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### Taking care together

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# CHAPTER

“First she bonded with me”:  
Children’s experiences with  
a child-centred programme  
for children growing up in  
families experiencing complex  
and multiple problems

This chapter is based on:

Van Assen, A. G., Knot-Dickscheit, J., Grietens,  
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bonded with me”: Children’s experiences with a  
child-centred programme for children growing  
up in families experiencing multiple problems.

## **Abstract**

Child and Youth Coaching is a child-centred programme for children growing up in families experiencing complex and multiple problems. The aim of this study was to investigate how children experienced their participation in the programme. Eight children were included in the study through convenience sampling. Child interviews were conducted to investigate the experiences of children with the Child and Youth Coaching programme. To assure the child's perspective remained central to the study, open questions were used and children could introduce topics themselves. The interviews predominantly focused on which care elements children experienced as (un)helpful, the relationship between children and coaches and the outcomes of the programme. Children indicated that social skills training and behavioural exercises were helpful in improving their relationship with peers and family. Furthermore, children emphasised the importance of long-term services in building a confidential relationship. However, long-term services were sometimes considered to require (too) much time and effort of children. Children evaluated the equal and non-judgmental attitude of coaches positively. Although most participants reported improvement in their behaviour and social skills, several children stated they experienced persistent problems after case closure.

*“First she bonded with me, then she gained my trust and then we started talking” (Ruth, 17 years)*

## 5.1 Introduction

Families experiencing complex and multiple problems are characterised by an accumulation of multiple persistent and interrelated problems (Ghesquière, 1993; Knot-Dickscheit & Knorth 2019; Tausendfreund, 2015). Children growing up in these families are at an increased risk for developing problems in multiple areas of life (Evans, Li, & Whipple, 2013; Van Assen et al., 2020). For example, children exposed to multiple adverse factors in their environment are at an increased risk for conduct problems (Gerard & Buehler, 2004), delinquency (Yumoto et al., 2008), and poor academic achievement (Rouse & Fantuzzo, 2009). To provide integrated care for families experiencing complex and multiple problems, several intensive home-visiting programmes have been developed (Loeffen & Pasveer, 2004; Van Assen et al., 2020). One of the main aims of these programmes is to provide care centred around the needs of families (Tausendfreund & Knot-Dickscheit, 2016). However, studies have shown there is often a mismatch between care provision and the needs of families experiencing complex and multiple problems. Furthermore, care professionals often experience considerable problems in providing suitable care (Ghesquière, 1993; Joosse et al., 2019).

Although a decrease in emotional and behavioural problems is reported during their participation in family-focused home-visiting services for many children, they often still experience considerable problems at case closure (Veerman et al., 2005; Van Assen et al., 2020). Furthermore, a considerable number of children is placed out of home in the year after case closure (Van Assen et al., 2020). Although most home-visiting programmes are characterised as ‘whole family’ approaches, children are often only involved in services to a limited extent. Several studies have criticised the lack of child participation in home-visiting services and emphasised the need for more child-centred care (Alberth & Bühler-Niederberger, 2015; D’Cruz & Stagnitti, 2008; Inspectie Jeugdzorg, 2016; Munro, 2011; Tausendfreund, 2015). Studies on child participation have emphasised that child participation is not restricted to hearing the child’s perspective,

but requires children to be actively informed and involved in decisions concerning their welfare (Bouma, 2017; Hart, 1992; Cossar, et al., 2016). To promote the participation of all family members in care, several new approaches to care provision have been developed. For example, Thoburn and colleagues (2013) have investigated a dual key worker approach where care is provided simultaneously by a parent-focused and child-focused care worker. Their study showed positive outcomes for children whose families received dual key worker services. Children in these families often had better access to appropriate care, experienced less problems and showed improved wellbeing (Thoburn et al., 2013).

In the Netherlands, the Salvation Army has developed a similar dual key worker approach to improve care for children growing up in families experiencing complex and multiple problems. Child-centred services are provided by child and youth coaches. These coaches combine child-initiated activities (e.g. sports, crafts) with care activities based on the needs of children. Care goals are mostly child-initiated and are centred around seven main themes: 1) self-image and self-confidence, 2) emotions, 3) social skills, 4) (social) anxiety, 5) bullying, 6) grieve and 7) physical wellbeing (for a more elaborate programme description see Van Assen et al., 2019, Chapter 3). In line with the dual key worker approach described by Thoburn and colleagues (2013), the families of these children often receive family-focused services through the Ten for the Future programme (for more information on the Ten for the Future programme, see Tausendfreund and Van Driel, 2019; Tausendfreund, 2015). In the dual key worker approach, services of the Ten for the Future programme and Child and Youth Coaching programme are provided simultaneously, but separately (Van Assen et al., 2019; Chapter 3). The aim of this study is to examine the experiences of children participating in this dual key worker approach in the Netherlands.

The programme theory and care process of the Child and Youth Coaching programme have been investigated in earlier studies (Van Assen et al., 2019; Chapter 3; Van Assen et al., 2021; Chapter 4). Furthermore, a quantitative longitudinal evaluation of the Child and Youth Coaching programme was conducted to investigate the effect of services on emotional and behavioural problems, psychosocial skills, and quality of the pedagogical environment (Van Assen et al., submitted; Chapter 6). However, Boddy and

colleagues (2011) state that an overemphasis on standard outcomes may be problematic for families experiencing complex and multiple problems. As families experiencing complex and multiple problems are characterised by an accumulation of complex and interrelated problems, they often require personalised care adapted to their needs (Ministerie van Justitie en Veiligheid, 2019). Therefore, it is important to not only evaluate services for families experiencing complex and multiple problems based on outcomes (e.g. emotional and behavioural problems) from the perspective of the professionals, but also take client perspectives into account. The effects of programmes for families experiencing complex and multiple problems on standard outcomes have been investigated in several studies (Van Assen et al., 2020). However, research on the perspective of children involved in these programmes is scarce.

Many studies investigating child and family welfare programmes have been conducted using either a care worker, parent, or researcher perspective. The tendency to conduct research on services for children only from an adult point of view is problematic from both an ethical and epistemological perspective. From an ethical perspective, the right of children to participate in issues concerning their lives (United Nations, 1989) is not fulfilled when research is conducted solely from an adult perspective. From an epistemological point of view, including children’s perspectives in research can help in decreasing potential bias resulting from the use of adult perspectives on issues regarding children (Grover, 2004; Nilsson et al., 2015). When including a child perspective in service evaluations it is important to distinguish a child perspective from a child’s perspective.

A child perspective is characterised by the adults’ outside perspective on children’s conditions, experiences, perceptions and actions, with the individual child and his/her best interests in mind. The child’s perspective is characterised by the child’s insider perspective on the conditions, experiences, perceptions and actions, based on what he or she find as important. Both perspectives are required to perceive and encounter children as equal human beings. (Söderbäck, Coyne & Harder, 2011, p. 100.)

To address the child's perspective in service evaluations there has been an increase in the participation of children in scientific research concerning youth care (e.g. Dedding et al, 2013; Fraser et al., 2005; Greene & Hogan, 2005; Grietens, 2012). The aim of this study is to investigate the perspective of children on their experiences with the Child and Youth Coaching programme. Three aspects of the Child and Youth Coaching programme were investigated. Firstly, the study identified which characteristics of the Child and Youth Coaching programme were (un)helpful according to children. Secondly, we identified which aspects of the child-coach relationship were important to children. Finally, this study focused on the outcomes of the Child and Youth Coaching programme from the perspective of children. Furthermore, children were encouraged to address other topics they thought to be relevant. The research question of this study is:

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

## **5.2 Method**

### **5.2.1 Design**

To investigate the experiences of children participating in the Child and Youth Coaching programme, a thematic analysis was conducted based on eight retrospective interviews. First, the central themes of children's experiences were identified for each case separately. Secondly, the main themes were identified across cases.

### **5.2.2 Participants**

Parents and children were contacted by the researchers after case closure of the Child and Youth Coaching programme. Eight children who had participated in the Child and Youth Coaching programme were recruited through convenience sampling. The sample in this study consisted mostly of teenagers ( $M = 14.0$  years; range 9–18). Trajectories of children participating in this study on average had a duration of just over two years ( $M = 25.1$  months). The main characteristics of these participants are shown in Table 5.1.

**Table 5.1**  
*Participant characteristics*

Name	Gender	Age (years)	Duration (months)
Johnny	Boy	15	24
Ruth	Girl	17	24
Dunya	Girl	10	24
Tommy	Boy	16	48
Erica	Girl	9	12
Sophie	Girl	13	36
Henry	Boy	18	24
Emma	Girl	14	9

Note: all names in this study are pseudonyms to assure the privacy of participants

### 5.2.3 Instrument

To investigate children’s experiences during their participation in the Child and Youth Coaching programme, interviews based on a semi-structured interview protocol were conducted. Before starting the interview, several steps were undertaken to assure a safe and child-friendly environment (see par. 5.2.4). The interviewer (i.e. the first author) spent some time to become acquainted with the child. For example, topics such as hobby’s, interests, or school were discussed. Once children became more accustomed to the setting the focus shifted to the Child and Youth Coaching programme. Firstly, children were asked to describe the coaching sessions of the programme. This part of the interview focused predominantly on characteristics of the programme such as care activities (e.g. *What activities did you and your coach do together?*) and the duration (e.g. *For how long did you participate in the programme?*) of the trajectory. In general, more sensitive topics such as family problems that were addressed during coaching were discussed later in the interview. However, some children addressed these topics themselves earlier in the interview. In these cases, the interviewer followed the lead of the child and addressed these issues when the child initiated them. Secondly, the content of the Child and Youth Coaching programme was addressed (e.g. *What did you discuss with your coach? Which care goals did you have in the programme?*). Thirdly, positive and negative aspects of coaching were discussed (e.g. *Which aspects were helpful? Were there things about coaching you*



*didn't like?*). Fourthly, children were asked how they experienced the coach-child relationship (e.g. *How would you describe your coach?*). Furthermore, children were asked about the outcomes of the programme (e.g. *Did things change in your life due to the coaching?*) Finally, some more general questions were asked (e.g. *If you would describe the perfect coach what should he/she do?*) and children were asked if there were any remaining topics they would like to discuss. In general, the interviewer aimed to focus on child-initiated topics as much as possible. When children did not initiate topics themselves story-eliciting materials (e.g. smileys, worksheets, timeline) were used. At the end of the interview, the interviewer checked whether there were any issues concerning the safety or wellbeing of children that needed to be addressed (see par. 5.2.4).

### **5.2.4 Procedure**

This study was approved by the ethical board of the department of Child and Family Welfare of the University of Groningen (June, 2019). Families were contacted for participation in the study after their participation in the Child and Youth Coaching programme. When children were interested in participating in the study, the interview procedure and ethical provisions (e.g. data storage, audio recording, privacy, right to stop the interview at any time) were explained to the child and the parents by the interviewer. When children and parents agreed to participate an informed consent form was signed. For children between twelve and eighteen years of age both parents and children signed a consent form. For children younger than twelve only parents signed the consent form. One participant was older than eighteen at the moment of the interview and signed the consent form himself.

The interview setting was chosen in line with preferences of children as much as possible. Preferably interviews took place in a setting with only the researcher and the child present. However, if the child preferred so, a parent or care professional was present (this was not preferred due to potential bias in children's answers). For two cases a parent was present during the interview; in two other cases a professional was present. During the interview the researcher continuously checked whether there was continued informed consent to participate (verbally and non-verbally). At the end of the interview the researcher summarised the main points

discussed during the interview to check whether the child agreed with the researcher’s interpretation of the child’s answers on the main topics. The researcher evaluated with the children how they had experienced the participation in the interview. In discussing the interview, the researcher checked whether there had been any experiences for the child during the interview that required additional support (e.g. discussing experiences related to trauma). If any additional support was needed, this was discussed with the child before returning home after the interview. In none of the cases additional support was considered necessary after the interview.

### 5.2.5 Analysis

The interviews were recorded and transcribed verbatim. Inductive thematic analysis was used to identify the experiences of children participating in the Child and Youth Coaching programme (Braun & Clarke, 2006). We used Atlas.ti 8.4 software to conduct our analysis. To minimise the influence of researchers’ pre-conceptions (i.e. an adult perspective) an inductive approach to coding and theme development was used. First, we familiarised ourselves with the data by rereading the transcripts and listening to the audio recording. After each interview a case summary was written for each interview. Secondly, we used an inductive approach to coding to identify children’s experiences in participating in the Child and Youth Coaching programme. We aimed to use codes that closely represented the narratives of the participants. Thirdly, we categorised codes for each interview separately. Furthermore, identified categories were discussed by the authors to assess their validity. Fourthly, we compared categories across interviews to identify overarching themes. Our aim was to identify themes that represented the participants’ narratives as closely as possible. To assess whether these themes were an accurate description of the participant’s narratives, several analytical techniques described by Braun and Clarke (2007) and Vaismoradi and colleagues (2016) were used (e.g. comparing different categorisations of codes). Coding and theme development were first done by the first author and subsequently discussed with the co-authors.

## 5.3 Results

### 5.3.1 Thematic structure

The interviews focused on children's experiences in participating in the Child and Youth Coaching programme. The children discussed three main topics concerning the Child and Youth Coaching programme. Firstly, children provided descriptions of characteristics of the programme and indicated to what extent these characteristics were helpful to them. They mainly described activities focused on improving social interactions by practicing social skills and emotional and behavioural management. Furthermore, children emphasised the importance of emotional support and practical support in the programme (par. 5.3.2). Secondly, the theme addressed most predominantly by children was the relationship between children and coaches. Children positively evaluated the equal and non-

**Table 5.2**

Overview of main themes, subthemes and code examples

<b>Main themes</b>	<b>Sub-themes</b>
Characteristics of the Child and Youth Coaching programme	Social skills training behavioural management Supporting social interactions Discussing and advocating the child's perspective Practical support
Child-coach relationship	Becoming acquainted Authentic and reliable attitude Equal and non-judgemental attitude Investment of time and effort
Outcomes	Improved social skills Improved social relationships Improved behavioural management Persistent problems

judgmental attitude of coaches. Furthermore, they emphasised the importance of a long-term personal relationship in realising a setting where they were able to disclose about their family situation (par. 5.3.3). Thirdly, children addressed outcomes of the Child and Youth Coaching

programme by describing changes and remaining problems in their lives. Children reported improvements in their social skills and behavioural management. Furthermore, they reported improvements in their family situation. However, most children also reported persistent problems in varying degrees (par. 5.3.4). An overview of the main themes is provided in table 5.2.

### 5.3.2 Characteristics of the Child and Youth Coaching programme

In the interviews the participants described several characteristics of the Child and Youth Coaching programme. The participants’ descriptions of the programme mainly focused on *social skills training and behavioural management*. In most cases children described they (had) experienced some type of social conflict with family members, teachers, and/or peers. Multiple children were positive about care activities that were aimed at improving social skills. For example, Dunya (10 years) described her participation in a social resilience exercise:

It was a training, if you were being bullied [...] that you shouldn’t immediately cry or stay silent, but you should react. You have this exercise where you stand firmly on the ground, you should feel like a tree and react to others.

(Dunya, 10 years)

Multiple children described activities and worksheets that were used to structure events, emotions, and behaviour. In these activities children would distinguish activating events, behaviour, and consequences. For example, several children (Dunya, 10 years; Emma, 14 years; Johnny, 15 years) described a worksheet they used to distinguish escalating and de-escalating behaviour: “You write down something that bothers you, and then you write down what feeds the fire and what extinguishes it” (Emma, 14 years). Furthermore, children described several situations where coaches *supported them in interactions* with family members, peers and other professionals. In some cases coaches provided support to assure the child’s perspective was

taken into account. For example, coaches *discussed and advocated children's perspective* with regard to care needs in school (Ruth, 17 years) and visiting of divorced parents (Tommy, 16 years). Besides advocating the perspective of children coaches also supported children in sharing their perspectives themselves. For example, coaches supported children in communication with their parents. Ruth stated:

When I am angry I can't talk with her [i.e. her mother] quietly. At some point I want to talk with her, only when I start the conversation, it's like... 'Help! I am angry'. Then one time my coach and I discussed how I was going to say it. I called my mother, and then it was solved. (Ruth, 17 years)

Although services mostly focused on behaviour and social skills, several children described activities focused on other domains. For example, Ruth emphasised her coach supported her in dealing with the loss of a family member. Finally, several children emphasised they valued various forms of *practical support* they received from their coach. For example, some children provided examples where their coach provided support with their school work (Tommy, 16 years; Dunya, 10 years). Dunya (10 years) indicated her coach was helpful in improving her Dutch language skills when she had just migrated to the Netherlands. Johnny (15 years) stated his coach provided support in looking for a job.

### 5.3.3 Coach-child relationship

All participants indicated that the relationship with their coach was an important part of the programme. A recurring theme in multiple interviews concerned the process of *becoming acquainted* with the coach. Several respondents (Tommy, 16 years; Dunya, 10 years; Ruth, 17 years; Johnny, 15 years; Emma, 14 years) characterised the experience of starting coaching as "strange" or "uneasy". Tommy (16 years) stated:

At first, it's strange and you think you don't want it. Because you don't know what it is. You'd rather just do your own things and not spend an hour of the day talking and doing activities. But after a while you feel more like it – because it gets more fun, and you get to know each other better. (Tommy, 16 years)

The participants provided several examples where the relationship between coaches and children was instrumental in realising care goals. For example, Ruth (17 years) stated that due to earlier experiences she lacked trust in people and that “fun activities” were instrumental in building a relationship that allowed her to disclose about her experience later on. She contrasted her experiences in the Child and Youth Coaching programme with earlier experiences with a therapist.

They [the therapists] don't know you. They just think ‘I'm the psychiatrist and this and this is good for you. And it doesn't help a... beep. And here [the Child and Youth Coaching programme] she first bonded with me, then she gained my trust, and then we started talking. I only went about four times to the therapist and I was only fighting with my parents. I was just done with it. (Ruth, 17 years)

Participants described several activities that took place during sessions such as playing sports (Tommy, 16 years), shopping (Ruth, 17 years), or crafts (Dunya, 10 years). Furthermore, some children stated that coaches were present for important moments and transitions such as a birthday or graduation. The participants emphasised several characteristics and attitudes of coaches they valued in building the relationship. Firstly, children indicated it was important coaches were *authentic and reliable*. Dunya (10 years) stated her coach really ‘*was herself*’. Secondly, children valued the *positive attitude* of coaches. For example, coaches often complimented positive behaviour and focussed on strengths rather than problems. Thirdly, multiple participants stated that an *equal and non-judgmental attitude* of coaches was important in building the relationship. Multiple participants

provided examples of earlier interactions with care professionals, teachers, peers, or parents where they had received negative responses on their behaviour. The non-judgmental attitude of coaches made it easier to disclose about their life situation:

Some things are more difficult to discuss, because you don't know how to tell it to him and how he will react. [...] But he reacted normal. For example, when you'd done something stupid he didn't treat you differently. (Tommy, 16 years).

Finally, some participants mentioned the drawback of the long-term relationship with coaches was that the coaching required a lot of *time-investment* of children. Several participants indicated that especially towards the end of the coaching trajectory the coaching interfered with their personal schedule (e.g. meeting friends, schoolwork). In multiple cases this was taken into account by coaches deciding to close cases. Several children indicated that now cases were closed they 'wanted to make it on their own' (Ruth, 17 years).

### **5.3.4 Reported outcomes of the Child and Youth Coaching programme**

Although the extent to which children reported Child and Youth Coaching programme influenced their life situation varied, all children reported positive changes in their life due to the services they received. In line with the characteristics of the programme (par 5.3.2), children mostly reported improvements in their *social skills* and *behavioural management*. For example, children stated they were more able to deal with their anger and building social relationships. Dunya (10 years) stated: "In the past I used to walk away when someone said something to me, or I would start to fight. Now I stand up for myself". As a consequence, multiple children reported *improved social relationships* with parents and peers. For example, Ruth stated:

I always thought everything was my fault. That the divorce of my parents was my fault. That’s something she [i.e. the coach] really taught me...that it’s never the child’s fault when parents get divorced. I thought about that a lot when I was fighting with my mother. It’s not my fault you are angry. We talked about that and we didn’t fight ever since. (Ruth, 17 years)

Although most children reported improved outcomes, several children indicated there were still *persistent problems* after case closure. In some cases, there were recurring conflicts in the family. For example, one of the participants shared a story about a father becoming verbally abusive and throwing things at the child. Also, relationships between parents were in some cases characterised by recurring conflict after the Child and Youth Coaching programme had ended. Emma (14 years) stated that although her peer relationships had improved she still experienced bullying at school.

## 5.4 Discussion

### 5.4.1 Findings

The aim of this study was to examine the experiences of children with the Child and Youth Coaching programme. Firstly, children described several characteristics of the programme that they considered to be helpful. Children positively evaluated activities focused on improving social skills and managing behaviour. Furthermore, children were positive about activities focused on discussing and improving their social interactions (especially interactions with parents). Another central theme in the experiences of children was the importance of a good relationship between coaches and children. All children in the study stated that the relationship with their coach was important to them. The participants in the study clearly expressed the importance of a long-term confidential relationship with their coach as beneficial. However, several children indicated that the programme required a considerable time-investment and sometimes interfered with their personal life. Finally, children addressed outcomes of Child and Youth Coaching by discussing changes and persistent problems. The findings suggest that children experienced improvements in their



behavioural management, social skills and family relations. Furthermore, children indicated they felt more included in the care process; for example by being involved in setting care goals and determining care activities. However, several children also reported persistent problems after case closure.

The fact that children predominantly discussed activities focussed on social interactions and behavioural change is in line with the focus of the programme according to the programme theory (Leger des Heils, 2019; Chapter 3). The Child and Youth Coaching programme was provided separately from the Ten for the Future programme, but in several cases coaches did interact with parents. For example, children positively evaluated care activities where coaches supported them in social interactions with their parents. The need for addressing problems not only individually, but also in an transactional framework, has been emphasised in multiple studies on care provision for families experiencing complex and multiple problems (e.g. Zoon & Berg-Le Clercq et al., 2014; Ghesquière, 1993; Munro, 2011). Similar to earlier studies with a focus on the perspective of parents, children also indicated they were positive about practical support (e.g. help finding a job, help with homework) they received (Ministerie van Justitie en Veiligheid, 2019).

The importance of the child-coach relationship was emphasised by all children in the study. Multiple children indicated that fun activities (e.g. sports, crafts, games) that were not directly related to the care goals were instrumental in promoting disclosure and realizing change. In multiple cases disclosure about the family situation and the identification of suitable care goals occurred in later stages of the trajectory. These findings suggest there is a risk of unnecessary case closure when suitable care goals cannot be identified in the early stages of care. The risk of an overemphasis on achieving care goals was also identified by coaches in a study on the care process of the Child and Youth Coaching programme (Van Assen, Knot-Dickscheit, Grietens, & Post, 2021). In the context of other services parents have expressed similar sentiments (Ministerie van Justitie en Veiligheid, 2019; Munro, 2011; Verhallen, 2013). As realising disclosure and identifying suitable care goals requires time and effort, more long-term services may be required. Knot-Dickscheit and Tausendfreund (2017) stated that in many

cases services are too short to adequately address problems of families experiencing complex and multiple problems. However, several children also indicated that the services sometimes interfered with their personal life. Although these findings provide a first indication that the provision of long-term services may improve the participation and outcomes of children, we cannot simply state that ‘more is better’.

Although eliciting the perspective of children in multiple cases required time and effort, all children were positive about the participatory approach of the Child and Youth Coaching programme. In earlier studies on services for families experiencing complex and multiple problems, children stated they were insufficiently involved in care. For example, in the Munro review (2011) of the British child protection system a child state “I was never asked about how I felt or what I wanted to happen. Asking me ten minutes before the meeting is not the same” (Munro, 2011, p. 15). This emphasises that participation is more than only hearing the child’s opinion, but requires the active involvement of children in decisions regarding their welfare (Bouma, 2019).

All children reported improved outcomes during their participation in the Child and Youth Coaching programme. In line with their description of programme characteristics, children predominantly indicated they had improved their social skills and behavioural management. However, several children reported persistent problems at case closure. These findings confirm the quantitative findings from several meta-analyses on outcomes of home-visiting care for families experiencing complex and multiple problems (Al et al., 2014; Veerman et al., 2005; Van Assen et al., 2020).

### **5.4.2 Strengths, limitations and future research**

Although several studies are available on the experiences of parents and professionals (e.g. Busschers & Boendermaker, 2015; Ministerie van Justitie en Veiligheid, 2019; Van Assen et al., 2021; Verhallen, 2013), studies on the experiences of children growing up in families experiencing complex and multiple problems are scarce. Therefore, this study provides valuable information on the care experiences of children growing up in families experiencing complex and multiple problems. Several aspects were taken

into account in the study design to assure the child perspective was represented accurately. At the start of the interview children described the activities of the Child and Youth Coaching programme. During the rest of the interview open-ended follow-up questions were used to assure the interview remained child-centred (e.g. *You said you and your coach practiced how to deal with bullies. Can you tell me how you used to do this?*). Children were also encouraged to introduce relevant topics themselves. The interviewer avoided introducing topics himself as much as possible. At the end of the interview the interviewer summarised the main points of the interview to assure his interpretations matched the perspective of the child. Inductive coding was used to assure codes closely represented the child's perspective. To assure the reliability of coding, the codes were checked by the co-authors and discussed. Although these aspects were taken into account to assure an accurate representation of children's perspective, children were not involved in the early phases of study design. In future research it is advisable to also include children at the start of the research process. For example, children could be involved in determining research questions and designing interview protocols.

Another limitation of this study was the use of a small and selective sample. In the last interviews that were conducted, children addressed many issues that were discussed in earlier interviews as well. Although it cannot be determined conclusively based on the limited number of cases, this suggests there was to some extent saturation in the data. However, in recruiting participants for this study, several children did not want to participate or did not show up for interviews. Only one case that can be characterised as having an unsuccessful case closure (i.e. out-of-home placement) was included in this study. Furthermore, no children younger than nine years old participated in this study. Although the children in this study addressed a wide range of topics, it is likely that the participants may not have covered the entire range of topics that would have been identified by participants whose trajectories were less successful. In the sampling procedure of future studies the inclusion of groups of children that were underrepresented in this study needs to be addressed.

To create a safe environment that was conducive to the interview process, most interviews took place in settings chosen by the children

themselves. To avoid unnecessary burden due to the interview, children were only asked questions about their problems as far as it was relevant for their experience with the programme (e.g. *Which topics did you discuss with your coach?*). The extent to which children shared information about their problems varied considerably across cases. In some cases parents or professionals were present on request of the children. The presence of parents or professionals may have affected the outcomes of the study as children may have been less inclined to share negative experiences about the coaching or the family situation.

### 5.4.3 Implications

The findings of this study suggest that Child and Youth Coaching services can be useful in improving the participation and outcomes of children growing up in families experiencing complex and multiple problems. However, a study on the care process of the Child and Youth Coaching programme (Van Assen et al., 2021) showed that realising participation was especially difficult for cases where children were very young, unmotivated, not able to determine their own goals, or did not disclose about their family situation. Furthermore, the use of a more diverse sample and comparison of children participating in different types of care may provide valuable information on the care experiences of children growing up in families experiencing complex and multiple problems. Care for these children should in many cases involve a focus on emotional and behavioural management, social skills and interactions with other family members. Furthermore, children stated it is important for care providers to have a child-focused perspective characterised by a long-term, equal and confidential relationship. Although more research is needed to address the limitations of this study, the findings suggest children growing up in families experiencing complex and multiple problems valued child-centred, long-term and personalised care.

