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### Taking care together

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# CHAPTER

## Child and Youth Coaching: the importance of child-centred care in families experiencing complex and multiple problems

This chapter is based on:

Van Assen, A. G., Knot-Dickscheit, J., Post, W. J., & Grietens, H. (2019b). Kinder- en Jeugdcoaching: het belang van kindgerichte hulpverlening bij gezinnen met meervoudige en complexe problemen. In J. Knot-Dickscheit and E. J. Knorth (Eds.) *Gezinnen met meervoudige en complexe problemen: theorie en praktijk* (pp. 453-467). Rotterdam: Lemniscaat.

## **Abstract**

Children growing up in families experiencing complex and multiple problems are at an increased risk of developing various problems. In many of these families, intensive family-focused services are provided to improve the pedagogical situation and the wellbeing of children. Many of these programmes also aim to prevent out-of-home placement. However, research shows that family-focused services are often ineffective in preventing out-of-home placement and only moderately effective in decreasing children's problems. Several studies have shown that most care activities in these family-focused programmes are directed at parents. The poor results for children participating in these family-focused programmes are possibly due to the lack of child-focused care. In this chapter an innovative dual key worker approach is introduced where a child-centred care worker – a child and youth coach – provides child-centred services, and a family-focused care worker provides services for the entire family.

## 3.1 Introduction

*Thomas (14 years) <sup>3</sup>lives with his parents and three younger brothers in an apartment in bad repair. For the last year a family-focused care worker has visited the family every week to support Thomas' parents with household management, finances and child-rearing. Although many things have improved at home, Thomas is still not doing well. Both at school and at home Thomas experiences problems. He spends a lot of time alone in his room and has few contacts with peers. His youth coach, Robert, visits every week to provide him with personal support. They play sports together, work with electronics, and practice social skills. During the meetings Robert and Thomas discuss how things are going at home and at school.*

### 3.1.1 Growing up in families experiencing complex and multiple problems

In the context of child and family welfare services there is a group of families that confront service providers with considerable challenges in providing suitable care due to the complexity and extent of their problems. These families experiencing complex and multiple problems are characterised by a combination of psychosocial, socio-economic and pedagogical problems (Ghesquière, 1993; Holwerda et al., 2014). Families experiencing complex and multiple problems are not only characterised by an accumulation of individual problems, but also by dysfunctional social relations within and outside the family. Furthermore, these families are not only characterised by the nature of their problems, but also by a long and troubled care history with interrelated problems that have sustained and enhanced each other (Ghesquière, 1993; Van den Berg et al., 2008).

Children growing up in families experiencing complex and multiple problems are at an increased risk of developing problems in multiple areas of life. Several studies have shown that children growing up in families with multiple risk factors often have poorer developmental outcomes than children growing up in families with one or no risk factors (Evans et al., 2013). For example, externalising behavioural problems of parents are often related to the development of behavioural problems in children (Bailey et al., 2009). Research on home-visiting services for families with complex

<sup>3</sup> The case of Thomas is fictional

and multiple problems shows that children in families receiving intensive home-visiting care often exhibit considerable behavioural problems (Veerman et al., 2005). Furthermore, children growing up in these families are at an increased risk for developing cognitive problems (Burchinal et al., 2000), social-emotional and health problems (Larson et al., 2008), delinquent and antisocial behaviour (Adelmann, 2005; Stouthamer-Loeber et al., 2002), psychological problems (Flouri & Kallis, 2007), and school problems (Gassman-Pines & Yoshikawa, 2006; Goebert et al., 2004). Moreover, multiple risks in the pedagogical environment often have long-term effects. For example, the relation between social class at birth and occupational status in adulthood can be explained for a considerable part by the number of risk factors in the pedagogical environment (Schoon et al., 2002). The process in which problems are transferred from one generation to the next is called intergenerational transfer (De Klerk et al., 2012).

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

Home-visiting programmes are often used to support families experiencing complex and multiple problems. These programmes provide services for the whole family in the home environment. By providing care services in the home environment, care workers are more able to take into account the needs of families in their diagnostics and care provision. Furthermore, it allows care workers to accommodate their care services to the family's living situation and enhance the motivation of clients. The goal of these family-focused programmes is to improve the pedagogical environment to prevent out-of-home placement. To achieve this goal, multiple care goals are set collaboratively by the care worker and the family (Loeffen & Pasveer, 2004; Van Assen, Knot-Dickscheit, Post, & Grietens, 2019b).

Although home visiting programmes are somewhat effective in improving family functioning – a term used to denote a spectrum of factors related to parenting and parent-child interactions (Al et al., 2014) – the effect in diminishing problems of children is limited. At case closure children often still experience considerable emotional and behavioural problems (Van Assen et al., 2020; Veerman et al., 2005;). Tausendfreund and colleagues (2014) investigated the care activities of care workers in a home-visiting programme called Ten for the Future (Tausendfreund & Van

Driel, 2019). They observed that only a small part of the care-activities were directly focused on children. Only 5% of the care activities consisted of direct contact between a care worker and a child. The authors stated that the lack of child-centred services within this family-focused programme provides a possible explanation for the poor outcomes with regard to child behaviour. However, the findings of Tausendfreund and colleagues (2014) are based on reports of a small sample of care workers within a limited time-frame. In a context of complex family problems and a great diversity of care services these findings cannot be generalised to all home-visiting programmes. However, a study by Busschers and Boendermaker (2015) confirms that care workers in family-focused programmes often find it difficult to involve all family members and provide truly system-focused care.

The Dutch inspectorate of youth care (charged with monitoring the quality of services for children and families) stressed the importance of direct contact with children and teenagers as well and states “In the case of signs of child abuse and/or family problems, care workers should not only talk about, but also with the child to gather the information that is needed to obtain a complete view of the situation and problems of the child” (Inspectie Jeugdzorg, 2016, p. 5). International studies have had similar findings. In the United Kingdom the Munro Report (Munro, 2011) – a study on severe cases of child abuse with often lethal consequences – stressed the importance of direct contact with children as well. In Germany, Alberth and Bühler-Niederberger (2015) studied how professionals involved with families experiencing complex and multiple problems perceived their professional mandate. Their findings suggest that a professional with the mandate to ensure the wellbeing and best interest of the child is often lacking. To address the provision of services to the whole family, Thoburn and colleagues (2013) studied a dual key worker approach for families experiencing complex and multiple problems. Their findings suggest that the use of a child-focused professional besides a family-focused professional was related to positive outcomes of the families involved. Based on the clinical experience that children and teenagers growing up in families with complex and multiple problems are often in need of additional support, the Salvation Army started with Child and Youth-coaching. These child and youth coaches worked in a dual key worker approach with family-focused

care workers of the programme Ten for the Future (Tausendfreund et al, 2015). In this chapter, the theoretical rational and service characteristics of the Child and Youth Coaching programme are described based on the programme manual of Child and Youth Coaching (Leger des Heils, 2019).

## **3.2 Child and Youth Coaching: child-centred care for complex problems**

### **3.2.1 What is Child and Youth Coaching?**

Child and Youth Coaching is a programme where children and teenagers receive support from their personal coach. Together with their coach they work towards their personal goals. Coaching takes place outside of the home environment of the child. Child and youth coaches pick children up from their home or their school and bring them back home afterwards. Care goals are determined collaboratively with children. During the sessions, the coach participates in activities with the child (e.g. sports, crafts) and uses worksheets and therapeutic games that are related to several themes. Coaches and children work collaboratively to build skills that are needed to achieve the care goals. Children are regarded as experts with regards to their own problems. By providing accessible care that fits the child's needs and experiences, coaches attempt to stimulate a child's development and prevent or decrease problems. Furthermore, child and youth coaches can play a role in monitoring the welfare of the child and signalling child abuse and neglect. The aim of the programme is to prevent intergenerational transfer of problems by providing direct support for children (Leger des Heils, 2015).

The Salvation Army of the Netherlands started the programme in 2005 with two child and youth coaches in the province of Groningen. At this moment there are child and youth coaches working throughout the Netherlands. In families experiencing complex and multiple problems child and youth coaches often collaborate with family-focused coaches of the Ten for the Future programme (see Tausendfreund, 2015; Tausendfreund & Van Driel, 2019). Furthermore, Child and Youth Coaching is used as a standalone programme, in combination with foster care, and in cases of high conflict divorce. In this evaluation we will focus on Child and Youth Coaching for

families experiencing complex and multiple problems in a dual key worker approach with the family-focused Ten for the Future programme (Leger des Heils, 2015).

### 3.2.2 Target group and inclusion criteria

Child and Youth Coaching is used in a dual key worker approach with Ten for the Future to support children growing up in families experiencing problems in multiple areas of life. In the programme manual (Leger des Heils, 2019) several inclusion criteria for the Child and Youth Coaching programme are described. In families participating in the programme, there often is an imbalance between the severity of problems and the capacity of parents to deal with these problems. Parents in these families are often incapable of adequately supporting the development of their children. Children and teenagers taking part in the Child and Youth Coaching programme have support needs in multiple areas of life and should be motivated to participate in care. It should be noted that Child and Youth Coaching is not targeted at children and teenagers who have psychiatric problems in need of specialist treatment. However, Child and Youth-coaching can be used in support of specialist treatment, or continue care after closure of therapeutic treatment (Leger des Heils, 2015).

### 3.2.3 Basic principles of the Child and Youth Coaching programme

The Child and Youth Coaching programme is based on several principles derived from research on effective care for families experiencing complex and multiple problems. Research shows that the problems of families with complex and multiple problems are strongly interrelated (Ghesquière, 1993). Therefore, the Child and Youth Coaching programme provides *integrated services*, where multiple support needs are treated in an integrated framework. Child and youth coaches are responsible for safeguarding the focus on the main goals of the care process (Leger des Heils, 2015). Because Child and Youth Coaching is a *needs-based* programme, the treatment goals are determined collaboratively with parents and children. Coaches are *transparent* about the goals of the programme and attempt to adapt their

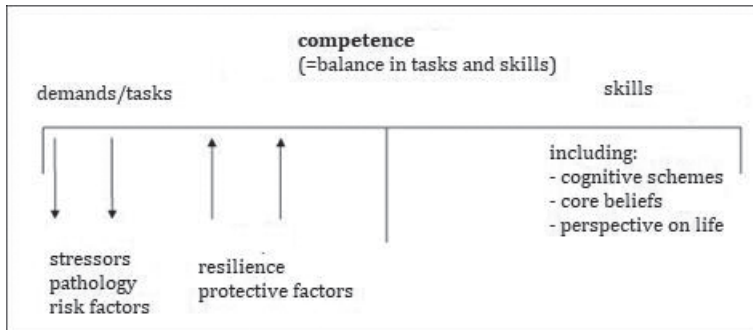


care provision to the needs and experiences of the child. Furthermore, coaches aim to be *outreaching, easily approachable* and act as a *confidant* for the children they work with. When coaches share information with parents or other people (for example when there are concerns about a child's safety) this is communicated transparently with the child (Leger des Heils, 2015).

### **3.2.4 Theoretical rationale for Child and Youth Coaching**

Support services for families with complex and multiple problems often use a *system-focused approach*. In a system-focused care approach not only focused on the individual, but interactions with other persons and the context are regarded as an essential part of service provision (Lange, 2006). Even though child and youth coaches do not work with the entire family, they still use a system-focused approach. The meaning and relevance of problems that usually are considered as individual problems (e.g. ADHD) are determined within a social context (e.g. inadequate parenting or family functioning). During the sessions, child and youth coaches take into account the context of the child. In taking into account the child's context it is important to realise that, despite the extent of problems family members experience, *loyalty* between family members plays an important role (Böszörményi-Nagy, 1986; Leger des Heils, 2015). Child and youth coaches work system-focused by taking the child's experience and context into account in determining care goals and care activities. Furthermore, child and youth coaches acknowledge the loyalty of children towards their parents, especially in cases of child abuse and neglect (Leger des Heils, 2015).

Child and youth coaches work based on the *social competency model* (Bartels, 2001; Leger des Heils, 2015). In this model it is assumed that children and teenagers need to have several competencies to function in society. These competencies are comprised of (social) skills and core beliefs that children need to function in society. The model (Figure 3.1) indicates risk factors (such as environmental stressors and pathology) that impede a child's functioning and protective factors (such as resilience) that stimulate a child's functioning (Bartels, 2001).

**Figure 3.1***Social competency model (Bartels, 2001)*

Note: translated from Dutch by the author

Child and youth coaches support children in learning skills that are important for functioning in society. Examples are social skill training, resilience training, or personal care training (Leger des Heils, 2015). However, learning socially competent behaviour does not only entail skills practice. Children's core beliefs play an important role in a child's functioning in society. For example, when children have learned through negative experience that people are untrustworthy, they will act accordingly. Such negative core beliefs can impede societal functioning (Bartels, 2001; Leger des Heils, 2015).

Several techniques are used to support children in building skills and changing beliefs. For example, coaches use *modelling* techniques; by providing exemplary behaviour coaches try to promote positive behaviour in children (Bandura, 2016). Furthermore, *positive reinforcement* is used by emphasising children's strengths (Gray, 2010). To address the beliefs and behaviour of children, child and youth coaches use techniques used in cognitive behavioural therapy (Beck, 2010; Beck & Haigh, 2014; Ellis, 1989). For example *ABC-schemes* are used to provide insight into how **A**ctivating events invoke certain **B**eliefs and **B**ehaviours that have **C**onsequences. Child and youth coaches can help children to formulate alternative beliefs and behaviours, resulting in different consequences. It should be stressed that Child and Youth Coaching is not a therapeutic approach and should not be considered as a replacement for behavioural therapy (Beck & Haigh, 2014; Leger des Heils, 2015). Finally, child and youth coaches use a *recovery-*

*focused approach*. In this approach, recovery should not be considered as a cure, but as regaining control over one's life. Hence, coaches support children in finding meaningful daytime activities and regaining control over their own life (Leger des Heils, 2015).

### **3.2.5 Characteristics of the Child and Youth Coaching programme**

At the Salvation Army of the Northern Netherlands, Child and Youth Coaching is often indicated when family coaches signal child problems where child-centred services can be of value. In interviews with family coaches several reasons to indicate a child for Child and Youth Coaching are mentioned: developmental delays of the child, school problems, limited social skills, suspected child abuse and neglect, social problems, and/or emotional and behavioural problems. Furthermore, Child and Youth Coaching can be indicated in the case of parenting problems such as parental substance abuse, high conflict divorce, or if parents are incapable of supporting a child in his/her development (Homan, 2016). In these cases coaches can support children by supporting them in expressing their perspective on the situation (Leger des Heils, 2015). One family coach stated: "In family coaching you teach parents to deal with their children. However, in many cases you also have to teach children to deal with their parents or their environment. That's another role, another side of the story" (Homan, 2016, p. 31). Besides applications through family coaching children are also referred by external agents such as community support teams (Leger des Heils, 2015).

At intake an *intake form* is filled out with information on the care history of the family and general information of the child, the family and the social network. Finally, the reason for referral is indicated and the care worker, parents, and the child determine care goals collaboratively. Furthermore, data on family problems is collected through a self-developed questionnaire. The first weeks of Child and Youth Coaching are characterised by the child and coach *becoming acquainted* and *gathering information*. The coach picks up the child from his home to undertake activities that are suited to the child's interests. Based on the conversations in these first weeks the coach aims to gain insight into how the child experiences the family situation. Usually the coaching takes place weekly.

After a maximum of six weeks the coach writes a *care plan* in which the information gathered in the first weeks is reported. In this care plan coaches indicate whether a child has a psychiatric diagnosis and whether other types of care are provided simultaneously. Furthermore, a short report on the socio-emotional, cognitive and physical development of the child is included. Finally, the sexual development of the child is taken into account in the intake form, in line with the recommendations of the Committee Samson. This committee investigated sexual abuse within the Dutch youth care system and stated that sexuality should be discussed more openly in youth and family services (Commissie Samson, 2012). In the intake form the coach also indicates the child's strengths and agreements that have been made. These agreements are worked out into concrete care goals that are determined collaboratively and fit the care needs indicated at referral. The care goals are worked out as learning goals, working goals and observation goals (Leger des Heils, 2015). The care provision is centred around seven main themes that encompass most care goals. For each theme support materials (e.g. educational games) and worksheets are available (Rinsma, 2014; Leger des Heils, 2015; see Table 3.1).

Child and youth coaches can use worksheets, activities and educational games to work on these topics. Furthermore, coaches are trained in conversational skills with children and teenagers (Delfos, 2017a, 2017b). Coaching can focus on skill-building (e.g. social skills, resilience), cognitions and emotions (e.g. by using ABC-schemes), practical support (e.g. support with school work), support towards other types of care, and providing the child with a confidential advisor.

After three months of care, the progress of the programme is evaluated by the child and youth coach, parents, and the child. During the evaluation, progress towards the care goals is discussed as well as the life circumstances of the child in general. After the first evaluation, the programme is evaluated every six months. The child and youth coach discusses with the parents and the child how the child has experienced the participation in the programme. Several questions are discussed: what did you like the most? What did you learn? What would you still like to do/learn? Furthermore, care goals are evaluated by having the child rate progress regarding the goal on a scale from 1 to 10. By comparing these ratings with earlier evaluations subjective

**Table 3.1***Main themes of the Child and Youth Coaching programme*

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<b>Theme</b>	<b>Description</b>
<i>Self-image and self-confidence</i>	Children in families with complex and multiple problems often have a history with many negative experiences, resulting in a negative self-image and low self-confidence. Care goals and activities of this theme focus on improving children's self-image and self-confidence.
<i>Emotions and behaviour</i>	Children in families with complex and multiple problems often have considerable emotional and behavioural problems (Van Assen et al. 2020; Veerman et al., 2005). Care goals and activities of this theme focus on adequately recognising and regulating emotions and behaviour.
<i>Social skills</i>	Children in families with complex and multiple problems have often not been exposed to adequate exemplary behaviour and have not learned adequate social skills. Care goals and activities of this theme focus on discussing the social behaviour of the child, learning to recognize adequate social behaviour and training social skills.
<i>Anxiety</i>	Children participating in the Child and Youth Coaching programme can experience various forms of anxiety with varying severity. Child and Youth-coaches can support children in adequately dealing with their anxiety. When anxiety has a great impact on children's daily functioning there often is a need for specialised therapy. In these cases, child and youth coaches can have a supportive role (e.g. by supporting the therapist's treatment by applying exercises in practice).
<i>Bullying</i>	Bullying is a common problem among children and teenagers. Child and youth coaches can support victims, bullies and bystanders in becoming more resilient.
<i>Grieve and mourning</i>	Many children growing up in families with complex and multiple problems have problems with grieve and mourning due to negative experiences in the past. In their home environment there often are insufficient possibilities to express and deal with these feelings. Child and youth coaches can act as a confidential advisor and support children in finding an adequate way to deal with their grieve.
<i>Physical wellbeing</i>	Child and youth coaches can support children (if necessary in collaboration with third parties) in the field of health and lifestyle. Furthermore, coaches can support children in their sexual development, for example by discussing what is appropriate sexual behaviour (e.g. in cases of suspected sexual abuse). Sexual topics are often discussed in consultation with parents.

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perceptions of progress can be monitored. Furthermore, standardised questionnaires measuring behavioural and emotional problems (Strengths and Difficulties Questionnaire; Van Widenfelt et al., 2003), psychosocial skills (Questionnaire Psychosocial Skills; Van der Ploeg & Scholte, 2013) and quality of the pedagogical environment (Best Interests of the Child Questionnaire; Zijlstra et al., 2012) are used to monitor progress.

Child and Youth coaches all are educated at the (professional) bachelor level and are accredited by the Dutch Quality Register Youth (SKJ). All coaches receive a *training* on the basic principles of Child and Youth-coaching, conversational skills with children and basic principles of behavioural change. Furthermore, coaches are trained in the use of several materials, writing care plans and dealing with issues regarding child safety. During the training coaches have consultations with colleagues. These consultation meetings are continued after finishing the training. Besides the consultation there is a possibility of supervision by a behavioural specialist. In case of safety concerns the behavioural specialist is always involved.

### **3.2.6 Child and Youth Coaching in practice: exemplary case**

For over a year Thomas' family has received support of Julia, a family coach of the Ten for the Future programme. With the help of their family coach the family has found a new house, a plan has been set up to improve the financial situation of the family and Thomas' parents are less stressed. Nevertheless, there are still many problems regarding housekeeping and parenting. Although the home situation of the family has improved, Thomas still experiences a lot of problems. Both at school and at home Thomas has many conflicts. He has spends most of his time playing videogames alone in his room. The family coach thinks Thomas parents currently are too involved with their own problems to adequately support Thomas in his development. Therefore, Julia suggests to sign Thomas up for a youth coach.

Robert, Thomas' youth coach, picks him up every Thursday afternoon. They often play football together or go into town to work with electronics. During the first meetings Robert and Thomas discuss the situation at home and at school. Thomas tells he often has fights with his parents and teachers, doesn't have any close friends and spends most of his time playing videogames in his room. He would like to spend more of his time

with peers, since he often is bored playing videogames alone. Based on the conversations in the first weeks Thomas and Robert determine three care goals:

1. Thomas takes part in a self-chosen activity
2. Thomas has a group of peers he meets regularly
3. Thomas has less fights with his parents

During the first meetings Thomas expresses very negative attitudes towards his school and his peers. Thomas has trouble with his schoolwork and is unmotivated. As a consequence, Thomas often exhibits behaviour that his teachers consider to be disturbing. His peers also react negatively to Thomas' behaviour. Robert uses ABC schemes (Activating events, Beliefs, Consequences) to provide Thomas with insight in his actions and possible alternatives modes of action. A recurring theme in the conversations is Thomas' fear that others evaluate him negatively. In light of this Robert gives Thomas a lot of positive feedback, for example when he is well-focused during activities. Furthermore, during the session they practice social skills such as body posture, talking to other people and dealing with anger. Finally, Thomas would like to join a football club. Through the municipality, Robert manages to get funds to buy clothes and pay contribution for the club.

A year later Thomas feels much better. At the football club he has contact with a number of peers. At home and at school things have improved, although Thomas still has fights sometimes. As problems have decreased and a social network is in place to provide support, it is decided in consultation with Thomas and his parents to end the youth coaching. In the coming period the family coach will remain present in the family to monitor the progress and check the welfare and safety of Thomas.

### **3.3 The importance of child-centred care**

The Child and Youth Coaching programme was developed because care workers observed that children growing up in families experiencing complex and multiple problems often were inadequately supported in their development (Leger des Heils, 2015). Several studies have confirmed the importance of providing child-centred support services (Alberth & Bühler-

Niederberger, 2015; Inspectie Jeugdzorg, 2016; Munro, 2011; Thoburn et al., 2013). Child and Youth Coaching provides child-centred support by working individually with children and by focussing on how children experience their life situation. The aim is to promote the development of these children and support them in dealing with the problems in their environment (Leger des Heils, 2015). Although the Child and Youth Coaching programme focusses on the needs and development of the child, it is important that the wider context is also taken into account. Therefore, coaches should also maintain a focus on the child's circumstances and 'good enough parenting' (NVO, BPSW, & NIP, 2020a; Visscher et al., 2017). In this framework child and youth coaches can play a role by checking whether there are any developmental and/or safety risks present for the child.



