CHAPTER 7

General Discussion

The aim of this study was to investigate the care process, participant experiences and outcomes of the Child and Youth Coaching programme for children growing up in families experiencing complex and multiple problems. Additional to children's participation in the Child and Youth Coaching programme, all families participating in this study received family-focused services through the Ten for the Future programme (Tausendfreund & Van Driel, 2019). The families participating in these programmes are characterised by a complex accumulation of problems in multiple areas of life. To address the needs of these families, care programmes are often characterised by personalised service provision adapted to the needs of the family (Bodden & Dekovic, 2010; Busschers & Boendermaker, 2015; Ghesquière, 1993; Knot-Dickscheit & Knorth, 2019; Spratt, 2011). As these services are highly individualised and the target group is heterogeneous, the evaluation of these programmes is complex. As Tausendfreund (personal communication, 2015) stated: "When you are studying families experiencing multiple problems, you shouldn't expect to have a study without problems".

To address the complexities inherent in the evaluation of services for families experiencing complex and multiple problems, both qualitative and quantitative studies have been conducted for this thesis. The aim of this discussion is to reflect on the findings of these studies. In the first paragraph the main findings are discussed (7.1). Secondly, the strengths and limitations of the current study are addressed in the methodological discussion (7.2). Furthermore, suggestions for future research are provided in this discussion (7.3) and implications of findings for practice are discussed (7.4). In the final remarks, we emphasise the importance of directly involving children in both research and practice (7.5).

7.1 Findings

The dual key worker approach is based on the premise that providing additional child-centred services can be beneficial for children growing up in families experiencing complex and multiple problems. To establish whether there is a need for additional child-centred services besides family-focused services, a meta-analysis was conducted in **chapter 2** to examine whether family-focused programmes improved outcomes of children growing up

in these families. The meta-analysis shows that at case closure children participating in these services experience a decrease in emotional and behavioural problems (d = 0.50) and a decrease in the number of reported stressful experiences (d = 0.50). However, the meta-analysis also confirms findings from earlier studies (Veerman et al., 2005) that have shown many children still experienced persistent problems at case closure. Furthermore, the estimated out-of-home placement rates increased considerably between case closure ($OHP_{closure}$ = 7.5 %) and one year follow-up ($OHP_{12months}$ = 24.3%). These findings suggest that children growing up in families experiencing complex and multiple problems benefit to some extent from their participation in family-focused home-visiting programmes. However, the persistent problems at case closure and increasing placement rates in the year after case closure suggest these programmes currently are not able to adequately address children's needs.

A possible explanation for the poor long-term outcomes of children participating in family-focused services is the lack of child-centred care in these programmes. Several studies have shown that the needs and wellbeing of children are often not the main focus of services for families experiencing complex and multiple problems (Alberth & Bühler-Niederberger, 2015; Inspectie Jeugdzorg, 2016; Munro, 2011). Furthermore, children are often only involved to a limited extent in these family-focused services (Busschers & Boendermaker, 2015; Tausendfreund et al., 2015). Thoburn and colleagues (2013) showed that combining parent-focused services with a child-focused services (a dual key worker approach) is a promising intervention strategy for families experiencing complex and multiple problems.

In **chapter 3**, a theoretical framework is provided for the Child and Youth Coaching programme in a dual key worker approach. Based on the programme manual of the Child and Youth Coaching programme (Leger des Heils, 2019), the essential programme elements (e.g. target group, theoretical framework, care activities) are described. The manual only contains broadly defined *inclusion criteria* for participants in the programme. The children participating in the programme should be between three and eighteen years old, in need of help with social interactions or personal problems and motivated to participate. Furthermore, professionals of the Ten for the Future programme try to assess whether children will benefit

from participation in the Child and Youth Coaching programme. Children that experience psychiatric problems in need of specialist treatment are excluded. Furthermore, parents are overburdened and not capable to adequately address the problems in the family and support the development of their children.

In the programme manual (Leger des Heils, 2019) several basic treatment principles of the Child and Youth Coaching programme are described. Coaches provide *integrated care* in multiple areas of life and focus services on the *needs of the child*. Furthermore, the attitude of coaches is characterised as *transparent*, *outreaching*, *easily approachable* and *confidential*. The care provision in the programme is eclectic and based on multiple theories such as *systems theory* and *social learning theory*. Techniques used by coaches are derived from social learning approaches (e.g. modelling; Bandura, 2016) and cognitive behavioural therapy (e.g. ABC-schemes; Beck & Haigh, 2014). At the start of services, coaches focus on becoming acquainted and gathering information. After a maximum of six weeks the first care plan is devised with care goals focussed on the needs of the child. The care goals are centred around the main themes of the programme (self-image and self-confidence, emotions and behaviour, social skills, anxiety, bullying, grieve and mourning and physical wellbeing). During the programme fun activities are combined with care services aimed at achieving the care goals. After three months services are evaluated with the parents and the child, followed by an evaluation every six months.

In **Chapter 4**, the care process of the Child and Youth Coaching programme was examined. The first aim of this study was to investigate whether services were provided in line with the treatment guidelines described in chapter 3 (fidelity). Furthermore, the aim was to study whether service provision varied across cases (flexibility) and which considerations played a role in service provision (considerations). As indicated in chapter 3, the programme manual only provides general guidelines for inclusion and service provision (Leger des Heils, 2019). Although it is not possible to draw any definitive conclusions on treatment fidelity based on this exploratory qualitative study, the findings provide a first indication that coaches in general adhere to the basic guidelines of the programme. Analysis of care activities showed case assessment was predominantly done by *discussing*

family interactions, discussing emotions and behaviour, discussing the social network and *observation*. In accordance with the programme's aim to focus care provision on the needs of the child (Chapter 3), children were frequently involved in services by *setting care goals* and *determining care activities*. This approach is in line with recommendations of studies on child participation that have emphasised that participation does not only consist of listening to children's perspective, but also requires that children are informed and actively involved in making decisions (Bouma, 2019; Hart, 1992). Although children were frequently actively involved in shaping services, several barriers were identified in realising child participation. Coaches reported that it was more difficult to realise participation of children who were young, unmotivated, or were less capable to share their perspective. Furthermore, coaches stated that in several cases children did not disclose about problems in the family situation. Without sufficient information about the family situation, it was often not possible to determine appropriate care goals or activities. Similar challenges were identified in earlier studies (Cossar et al., 2016; Van Bijleveld et al., 2015). To realise change, coaches used several techniques described in the programme manual (Chapter 3) such as *structuring events and behaviour, psychoeducation* and *behavioural exercises.* Furthermore, coaches also provided practical support and involved the social and professional network in services.

The analysis showed that flexibility in service provision mainly occurred to adapt services to the needs and capabilities of children. For example, care goals and care activities were adapted to the age and interests of children. Analysis of care reports and interviews with coaches showed that children predominantly experienced psychosocial problems. However, the target group was heterogeneous and children also experienced varying problems in other areas of life. The interviews with coaches showed that the heterogeneity in target group characteristics and care provision may not only reflect the broadly defined inclusion criteria, but may also reflect the different perspectives of coaches on the suitable target group and care goals of the programme. For example, the programme manual of Child and Youth Coaching (Leger des Heils, 2019) states that coaching is focused on the needs of the child and is provided independently from other services. However, the manual also emphasise coaches are responsible for

monitoring the safety of the child and coordinating care with other services. Some coaches stated that child and youth coaches could be regarded as an extension of family-focused services (e.g. monitoring the safety of the child and providing additional information). Other coaches stated child and youth coaches should primarily provide services focused on the needs of the child and should not be regarded as an extension of family-focused services or child protection services.

In **Chapter 5** the experiences of children participating in the Child and Youth Coaching programme were investigated. Three main themes related to the care experiences of children in the Child and Youth Coaching programme were identified. Firstly, children described several characteristics of the programme that were (un)helpful in realising change. Children positively evaluated activities focused on *behavioural management* and *social skills* (e.g. structuring emotions and behaviour, social skill exercises). Especially the direct support of social interactions with people in their network (e.g. parents, siblings, friends, teachers, care professionals) was evaluated positively. Furthermore, children were positive about practical support they received. In line with findings by Cossar and colleagues (2016), all children in the study emphasised the importance of a *personal relationship* based on *trust.* The findings suggest that the provision of *long-term services* was helpful in establishing this relationship. However, several children stated that long-term participation in the programme required considerable time and effort and sometimes interfered with their personal life. Especially the *equal* and *non-judgemental* attitude of coaches was important for children. Several children in this study contrasted their experiences in the Child and Youth Coaching programme with earlier care experiences. These children stated they had experienced a lack of child-centred care in other services and the personal relationship with their child and youth coach was important in realising change. Children described the Ten for the Future programme as a programme predominantly focused on parents. This confirms the findings by Tausendfreund and colleagues (2015) who showed children were only involved to a limited extent in services of the Ten for the future programme. Finally, children described the outcomes of the Child and Youth Coaching programme from their perspective. Children reported improvements in several areas of life, most notably improved *social skills* and *behaviour*

management. Furthermore, most children reported improved *wellbeing* (e.g. "feeling better", "less depressed"). They described these changes partly as individual changes, but also referred to changes in the family and social network. For example, several children stated there was less conflict in their family. Although all children reported some kind of improvement in the interview, the extent of change described by children varied considerably. Furthermore, several children reported *persistent problems* (e.g. conflict with parents) after case closure of the Child and Youth Coaching programme.

In **Chapter 6** the characteristics of the target group and outcomes of the Child and Youth Coaching programme in a dual key worker approach were investigated. In line with findings from earlier chapters (Chapter 3-5) the analysis of *problem domains* showed that participants in the programme predominantly experienced psychosocial problems (e.g. internalising and externalising behaviour, poor psychosocial skills, social network problems). Problems in other domains (e.g. physical wellbeing, cognitive development) were reported in part of the cases. The *heterogeneity* of the target group was expected given the broadly defined inclusion criteria in the programme manual (Chapter 3) and earlier research on the characteristics of families experiencing complex and multiple problems (Holwerda et al., 2014; Knot-Dickscheit & Knorth, 2019). An explorative study on the indication process of Child and Youth Coaching programme showed that children were referred to the programme for various reasons (Homan, 2016). Some children were referred to Child and Youth Coaching due to problems children experienced themselves (e.g. behavioural problems, social exclusion). Other children were referred to the programme to address concerns at the family level (e.g. child safety, overburdened parents). The scores on the QPS and SDQ at intake also confirm that the children included in the study experience considerable psychosocial problems. However, in recruiting participants for the longitudinal study, a group of families stated they were not interested in participating in the study. Especially in recruiting children who were initially not indicated for the Child and Youth Coaching programme for additional coaching (the non-indicated group), a considerable group of families stated they were not interested in receiving additional child-centred services. Most of these families indicated that they were overburdened and involved with too many care professionals. This suggests that the most

overburdened families that were involved with multiple professionals may not have been included in this study.

The longitudinal evaluation showed coaches reported considerable improvements in psychosocial skills ($b_{6months}$ = 8.3; 95% CI [3.8;12.8]). The estimated change in psychosocial skills based on parent reports was slightly smaller than the change reported by coaches and was not significant. Whereas coaches reported similar psychosocial skills for indicated and non-indicated children, parents reported better psychosocial skills in the non-indicated group. These differences can possibly be explained by differences in setting where psychosocial skills are observed. Coaches in the Child and Youth Coaching programme mostly observe children's psychosocial skills in a coaching environment. On the contrary, parents predominantly observe their child's skills and behaviour in day-to-day life. The differences in reported psychosocial skills may reflect limited transfer of skills from a controlled coaching environment to a family situation characterised by complex and multiple problems. Furthermore, differences between parent and coach reports may reflect differences in the normative perspectives on desired and acceptable behaviour. Several studies have shown that there are often considerable differences in the perspectives of parents and care workers on problems in the family situation and suitable care goals (Ministerie van Justitie en Veiligheid, 2019; Ghesquière, 1993; Sousa et al., 2007; Verhallen, 2015).

The estimated decrease in emotional and behavioural problems was not significant and considerably smaller than the change in psychosocial skills ($b_{12\ months}$= -1.2; 95% CI [-3.0 ; 0.6]). Studies on factors associated with emotional and behavioural problems suggest that factors at multiple levels (individual, family, environment) are related to the development of emotional and behavioural problems (Bartels, 2001; Van der Ploeg, 2005). As families experiencing complex and multiple problems are characterised by problems at multiple levels (Ghesquière, 1993; Knot-Dickscheit & Knorth, 2019), emotional and behavioural problems were possibly sustained by problems in the family and the wider environment (Besemer et al., 2017; Buckholdt et al., 2014).

Estimates of quality of the pedagogical environment were somewhat higher after twelve months, but changes were not statistically significant

($b_{12\ months}$= 2.6 ; 95% CI [-0.5 ; 5.7]). Unexpectedly, most coaches rated the quality of the pedagogical environment of families as sufficient or good at intake of the Child and Youth Coaching programme. The analysis of problem domains at intake and analysis of the care process showed all families participating in the study were characterised by an accumulation of problems in multiple areas of life (e.g. social problems, debt, housing problems, physical maltreatment). Based on the analysis of these problem domains and findings in earlier studies (Chapter 4-5) the ratings of quality of the pedagogical environment were expected to be lower.

Finally, the reasons of case closure (out-of-home placement, goal attainment and referral) of the Child and Youth Coaching programme were investigated. A considerable group of children was referred to continued services after case closure of the Child and Youth Coaching programme. The persistent problems of children at case closure may explain the considerable group that is referred to continued services. This raises the question whether these children should have been referred to the Child and Youth Coaching programme or should have been referred directly to more specialised services. In some cases, referrals to continued services may be a consequence of the inability of the Child and Youth Coaching programme to address problems adequately. Furthermore, the persistent emotional and behavioural problems may also reflect persistent problems at the family level. Therefore, child behaviours identified as 'problem behaviour' can also be interpreted as an adaptive reaction to problematic family functioning. However, Schout and colleagues (2011) have shown that families experiencing complex and multiple problems are often characterised by care avoidance. As referral may imply that children receive appropriate services for their problems, the referral of children to more specialised services in some cases can in some cases be regarded as a successful outcome. However, multiple studies have shown that repeated re-referral can be problematic in the case of families experiencing complex and multiple problems using multiple services (Van Den Berg et al., 2008; Joosse et al., 2019). Analysis of goal attainment shows that most children (partly) achieve their care goals. Finally, compared to other services only a small group of children is placed out of home. However, these findings should be interpreted cautiously as placement data is only collected at case

closure. The findings in the meta-analysis (Chapter 2) suggest placement rates may increase after case closure.

Due to the methodological limitations of this study we were not able to identify to which extent the observed effects were due to the Child and Youth Coaching programme and/or the Ten for the Future programme. Moreover, a straightforward comparison of outcomes of the Child and Youth Coaching programme with other home-visiting programmes (Chapter 2) is not feasible as effects are likely confounded by differences between target groups. Based on the programme theory (Chapter 3), service characteristics (Chapter 4) and participant experiences (Chapter 5) it is possible to reflect on the plausibility that the observed outcomes are the effect of the programmes.

Tausendfreund and colleagues (2014) showed children were only involved to a limited extent in the Ten for the Future programme. On the contrary, the Child and Youth Coaching programme predominantly focused on working with children on their psychosocial skills, emotions and behaviour. Therefore, it is possible that the observed improvements in psychosocial skills are due to the Child and Youth Coaching programme. Given the complexity of the problems families in the dual key worker approach experience, it is less likely that the observed changes would have occurred without services. The observed decrease in emotional and behavioural problems was small and not statistically significant. This may indicate that the dual key worker approach is not effective in reducing *emotional and behavioural problems* of children. Because children are often referred to services when the problems are most severe, some decrease of problems may also have occurred without services. However, given the severity of the problems families experience we also cannot exclude the possibility that children would have experienced an increase in problems without services. Finally, the Child and Youth Coaching programme does not directly address many aspects of the pedagogical environment measured by the BIC-questionnaire such as *structure of the child-rearing environment* or *exemplary behaviour of parents.* Therefore, it is unlikely that changes observed in these categories of the BIC-questionnaire are due to the Child and Youth Coaching programme. It is possible that the observed changes in *quality of the pedagogical environment* are due to the Ten for the Future

programme. It is important to note that the effects of the programmes are also not independent from each other. For example, improving children's psychosocial skills may improve children's abilities to adequately interact with other family members. This may in turn decrease the burden on parents and improve family functioning. Vice versa improved family functioning may decrease problems of children without addressing them directly.

The findings suggest that Child and Youth Coaching may be most beneficial to children in need of social skills training (Chapter 6) and support in dealing with complex family situations (Chapter 4-5). The persistent emotional and behavioural problems observed in this study and frequent referral to specialised mental health services suggests that for children experiencing more severe problems other services may be more suitable or at least adaptations in care provision to match the needs of these children are needed. Furthermore, a considerable group of families stated they were overburdened and involved with many care professionals. Therefore, these families did not want to receive additional services from the Child and Youth Coaching programme (Chapter 6). This illustrates that not all families regarded additional child-centred care as desirable. These findings confirm earlier studies showing that the provision of services by multiple professionals can cause problems in care coordination and may hinder the provision of adequate care (Ghesquière, 1993; Joosse et al., 2019; Van Den Berg et al., 2008). Furthermore, the involvement of additional care professionals will add to the (often already considerable) costs of care provision for families experiencing complex and multiple problems (Kann-Weedage et al., 2017). More research is needed to draw more definitive conclusion on the cost-effectiveness to the programmes.

7.2 Methodological discussion & implications for research

7.2.1 Original design of the Child and Youth Coaching evaluation.

The longitudinal evaluation of the Child and Youth Coaching programme (Chapter 6) was originally designed as a partly randomised design with three groups (Pocock, 2013). Due to ethical considerations, we were not able

to withhold Child and Youth Coaching from children who were indicated for the programme. Therefore, we designed a study with randomisation of non-indicated children. First, the regular admission procedure of the Child and Youth Coaching programme (Chapter 3) was used to distinguish indicated and non-indicated children. Based on the children's needs and the inclusion criteria of the Child and Youth Coaching programme, part of the children participating in the Ten for the Future programme were referred to the Child and Youth Coaching programme (Chapter 3; Chapter 6). These children received indicated services of the Child and Youth Coaching programme and family-focused services of the Ten for the Future programme simultaneously (i.e. a dual key worker approach). This group was called *Indicated Child and Youth Coaching*. Children who were not indicated for the Child and Youth Coaching programme after three months in the Ten for the Future programme were considered to be non-indicated. These children were randomised into a group receiving additional Child and Youth Coaching without indication (*Non-Indicated Child and Youth Coaching*) and a control group receiving Ten for The Future services without Child and Youth Coaching (*Control)*.

7.2.2 Selection bias, missing data and adaptation of the design.

In the participant recruitment and allocation procedure we encountered several complications that compromised the original research design. Especially in the control group and the non-indicated Child and Youth Coaching group there was a high amount of non-participation and drop-out. In the non-indicated group, many families dropped out after providing informed consent as they did not want to receive additional services. As the recruitment of participants for the control group was linked with the non-indicated group in the randomised assignment procedure, the number of participants included in the control group was small as well. As the randomisation procedure was compromised by the drop-out after random allocation, we aimed to recruit additional participants for the control group to allow for a quasi-experimental comparison of the three research groups. Initially, a considerable number of families were recruited for the control group (n = 37). In the first measurement the response rates in the control

group were similar to the other research groups. However, follow-up measurements for this group were mainly planned for the year 2020. Due to the Covid-pandemic the possibilities for collecting data were limited during this period. This resulted in higher rates of missing data. Furthermore, the family situation was influenced considerably by the pandemic during this period. Therefore, there were problems with the comparability of data collected before and after the start of the Covid pandemic. Therefore, we excluded the control group from our study and analysed the data as a two-group quasi-experimental study with the *indicated Child and Youth Coaching* and *non-indicated Child and Youth Coaching* groups. Although the analysis of the questionnaires and problem domains at intake showed families included in the study experienced considerable problems, it is likely that the families experiencing the most severe problems were not included in the study. In recruiting children for interviews in Chapter 5 it is likely that similar selection bias has occurred. Although the findings of this study provide the first indications on the effectiveness of the dual key worker approach, these findings cannot be automatically generalised to the families experiencing the most severe problems.

7.2.3 Internal validity threats: regression to the mean and maturation.

The exclusion of the control group from our study design implied that the findings presented are subject to several threats to the internal validity. Firstly, observed changes in the longitudinal models may be due to regression to the mean. At intake children participating in the Child and Youth Coaching programme were characterised by severe problems. Cases characterised by severe problems are likely to score closer to the mean of the distribution regardless of the effect of the programme. As no control group data was available to assess the effect of regression to the mean, observed changes may be due to random variation and not the effect of the Child and Youth Coaching programme (Shadish et al., 2002). Furthermore, children are usually referred to services when problems are most severe. Due to the lack of data from the control group, it is difficult to assess whether children would have improved without services.

7.2.4 Measuring quality of the pedagogical environment.

To investigate the effect of the dual key worker approach on the quality of the pedagogical environment the Best Interests of the Child Questionnaire (BIC-Q; Kalverboer & Zijlstra, 2006; Zijlstra, 2012) was used in the longitudinal evaluation (Chapter 6). Unexpectedly, the quality of the pedagogical environment at intake was rated as *sufficient* or *good* for most families. These scores to some extent may reflect a sufficient quality of the pedagogical environment due to the non-participation of the most overburdened and unsafe families. However, analysis of the care process (Chapter 4), children's experiences (Chapter 5), and problem domains in the longitudinal evaluation (Chapter 6) shows that families participating in the study are characterised by considerable problems in the child-rearing environment. Therefore, it is likely that the BIC-Q ratings in this study do not adequately reflect the quality of the pedagogical environment of the families in the study. Several explanations for these biased measures are possible such as the influence of normative perspectives within the BIC-framework, training of the coaches in using the instrument and the use of outcomes as part of the collaborative evaluation with parents.

The BIC-Q uses fourteen child-rearing conditions to measure the quality of the pedagogical environment. The use of this instrument requires some interpretation in rating conditions as insufficient, poor, sufficient, or good (Zijlstra, 2012). Coaches participated in a training about the use of the BIC-Q before participating in the study. This training focused on the meaning of the fourteen categories of the BIC-model (i.e. which aspects of the pedagogical environment belong to the categories). Furthermore, the rating system was discussed (e.g. when should a category be rated as sufficient). Finally, the ratings of coaches of an example case were compared to ratings of the research team. Although the final ratings of coaches during training were fairly close to the ratings of the researchers, coaches tended to rate the quality of the pedagogical environment higher than the researchers. To improve the utility of the questionnaires used for the study, coaches could also use the questionnaires as part of their evaluation with the family. Several coaches stated they tended to adopt a 'positive attitude' towards families and were reluctant to rate categories as 'insufficient'. It

is possible that this tendency to adopt a 'positive attitude' has resulted in biased outcomes on the BIC-Q. In future research it is relevant to assess the impact of sharing ratings of the quality of the pedagogical environment with the family. Furthermore, it is important to address the normative framework underlying the rating of pedagogical quality. For example, it is possible that these ratings may cause families to fear the involvement of child protection services. Therefore, rating categories as 'insufficient' may be viewed as harmful to the alliance with the family. In future research it is important to address the impact of these aspects related to the context and the client-care worker alliance on the ratings on the BIC-Q as well as other questionnaires.

7.2.5 Statistical power and predictors.

Another limitation of this study was the low statistical power. As families experiencing complex and multiple problems form a heterogeneous group there are many potentially confounding variables that are relevant when assessing the effects of services. However, when multiple predictive variables are included in statistical models a considerable sample size is needed to identify effects. The longitudinal study (Chapter 6) was originally designed to include three groups of at least thirty participants. Power calculations show that these sample sizes are suitable for observing moderate effect sizes (Cohen, 1992) when only the research groups were included as predictors in the model. Due to difficulties in recruiting participants sample sizes were smaller than planned in the group with non-indicated Child and Youth Coaching and the control group. This resulted in the exclusion of the control group in our study design. The group with non-indicated Child and Youth Coaching was included in the study, but was smaller than planned (n=18). The lack of statistical power had two important consequences for the study. Firstly, we estimated several parameters in our longitudinal models (Chapter 6) that were clinically relevant, but not statistically significant. In drawing conclusions based on these models we aimed to contrast the lack of significant findings with the size of the parameter estimates. Secondly, we were not able to take into account case and service characteristics in our assessment of treatment effects.

7.2.6 Modelling patterns of change and stability.

In the longitudinal evaluation emotional and behavioural problems, psychosocial skills and quality of the pedagogical environment were measured every half year (Chapter 6). The use of multiple measurements in the multi-level models provided some information on the trajectories of change of children participating in the Child and Youth Coaching programme. The use of multiple measurements is important in the case of families experiencing complex and multiple problems as several studies have shown that change trajectories can vary considerably between cases (Chaffin, Bard, Hecht, & Silovsky, 2011; Ministerie van Justitie en Veiligheid, 2019). A study of Chaffin and colleagues (2011) on change trajectories of families experiencing complex and multiple problems showed that some trajectories have a sustained improvement, whereas others are characterised by paradoxical change (i.e., deterioration followed by improvement), relapse, or persistent problems. A limitation of the current study was that we were not able to investigate the change trajectories of children during the Child and Youth Coaching programme. Another limitation of the longitudinal evaluation of the Child and Youth Coaching programme is the lack of follow-up measurements. Although follow-up measurements are frequently included when assessing out-of-home placement or recurrent child abuse, there are very few studies that include follow-up measurements on other child and family outcomes after participation in home-visiting services (Chapter 2). This implies that studies are not able to identify whether observed effects persist after case closure. The observed increase in out-of-home placements in the year following case closure of home-visiting services (Chapter 2) suggests that for a considerable group of families, improvements were not persistent. Although the studies in this thesis used in this thesis provide important information on changes of children and families between intake and case closure, we are not able to assess to which extent the observed changes are stable.

7.2.7 Disentangling services

Several studies have shown that families experiencing complex and multiple problems are often involved with multiple services simultaneously or

consecutively (Joosse et al., 2019; Pannebakker et al., 2018; Tausendfreund et al., 2015; Van Den Berg et al., 2008). The longitudinal study of the Child and Youth Coaching programme (Chapter 6) showed that many families were involved with other services before starting the Ten for the Future programme. Furthermore, many families were involved with other services simultaneously with the dual key worker approach. Moreover, a substantial group of children was referred to other services after case closure. Several children who participated in the interview study (Chapter 5) also indicated they were or had been involved in other services. The multiple service use of families experiencing complex and multiple problems complicates the evaluation of programme effectiveness. Excluding families involved in other services from programme evaluations would be problematic because the remaining sample would not be representative of a target population characterised by multiple service use (Ghesquière, 1993; Ministerie van Justitie en Veiligheid, 2019; Pannebakker et al., 2018; Tausendfreund et al., 2015). In this study nearly all families were involved with multiple services (Chapter 6). However, including families involved in other services implies that observed effects may be due to these services instead of the programme under evaluation.

Because services used simultaneously often influence each other it is difficult to disentangle effects from different services. For example, the manual of the Child and Youth Coaching programme (Chapter 3; Leger des Heils, 2019) states that skills learned in therapy can be practiced during coaching sessions. This implies that effects of other services (e.g. therapy) probably interact with the outcomes of the Child and Youth Coaching programme. Similarly, these interaction effects may apply to the Ten for the Future programme and Child and Youth Coaching programmes (i.e. effects of the Ten for the Future programme may differ due to Child and Youth Coaching and vice versa).

7.2.8 Children's perspectives in evaluation studies.

The participation of children is central to the programme theory of Child and Youth Coaching (Chapter 3). Furthermore, the importance of child participation in both practice and research has been stressed by multiple authors (Dedding et al., 2013; Fraser et al., 2005; Green & Hogan, 2005;

Grietens, 2012). In this study, a small number of children shared their experiences with the Child and Youth Coaching programme through interviews (Chapter 5). In the longitudinal evaluation, child reports were collected for all questionnaires as well (Chapter 6), but there were considerable missing data on the child reports on questionnaires. Furthermore, there were problems with the validity of these child measurements. This was most notable in the self-reports of quality of the pedagogical environment. For example, many children rated all categories of the BIC-model as 'good'.

7.3 Suggestions for future research

7.3.1 Preventing (selective) missing data and systematic monitoring

The selective non-participation, drop-out and non-response was one of the main limitations of this study. One option to reduce (selective) missing data is to improve the systematic monitoring of outcomes of services for families experiencing complex and multiple problems. The systematic monitoring of outcomes across services may also improve the possibilities for researchers to disentangle effects of concurrent and simultaneous use of multiple types of care (see par. 7.2.7). By connecting case characteristics to service use and outcomes, targeting of services can possibly be improved. This may prevent unnecessary referrals (Van Den Berg et al., 2008; Joosse et al., 2019) and consequently reduce the cost of care for families with complex problems (Kann-Weedage et al., 2018).

7.3.2 Selecting measures for service effectiveness

Studies on the impact of services on skills and developmental outcomes is scarce. The findings in the longitudinal study (Chapter 6) and meta-analyses (Chapter 2; Al et al., 2012) suggest that the relation between outcomes is not always as expected according to theory. For example, there are indications that improved parenting and psychosocial skills do not necessarily result in a decrease in emotional and behavioural problems. In future studies it is advisable to also include outcomes related to the skills, development and wellbeing of children and examine the relation between multiple outcomes of multi-faceted programmes.

7.3.3 Identifying treatment principles

Although systematic monitoring may increase knowledge on the effectiveness of services it provides little insight into the effective components of care. Studies on the care process (e.g. Chapter 4) can provide valuable insights that can be used to improve care. However, detailed analysis of care processes requires considerable amounts of data about care trajectories. Especially in the case of families experiencing complex and multiple problems, designs requiring considerable effort of families and care workers are susceptible to drop-out and non-response. Several studies have shown that emphasising the personal relationship between researchers and participants in hard-to-reach populations can improve the response rate in studies. However, in large scale effectiveness studies it is often not feasible to maintain intensive personal contact with participants. For future research it is advisable to combine methods that are more suited to hard-to-reach populations (e.g. qualitative interview studies) with quantitative studies based on systematic monitoring of outcomes.

7.3.4 Modelling patters of change

As families experiencing complex and multiple problems are a heterogeneous group characterised by dynamic patterns of change, future studies need to address both intra-individual and inter-individual variability of change. The pre-post designs used in most evaluations of services (Chapter 2) are not suitable for the assessment of long-term stability in families. In future research, studies including follow-up measurements can provide information about the stability of outcomes after case closure. In future research the use of designs with multiple repeated measures could provide more information on trajectories of change. Furthermore, the care histories characterised by frequent re-referral and persistent problems of families suggest that changes before and after participation in home-visiting programmes need to be addressed as well. In future research designs with more frequent measurements would be helpful to distinguish trajectories with different patterns of change (e.g. sustained change, relapse, persistent problems).

7.3.5 Child participation in research

In this study children shared their perspective on services through interviews (Chapter 5). As indicated in paragraph 7.2.8 we encountered considerable problems in collecting quantitative data from the perspective of children. In the child interviews (Chapter 5) multiple children stated that to disclose about their family situation they needed time to build a relationship based on trust. Although some efforts were made to connect with children participating in the programme (e.g. by the researcher joining in group activities; using child-friendly language in forms; including a picture of the researcher on forms), child participation in research could have been improved by involving children throughout the research process (e.g. study design, discussing outcomes of the study). In future studies on child-centred services it is advisable to involve children more intensively throughout the research process.

7.4 Recommendations for practice

7.4.1 Specify inclusion criteria and care characteristics

In paragraph 7.1 we stated that the target group of the Child and Youth Coaching was heterogeneous. Furthermore, analysis of the indication process showed children were referred to the programme for varying reasons (Homan, 2016). The frequent referral to other services suggests that for some children other services may be more suitable. However, the criteria for inclusion in the programme manual (Chapter 3; Leger des Heils, 2019) are only broadly defined and coaches have different views on the focus of the programme (Chapter 4). As many children growing up in families experiencing complex and multiple problems often experience considerable problems, clear guidelines for inclusion and referral should be developed. For example, existing guidelines on behavioural problems, families experiencing complex and multiple problems, mood problems, and child abuse and neglect can be used to guide the development of criteria for inclusion and referral of the Child and Youth Coaching programme (NVO, BPSW, & NIP, 2017a, 2017b, 2018, 2020a, 2020b, 2020c, 2020d, 2020e, 2021a, 2021b).

7.4.2 Maintain the focus on child participation

In line with findings from earlier studies, both children (Chapter 5) and coaches (Chapter 4) emphasise that the participation of children in services is important (Munro, 2011; Tausendfreund, 2015; Alberth & Bühler-Niederberger, 2015). Children indicate the Child and Youth Coaching programme is successful in improving child participation. Furthermore, these findings may also have implications beyond the Child and Youth Coaching programme. The interviews with children (Chapter 5) show that multiple children experience a lack of participation when they are involved in other services (Van Assen et al., submitted). The findings in this study show that realising participation requires time and effort. Children identify a personal relationship over a longer period of time as a prerequisite for participation (Chapter 5). This implies that care professionals should invest time and effort in getting to know children. Although the costs of care for families experiencing complex and multiple problems are often considerable (Kann-Weedage et al., 2017), the results suggest that providing long-term services can improve the participation of children. Barriers to participation (age, lack of motivation, lack of disclosure, cognitive impairment) should be regarded as a challenge for care workers to foster participation, not as an incentive to terminate services or refer children to other services (Van den Berg et al., 2008).

7.4.3 Embed outcome monitoring in service provision

Improved monitoring of services may not only provide opportunities from a research perspective, but also opportunities for improving service provision (e.g. demarcation of target groups, improved indication processes, data-informed service provision). The experiences during the research process of this study suggest that in the context of services for children and families, there is still a considerable gap to be bridged between research and practice. To improve outcomes and the quality of services it is important to embed outcome monitoring in the care process (Van Yperen, Veerman, & Bijl, 2017).

7.5 Final remarks

Children growing up in families experiencing complex and multiple problems are at an increased risk of developing problems in multiple areas of life (Evans, Li, & Whipple, 2013). This study confirms earlier findings that home-visiting services can improve the outcomes of these children (Chapter 2; Veerman et al., 2005; Al et al., 2012). Furthermore, the findings on the dual key worker approach of the Child and Youth Coaching and Ten for the Future programmes suggest providing additional child-centred care can be beneficial for these children (Chapter 3-6). Nevertheless, many children still experience persistent problems after participation in the Child and Youth Coaching programme (Chapter 5-6). This thesis (Chapter 4-5) confirms earlier findings that families experiencing complex and multiple problems want to be treated as equals and be actively involved in the care they receive (Verhallen, 2017; Ministerie van Justitie en Veiligheid, 2019). The main lesson of this study is that these participatory approaches should not be limited to working with parents, but also actively involve children. In this study several barriers (e.g., age, disclosure, capabilities, motivation) to child participation were identified. Identifying effective approaches to address these barriers and realise participation of children is one of the most important challenges to be addressed by researchers and professionals working with families experiencing complex and multiple problems. Although other aspects tend to be prioritised over child participation (Munro, 2011), including children in care should be embedded in services for families experiencing complex and multiple problems. By maintaining a focus on children's perspectives, professionals can adapt their services better to the needs of children and improve the outcomes of services. As the novelist Dostoyewski (1869) stated: "*Grown-up people do not know that a child can give exceedingly good advice even in the most difficult case*".