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## Vraaggerichte en gezinsgerichte jeugdzorg

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*Document Version*

Publisher's PDF, also known as Version of record

*Publication date:*

2011

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Metselaar, J. (2011). *Vraaggerichte en gezinsgerichte jeugdzorg: processen en uitkomsten*. s.n.

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# Summary

## Needs-led and family-centred child care and treatment: Process and outcomes

### Gezin Centraal

*Gezin Centraal* is an experimental child and youth care programme intended for children aged 6–14 with severe psychosocial problems and their families. The programme has three components: intensive family coaching, out-patient treatment and care at a residential home. Needs-led care and a family-focused approach are the core features of the programme; other elements that determine the nature of the care provided are the theory and application of the solution-focused approach, systemic theory and a contextual approach, learning theory, competency modelling and communication theory. The main goal of *Gezin Centraal* is the empowerment of families and increased resilience in families facing various kinds of (behavioural) problems (Knorth et al., 2003).

## Needs-led care

Needs-led care implies that the main focus is on the care needs expressed by the client, that clients participate to a high degree and that child and youth care workers adopt a needs-led attitude. The evidence base for needs-led care consists of studies of goal attainment, client-centredness and client participation, and research on the impact of care professionals' behaviour on the outcome of the care provided.

## Programme evaluation

*Gezin Centraal's* programme evaluation can be described as practice-based outcomes research, a kind of research which focuses on incorporating the evaluation into everyday care activities, utilizing the research data, and linking the research to the interventions. The evaluation was set up along the lines of a pre-test – intervention – post-test design with comparison groups (internal and external 'care as usual trajectories'). The general question of this study was: how does the care provided to children aged 6–14 in the *Gezin Centraal* programme unfold and what results are obtained in comparison with standard care programmes?

The 'outcomes ladder' created by Veerman and Van Yperen (2008) provided a frame of reference for answering this question. Before gathering data to support the effectiveness of the intervention, two other steps were very important. The first was to check whether the intended target group was in fact reached. The second was to make clear what distinguished this intervention – as it was carried out in practice – from other interventions.

## Target group

As a child and youth care intervention *Gezin Centraal* aims to reach a group of clients similar to the group of care as usual. On the basis of demographic features, the group of clients receiving care through *Gezin Centraal* is representative of clients who apply for child and youth care interventions in the Netherlands. The care needs expressed by clients pertain in equal measure to the child (in particular a child's behaviour) and to the family (in particular parenting). The majority of the problems involved are characterized by the child and youth care workers as 'moderate'. The clients report severe to very severe problems in the child's functioning and/or high levels of parenting stress. However, in some cases within the group reached by *Gezin Centraal* the child's functioning could be designated as 'normal', and some clients in the group experienced low to average parenting stress. In over half of the cases,

at the beginning of the care programme the child and youth care workers report family functioning for which a milder form of treatment would have sufficed.

*Gezin Centraal* provides care for a target group which at the beginning of the care programme is comparable with the target group receiving care as usual. In terms of demographic characteristics, areas in which assistance is needed, the child's functioning, parenting stress, family functioning, motivation and coping with parenting problems, the group reached by *Gezin Centraal* is similar to the group reached by care as usual. The only difference is that in the external comparison group a larger number of care needs were expressed and a larger number of major stressful events were reported.

As far as the nature of the problems is concerned, *Gezin Centraal* provides care to the intended target group. However, in terms of the severity of the problems involved, the group reached by *Gezin Centraal* only partly corresponds with the intended target group. It appears that at the beginning of the care programme there is not always enough insight into the problem situation and its severity, and the extent to which treatment is needed. Admission to the programme is not sufficiently selective. In the internal and external comparison groups the situation is similar. It can be concluded that *Gezin Centraal* indeed reaches a group of clients similar to the group of clients of care as usual. Although it should be noted that this group should be composed more selectively.

## Process

*Gezin Centraal* aims to deliver child and youth care which distinguishes itself in its process from care as usual. In each care pathway *Gezin Centraal* uses more than two modules on average. In over half of the cases outpatient care is combined with more intensive care. In comparison with the internal comparison group *Gezin Centraal* is not different in this respect, but in comparison with the external comparison group *Gezin Centraal* uses more modules of intensive care than are used on average. This means that the care provided is more intense than in the external comparison group. The outpatient care *Gezin Centraal* provides for a family lasts approximately 9 months; the duration of the whole programme, including other modules, is 12 months. This is comparable with both comparison groups. *Gezin Centraal's* family guidance entails more than two contacts each month. In this respect *Gezin Centraal* is also similar to the internal and external comparison groups.

Valuable information was gained by looking at the areas to which the care goals were related. The data showed that *Gezin Centraal* does not focus specifically on family goals more often than the two comparison groups.

### *Focusing on clients' needs*

One context in which the focus on clients' expressed needs comes to the fore is in progress interviews. In *Gezin Centraal's* outpatient care for the family (intensive family coaching) more attention is paid to progress interviews than in the care programme of the internal comparison group. Although the experimental research group does not pay a significantly larger amount of attention to setting goals, the child and youth care workers do set goals at the right time more often than the external comparison group – namely, at the beginning of the care programme. With respect to the other four care measures which are relevant to focusing on the client's expressed needs, there is no marked difference between the experimental research group and either of the two comparison groups.

In approximately 20% of *Gezin Centraal's* contacts, counsellors report on contact with the whole family. In this respect the programme does not differ from the internal and external comparison groups.

Clients and care workers are positive about the care process. Their experience is that the care provided does in fact focus on the needs expressed by the clients. The clients and child and youth care workers of *Gezin Centraal* give the same rating to this aspect of the programme as the clients and child and youth care workers of the two comparison groups.

### *Client participation*

Child and youth care workers at *Gezin Centraal* do not pay a significantly larger amount of attention to measures that facilitate participation, such as discussing the client's perception of possible solutions or discussing forces within and around the family, than those in the comparison groups. In the out-patient component of the programme, discussing the daily routine is regarded as the most important measure that increases client participation. *Gezin Centraal's* child and youth care workers pay a significantly larger amount of attention to this than the child and youth care workers of the internal comparison group.

In spite of its family-focused approach, *Gezin Centraal* does not work towards a significantly larger proportion of family goals in its family coaching. In addition, it appears that contacts with the whole family are not more frequent in *Gezin Centraal* than in the internal and external comparison groups. However, in *Gezin Centraal* in-patient treatment, the internal comparison shows that contacts with the whole family are more frequent. Moreover, the initiative for contact is more frequently taken by parents. In the in-patient treatment, *Gezin Centraal's* family-led approach comes into its own as an important component of the programme.

*Gezin Centraal's* clients have plenty of opportunity to participate, but the clients of the two comparison groups have had similar experiences. *Gezin Centraal's*

clients, as well as the clients of the comparison groups, indicate to a lesser extent that they have had opportunities to determine the care provided to a high degree or fully (the top rung of the participation ladder devised by Thoburn *et al.* (1995)). According to the clients, *Gezin Centraal* has succeeded in offering a family-led programme, but the clients have not experienced the programme as being family-focused care (Dunst *et al.*, 1991). Unlike the clients, *Gezin Centraal's* child and youth care workers report that participation at the highest level of the participation ladder has been attained. In this respect the *Gezin Centraal* child and youth care workers differ significantly from the child and youth care workers of the external comparison group. This means that their intention is to carry out the *Gezin Centraal* programme in accordance with the principles of family-focused care. However, we suspect that the execution of the programme needs improvement if the clients are also to report having experienced family-focused care.

#### *Needs-led attitude of carers*

Over 50% of the care provided by *Gezin Centraal* and in both comparisons groups, is related to working on changing behaviour. Maintaining a working relationship and gathering information take up equal percentages (20% each). The specific purpose of maintaining the working relationship is to enable child and youth care workers to put their needs-led attitude into practice. In the *Gezin Centraal* programme a significantly greater amount of attention was paid to maintaining the working relationship than in the external comparison group. The child and youth care workers in the in-patient treatment also gave substance to their needs-led attitude by investing more in collaboration with the client.

The clients of *Gezin Centraal* had a positive opinion of the child and youth care workers' needs-led attitude. However, in this respect there is no difference between *Gezin Centraal* and the two comparison groups. In the course of their work, the *Gezin Centraal* child and youth care workers deliberately set out to focus on the needs expressed by the clients; they have a firm grasp of the treatment strategy. However, in the clients' opinion their attitude is not more needs-led than that of the child and youth care workers of the care programmes with which *Gezin Centraal* was compared.

*Gezin Centraal* differs less from the comparison groups than had been expected. Significant differences between *Gezin Centraal* and one or both of the comparison groups with respect to the methods used are in the minority. On the other hand, there are very few significant differences in which *Gezin Centraal* comes off worse. Possible explanations for the low level of difference have been put forward. It could be that the *Gezin Centraal* methods have not been applied to a sufficient degree; or

that over time the basic elements of needs-led and family-focused working procedures have been applied more and more broadly; or that the features of needs-led care are related to generally effective factors which play a significant role in every form of psychosocial care.

## Outcomes

A pilot study of the outcomes of this care service showed that in comparison with the internal and external comparison groups, after the intervention *Gezin Centraal*'s clients have fewer problems with the child's functioning. The internal comparison showed that *Gezin Centraal* clients had less parenting stress. However, because of the limited scope of the study these outcomes cannot be attributed to the methods used.

The pilot study did not show that a greater focus on needs expressed by the clients necessarily led to better outcomes. The importance of devoting enough attention to working on behavioural change in care programmes was highlighted by the outcomes of the pilot study.

## Reflections on the study

The study confirms the importance of checking whether the intended target group is in fact reached by the intervention in question, before more demanding studies are being carried out. It also confirms the importance of examining whether the working procedure is carried out in accordance with its definition and whether the intervention or programme – in this case *Gezin Centraal* – can be distinguished from care as usual.

To a limited extent the study of *Gezin Centraal* was incorporated into care practice. The research data were also utilized – to a limited extent – in the primary process. The fact that the information gathered for the study was not utilized for the primary process means that an opportunity was missed to give clients who did not need intensive treatment more appropriate care. Another missed chance was the opportunity to carefully examine the problem areas of clients who do belong to the target group and to ensure that they were given the most appropriate care.

With the instruments chosen, we attempted to coordinate our research with the care service. This was particularly successful in the case of a self report form to record care worker activities and techniques, called 'Verrichtingen Lijst'.

## Recommendations

In our opinion better analysis of the complaints and better selection of the target group for the *Gezin Centraal* programme is advisable. The recommendation is for the methods of family-focused care to be put into practice more explicitly. Working with the 'Verrichtingen Lijst' could be integrated into the working procedures to a higher degree. The added value of this could be enhanced by drawing up concrete guidelines or standards based on the treatment strategy.

The possibilities of focusing on clients' expressed needs could be used more effectively in the *Gezin Centraal* care programme. The *Gezin Centraal* child and youth care workers' way of applying some measures which focus specifically on clients' needs could do with some improvement. In any follow-up study the threats to practice-based outcomes research should be reduced to a minimum.

The evaluation of *Gezin Centraal* has been an important step towards gaining a better idea of the programme's process. The study stimulates those involved to draw up explicit standards for outcomes and to reach the target group through better selection. Further development of the intervention and further outcomes research can build on the foundation that has been laid by the present study.



