often participate in multiple services simultaneously, several authors have emphasised the risk of providing fragmented services (e.g. Parton, 2009; Spratt, 2011). A study in Amsterdam showed a problematic fragmentation of care provision, characterising the inability of programmes focused on single problems to accommodate families with multiple interrelated problems as a ‘cycle of inability’ [Dutch: ‘Cirkel van onmacht’]. Care workers either

ended care prematurely as families were not able to identify suitable care goals. In other cases families entered services that were not suited to the complexity of cases, resulting in referral to other services. Furthermore, some families successfully participated in services and achieved narrowly defined care goals. However, as these care goals did not address other underlying problems, families would often re-enter services later in time (Van den Berg et al., 2008). Schout and colleagues (2011) showed how care paralysis (the inability of the service system to provide adequate care for families experiencing complex and multiple problems) and care avoidance (families avoiding or not seeking the care they need) are two problems that reinforce each other. The problems in arranging suitable care for families experiencing complex and multiple problems are illustrated by Burns and colleagues (2004). They found that only 25% of children with mental health needs and completed child welfare investigations received specialised mental health services.

## **1.4 Family-focused and child-focused services**

Services for families experiencing complex and multiple problems have been criticised recurrently for a lack of focus on children (Alberth & Bühler-Niederberger, 2015; Fergusson, 2017; Munro, 2011). Although family-focused services are designed to work with all family members, services often only include children to a limited extent. For example, Tausendfreund and colleagues (2015) investigated the activities of care workers working with families experiencing complex and multiple problems. Their study showed only 5% of the care activities were directed exclusively at one or more children and only 17% of the activities were directed at children and parents together. Busschers and Boendermaker (2015) also found that care professionals often struggle to actively involve all family members in care. The need for more child-focused approaches in care for families experiencing complex and multiple problems has also been advocated in the context of child protection (e.g. Fergusson, 2017; Toros et al., 2013). In a case review concerning the death of a child, the Dutch youth care inspection (responsible for monitoring and assuring the quality of youth services) states:

When signs of child abuse and/or family problems are observed, care workers should not only talk about the child, but also with the child and obtain the information necessary in creating a complete picture of the child's problems and circumstances." (...) "The inspectors conclude that the professionals together have insufficiently prioritised the safety of the child. The care needs of the mother (who was avoiding care) were leading in the care provision, not the professional consideration whether the child could grow up safe and healthy (Inspectie Jeugdzorg, 2016, p. 5 and p. 22).

In response to similar fatal cases in Germany, Alberth and Bühler-Niederbeger (2015) have investigated the professional mandates of practitioners in different professions involved with child protection. They identified several professional mandates that were partly related to the wellbeing of the child. For example, social workers focused on working with parents, paediatricians focused on detecting bodily harm and midwives focused on promoting infant health. However, they concluded that none of the professional mandates involved a direct focus on the child and a comprehensive consideration of the child's situation. The Munro review (2011) of severe cases in child protection in the United Kingdom showed similar findings. The review stated:

Evidence presented to the review shows that the system does not currently stay child-centred. While many professionals make strenuous efforts to keep a focus on the child – and many children praise the help they have received – there are aspects of the current system that push practitioners into prioritising other aspects of their work. It may seem self-evident that children and young people are the focus of child protection services, but many of the criticisms of current practice suggest otherwise. In a system that has become over-bureaucratised and focused on meeting targets which reduce the capacity of social workers to spend time with children and young people and develop meaningful relationships with them, there is a



risk that they will be deprived of the care and respect that they deserve. The children and young people who have contributed so far to the review confirm that they do not feel as though they are centrally important and held in mind by their social worker: “I was never asked about how I felt or what I wanted to happen. Asking me 10 minutes before the meeting is not the same” (Munro, 2011, p. 15).

## **1.5 Team around the child and the dual key worker approach**

To improve collaboration of service providers and provide services for the whole family, several policy changes have been implemented and innovative services have been developed. In the United Kingdom the *Think Family Approach* aimed to provide services tailored to the needs of the entire family (Majoribanks & Davies, 2016; Thoburn et al., 2013; Thoburn, Knorth, & Knot-Dickscheit, 2019). The main principle behind *Think Family* is a broader system of joined-up support. “This does not mean that every problem is solved by every service, but that staff see any moment of engagement as an opportunity to identify need and direct support to the individual and their wider family” (Social Exclusion Task Force, 2008, p. 7). Similarly, in the Netherlands policy has focused on the principle of ‘One family one plan’ [Dutch: 1gezin1plan] aiming to improve care coordination among service providers. In recent years the concept of the team around the child/family has taken ground in the field of child and family welfare (Bolt & Van der Zijden, 2021). Nouwen and colleagues (2012) found that multidisciplinary collaboration improved decision-making in the context of child and family welfare. Within the context of the *Think Family Approach* Thoburn and colleagues (2013) investigated the care process of a multidisciplinary approach to care provision. They observed that:

The major roles in day-to-day work with the family are shared between two lead professionals — an FRP [Family Recovery Project] intensive outreach worker and a lead worker for the children, usually a member of one of the Children's Services teams (Thoburn et al, 2013, p. 230).

Thoburn and colleagues (2013) identified the dual key worker approach as one of the main effective elements in this approach. This thesis will focus on a similar dual key worker approach in the Netherlands. In this dual key worker approach family-focused services are provided through the Ten for the Future programme and child-focused services are provided through the Child and Youth Coaching programme.

## 1.6 Ten for the Future

Ten for the Future [Dutch: ‘10’ voor de Toekomst] is a family-focused home-visiting programme for families experiencing complex and multiple problems developed by the Salvation Army of the Netherlands (Leger des Heils, 2006). This programme provides long-term home-based services focused on ten areas of life (Table 1.1):

**Table 1.1.**

*Domains of the Ten for the Future programme*

|                                |                          |
|--------------------------------|--------------------------|
| 1) Housekeeping                | 6) Daily activities      |
| 2) Administration and finances | 7) Mental health         |
| 3) Care responsibility         | 8) Care management       |
| 4) Parenting                   | 9) Social network        |
| 5) Education                   | 10) Behaviour management |

Proximal and intermediate goals are used to improve the life situation of families within these ten areas. The overarching goal of the Ten for the Future programme is “preserving the independence of the family system within generally accepted social limits” (Leger des Heils, 2006, p. 11; Tausendfreund, 2015). Tausendfreund and colleagues (2015) evaluated the care activities and outcomes of Ten for the Future programme. They showed families experienced less stress after participation in the programme. Families with lower parental stress at the start of the programme ended care significantly earlier. Changes in family functioning and behavioural problems of children showed less clear patterns of change. In line with findings from other studies (e.g. Alberth & Bühler-Niederberger, 2015; Busschers & Boendermaker, 2015; Munro, 2011), Tausendfreund (2015) found that only a small percentage of the care activities were directly focused on

children. He stated that this “does not solely depend upon choices made by the family coach in deciding with whom care activities are performed. [...] Nevertheless, the systems orientation of the services seems to be jeopardised by the large share of care activities that are carried out in cooperation with one or both parents alone” (p. 67). He hypothesised that the lack of child-centred services within the family-focused framework may be an explanation of the lack of clear improvement in the outcomes of children. Therefore, he suggested that more attention to children through a dual key worker approach may be beneficial to the outcomes of children growing up in families experiencing complex and multiple problems. Furthermore, he stated that a dual key worker approach may provide an additional route to disclosure and prevent the stabilisation of a family situation in which there is undisclosed abuse or maltreatment of a child (Tausendfreund, 2015).

## 1.7 Child and Youth Coaching

Child and Youth Coaching is a programme developed by the Salvation Army of the Northern Netherlands. One of the developers of the programme stated (personal communication, 2018): *“With Ten for the Future services for multi-problem families we found that a lot of attention goes out to the parents. This makes sense because there are needs with regard to housing, finances, parenting [and] daily routine. But attention for the children is also important, so we started using a dual approach with workers for both parents and children”*. As the first experiences of both parents and care professionals were positive, the programme was developed further. Child and Youth Coaching was developed as a programme where children growing up in families experiencing complex and multiple problems are supported by a personal coach. Coaches aim to elicit the child’s perspective on their life situation and work towards goals centred on the child’s needs. A programme theory (Leger des Heils, 2019) was developed with care goals centred around seven main themes (for more information on the programme theory and care provision, see Chapter 3 and 4). The aim of this study is to evaluate the effectiveness of the Child and Youth Coaching programme within the framework of the dual key worker approach.

## 1.8 Evidence-based services: levels of evidence

In policy regarding the services for families and children there is a growing consensus that services should be evidence-based (Veerman & Van Yperen, 2007). This implies that practice should be shaped based on scientific evidence, professional expertise and client perspectives. Furthermore, service elements should be specified to allow effective intervention approaches to be replicated and disseminated (Veerman & Van Yperen, 2007; Weisz, 2004). As evidence-based practice does not only entail the empirical support of programme outcomes, but also the documentation of essential intervention elements, Veerman and Van Yperen (2007) have distinguished a model with four levels of evidence. The structure of this thesis is based on the levels of evidence described by Veerman and Van Yperen (2007; see Table 1.2).

**Table 1.2.**

*Levels of evidence for the evaluation of services for children and families (Veerman & Van Yperen, 2007)*

| Level of evidence | Parameters of evidence   |
|-------------------|--|
| 1. Descriptive    | The essential elements of the programme (e.g. goals, target group, methods and activities, requirements) have been made explicit.                                |
| 2. Theoretical    | The programme has a plausible rationale (i.e. programme theory) to explain why it should work and with whom.   |
| 3. Indicative     | The evidence shows the programme leads to the desired outcomes (e.g. goals are attained, target problems decrease, competences increase, clients are satisfied). |
| 4. Causal         | The evidence shows that the outcomes can be attributed to the elements of the programme.   |

## 1.9 Research questions and outline of the study

In this study the Child and Youth Coaching programme is investigated in a dual key worker approach with the Ten for the Future programme (Tausendfreund, 2015). Several studies have suggested that family-focused home-visiting services, such as Ten for the Future, only improve outcomes of children to a limited extent. However, an international systematic review of outcomes of children in home-visiting services for families experiencing complex and multiple problems is (to our knowledge) not yet available. To

investigate the impact of family-focused home-visiting services on children, a meta-analysis was conducted in **Chapter 2**. As preventing out-of-home placement is often a central goal of these programmes, placement rates were taken into account as well. The research questions in this study are:

1. Which child outcomes are reported in studies evaluating home-visiting programmes for families experiencing complex and multiple problems?
2. To what extent are home-visiting programmes for families experiencing complex and multiple problems effective in preventing out-of-home placement?
3. To what extent are home-visiting programmes for families experiencing complex and multiple problems effective in improving child outcomes?

In **Chapter 3** the findings of several studies are used to support the need for child-centred services for children growing up in families experiencing complex and multiple problems. To provide descriptive and theoretical support for the Child and Youth Coaching programme, the theoretical framework and care characteristics are described based on the manual of the Child and Youth Coaching programme (Leger des Heils, 2019).

To provide descriptive and theoretical evidence of the effectiveness of a programme, it is important to also provide empirical evidence on service characteristics in practice. In **Chapter 4** a multi-source qualitative design was used to identify care activities of the Child and Youth Coaching programme. As services for families experiencing complex and multiple problems are often characterised by a personalised approach, it can be difficult to identify protocolled care elements (Boddy et al., 2011). In order to identify essential care elements and account for the flexibility in service provision, the '*flexibility within fidelity*' principle (Kendall et al., 2008) was used as a theoretical framework for this study. This principle implies that the general treatment guidelines should be applicable to all cases. Within the framework of these general guidelines professionals can adapt services to the needs of children. This allowed us to investigate whether care provision was in accordance with the guidelines in the programme manual (treatment fidelity). Furthermore, we investigated how care provision varied across cases (treatment flexibility) and which considerations played a role in shaping the care process. The research questions in this study are:

1. How are care activities described in the programme manual of the Child and Youth Coaching programme reported in practice? (Fidelity)
2. How do reported care activities of the Child and Youth Coaching programme vary across cases? (Flexibility)
3. Which considerations play a role in shaping the care process of the Child and Youth Coaching programme? (Considerations)

To assess the impact of the Child and Youth Coaching programme, it is important to not only address quantitative outcomes (e.g. emotional and behavioural problems), but also investigate the experiences of children in the programme. Therefore, interviews were conducted with children about their experiences with the Child and Youth Coaching programme. In **Chapter 5** a thematic analysis of children's experiences with the Child and Youth Coaching programme is presented. The research question of this study is:

1. How do children experience their participation in the Child and Youth Coaching programme?

Finally, in **Chapter 6** a longitudinal evaluation was conducted to investigate the target group characteristics and outcomes of the Child and Youth-coaching programme. To assess the effectiveness of the programme, we investigated the impact of Child and Youth Coaching on the emotional and behavioural problems and psychosocial skills of children. Furthermore, the quality of the pedagogical environment was investigated and the reasons of case closure (i.e. out-of-home placement, goal attainment, referral) were examined. The research questions in this chapter are:

1. To what extent is the dual key worker approach of Child and Youth Coaching and Ten for the Future programmes effective in decreasing *emotional and behavioural problems* and improving *psychosocial skills* of children growing up in families experiencing complex and multiple problems?
2. To what extent is the dual key worker approach of Child and Youth Coaching and Ten for the Future programmes effective in improving the *quality of the pedagogical environment* of families experiencing complex and multiple problems?

3. To what extent are these effects different for indicated and non-indicated Child and Youth Coaching trajectories?
4. Which reasons for case closure were reported by coaches in the Child and Youth Coaching programme?

In **Chapter 7** a comprehensive discussion of all findings is presented. Furthermore, methodological strengths and limitations are discussed. Finally, implications for practice and future research are discussed.





