Towards a safe home
Vischer, Anne-Fleur Walwilaja Klaaske

IMPORTANT NOTE: You are advised to consult the publisher’s version (publisher’s PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher’s PDF, also known as Version of record

Publication date:
2019

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.
1

General introduction
Alicia is born.

Her mother is 17 years old and placed under the supervision of an Office for Youth (OYC, in Dutch: Bureau Jeugdzorg).

Alicia is 12 months.

An OYC decides to place Alicia out of home after professionals assessed her parents as insufficient in ensuring Alicia’s safety. Alicia is placed in a foster family.

Alicia is five years old.

She has lived in the foster family for four years when her foster father deceases. Her foster mother is unable to care for Alicia alone. Alicia is placed in a children’s home awaiting placement in a new foster family.

Alicia is nine years old.

She is still in the residential care setting awaiting a new foster family. Alicia wants to live in a family. A professional tells Alicia that it is difficult to find foster family for her since she is a very special girl. Alicia cries and disagrees: ‘I’m not special, I’m just a girl’. An increase in behavioral problems is reported.

Alicia is ten years old.

She is replaced to a specialized diagnostic center.

Alicia is 11 years old.

She now lives in a residential youth care center in a group with nine boys. In the first period, all doors are locked for Alicia. Alicia wishes to work towards family reunification to live with her mother. She is told in an office, surrounded with professionals, that this is not feasible. After a while, Alicia is replaced again to another residential group.

Alicia is 12 years old.

She is placed in an institute for secured residential care after an incident in which Alicia ran away and went missing for 24 hours. It is the same group her mother was placed when she was 13 years old.

In November 2017 the Dutch television audience was introduced to Alicia with a raw portrait of this girl. The TV-documentary Alicia⁴, made by filmmaker Maasja Ooms, had a great emotional impact on its viewers, both nationally and internationally, and everyone agreed: this needs to stop, thereby referring to the lack of permanency in the lives of children in foster care.

---

⁴ Link to the documentary: https://www.2doc.nl/documentaires/series/2doc/2017/november/alicia.html
INTRODUCTION

The establishment of the Children Laws in 1905 was the start of a new era in which legal decisions were being taken related to the rights of parents to care for their children in the Netherlands. This change in legislation derived from a common belief that not all parents were taking adequately care of their children and that these children needed to be protected from a harmful environment. Currently, Dutch judges can decide on several child protection measures when a parenting situation is being assessed as inadequate. One of these measures is an out-of-home placement of the child. The preferred type of out-of-home care nowadays is family foster care. In 2017, 23,206 children were placed in family foster care in the Netherlands. Almost a third (31%) of these children were under five years old (Pleegzorg Nederland, 2018).

In principle, an out-of-home placement measure is intended to be temporary, and the objective is to support parents towards sufficient parenting so that the child can safely return to the family of origin. This is the preferred outcome of the measure, also known as family reunification. The principal objective to keep families together is referred to in the literature as the family preservation ideal (McCroskey, 2001; Tully, 2008). However, a significant change of parents' behavior towards good enough parenting is not always feasible. Thus, at some point following an out-of-home placement, a key decision needs to be taken on the permanent living situation of the child in order to prevent long periods of uncertainty for all parties involved (child, birth parents, foster parents). This process is called permanency planning (Biehal, 2007; Fernandez & Lee, 2013; Maluccio, Fein, & Olmstead, 1986). The key decision which is at issue here is referred to as placement decision.

With reference to infants and toddlers, it is recommended to place as soon and permanent as possible, whereby the placement decision needs to be made preferably within a few months and should not last over one year (Juffer, 2010). Furthermore, it is argued that the decision should be considered permanent, meaning that it is irreversible in order to ensure that children are provided with stable attachment relations with primary caregivers and to avoid that children are drifting through the care system (Juffer, 2010). These recommendations are based upon the well-established attachment theory (Bowlby, 1982) and on insights from research on the development of children, including research on the impact the quality of attachments established early in life has for children's later life (e.g. Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Howe, 1995; Schofield, 2001; Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999; Werner, 2000).

Accordingly, there is a lot at stake for families involved in the child protection system. For children it is about whether or not growing up with their birth parents, and starting their lives in a safe home environment. For parents it is about whether or not they will have a chance to care for their own children. For professionals in the child protection field it implies that they are burdened with emotional and complex decisions. The complexity of decision-making – a cognitive process of choosing a preferred option or a course of actions from a set of alternative possibilities, based upon criteria or strategies (Wang, Wang, Patel, & Patel, 2004; Wilson & Keil, 2000) – in child welfare is explicated in the
Decision-Making Ecology (DME, Baumann, Dalgleish, Fluke, & Kern, 2011). In this model it becomes apparent that decisions are the result of a great amount of factors that are impacting each other. These factors are case, decision-maker, organizational, and external characteristics.

An issue in decision-making on the level of case factors is for instance the impossibility to construct a complete and accurate picture about the history and current situation of a family in order to make good predictions about future behavior of the parents or specific needs of the children (Munro, 2019). Many studies have indicated as well shortcomings with reference to how professionals, i.e. decision-makers, draw conclusions and form judgments (Garb, 1998; 2005). For example, decisions tend to be made in an intuitive way rather than using more rational methods (Klein, 2000) and information that confirms a first impression is generally more easily accepted than information that challenges this impression (Munro, 1998). An organizational issue that impacts decision-making is for instance the lack of required interventions, and heavy caseloads resulting in time pressure. A highly complicating external factor is the existence of competing principles and ideas that serve as the foundation of (decisions to be taken in) the child welfare field. Berrick (2017) outlined eight basic principles:

• Parents who care for their children safely should be free from government intrusion in their family.
• Children should be safe.
• Children should be raised with their family of origin.
• When children cannot live with their family, they should live with extended relatives.
• Children should be raised in families.
• Children should have a sense of permanence.
• Families’ cultural heritage should be respected.
• Parents and children (of a certain age and maturity) should have a say in the decisions that affect their lives.

Although all these principles are considered paramount, it is sometimes impossible to take decisions in which they are all applied. This means that choosing for one leading principle entails the loss of another one. Furthermore, variety in the preference of principles – shaped for example by local policy, availability of services, cultural factors and personal experiences of decision-makers – results in different outcomes of decisions (Berrick, 2017). To return to Alicia: to warrant her safety, she was not provided with family preservation and due to the lack of a matching foster family, she was not raised in a family, nor provided with permanency. These were all great losses for her. Munro (2019, p. 125) summarizes the complexity about placement decisions as follows:

"When it comes to predicting what might happen to the child, the uncertainty increases. Will the parent cause further harm? Will we find a stable placement for the child where she/he develops healthily and happily? In all the key decisions that need to be made in child protection work, it is not a matter of choosing between a safe or a dangerous option. It involves weighing up and comparing the gains and the losses in, for example, the child staying at home or being in out of home care. In all options available, there is some probability of both harm and benefits to the child."
Aiming to improve decision-making by professionals, Bartelink, Van Yperen, and Ten Berge (2015) conducted a literature review to answer the question which methods can improve the quality of decision-making on a case level in the child protection and youth care field. Four types of methods were found: structured decision-making; risk assessment instruments; shared decision-making; and family group decision-making. Evidence in relation to the effectiveness of these methods turned out to be quite scarce and not consistent. Nevertheless, based upon the available literature, the authors concluded that combining structured and shared decision-making with risk assessment tools, close monitoring and using so-called ‘critical thinking’ (for instance, by testing hypotheses and formulating alternative explanations – see also Bartelink, Van Yperen, Ten Berge, & Knorth, 2019) may improve decision-making. Family group decision-making was found to potentially enhance family engagement; however, no effects or even negative effects were found concerning child safety in terms of more maltreatment recurrence, longer stays out-of-home and more placements in comparison with the control groups.

Assessment of parenting
An essential and ample element of the decision-making process in the context of placement decisions is the assessment of parenting; a planned process which includes “… ascertain[ing] whether the child’s needs are being met, appraising the impact of any identified parenting deficiencies on the child’s functioning and development, describing the nature and likely origins of the adult’s difficulties in fulfilling their parental roles, and considering whether change is possible” (Reder, Duncan, & Lucey, 2003, p. 14). Although assessing parenting is a core task in child protection, it is also debated whether comprehensive parenting capacity assessments are actually possible (Cann, 2004). While everybody is familiar with the concept ‘parenting’ as it is a fundament of life, precisely defining it remains problematic. Parenting is a construct, which is normative, dynamic, culture-based, subjective, and abstract, and there is no universally accepted definition (Budd, 2001; Harkness & Super, 1997; Johnson, Berdahl, Horne, Richter, & Walter, 2014). This complicates the assessment of parenting.

Decades of research from different perspectives (e.g. child development, family systems, parent education, psychology, and mental health) have resulted in numerous definitions of parenting, parenting models, and parenting theories that include similar ideas and overlapping components (White, 2005). Typically, definitions of parenting include the central aim of parenting, and the role of parents. For instance, Jones (2009) articulates that the activities and behaviors of caregiving adults are those needed by children to enable them to function successfully as adults, within their culture. Johnson, Berdahl, Horne, Richter and Walters (2014, p. 94) define parenting after reviewing the literature as: “The acts of providing for and supporting the emotional, intellectual, physical, and social development of children from infancy to adulthood; these acts are required for successful childrearing”.

Models of parenting generally include key components of parenting, overviews of parenting tasks and behaviors, factors influencing parenting, and the broader context in which parenting takes place. Belsky (1984) for instance, proposed a process model of the determinants of parenting in which
he outlines that parenting is directly influenced by factors of the individual parent, the individual child, and the broader social context (like marital relationships, social networks and occupational experiences of parents at work). Likewise, Gupta, Featherstone, and White (2016) point out that the responsibility for problems in parenting is often placed solely on the parents, without any recognition of the significant impact of environmental and social circumstances on a person’s capabilities. In contrast of this restricted view, the Capability Approach (CA; Nussbaum & Dixon, 2012; Sen, 1999) acknowledges that “… people are not equally placed to realize their human capabilities arising from structural inequalities, such as class, ‘race’, gender and disabilities, and tackling these is central to the CA’s theory of social justice” (Gupta et al, 2016, p. 341). Therefore, the authors suggest that the CA provides a relevant framework in which, for instance, poverty and inequalities, are acknowledged as capability deprivators. In other words, problems in parenting are not merely caused by individual issues but also by problems of a society. With the CA this distinction becomes clear.

The attachment theory (Bowlby, 1979) is an example of a theory that links the quality of parenting with child outcomes. The theory explains the importance of a deep and enduring emotional bond between children and their parents, in which children are provided with safety and security, for an optimal social, emotional, and cognitive development. It is believed that the first five years of life is a critical period to form a secure attachment bond. This first attachment is considered acting as the prototype for future social relations, and therefore problems in early attachment (such as disruptions due to changes of primary caregivers or insensitive parenting) may have severe and long-lasting consequences (Bowlby, 1979; Consedine & Magai, 2003).

Thus, although fully defining the complex concept of parenting is a utopian idea, there is a great amount of knowledge about parenting available that is widely acknowledged within the scientific community (Johnson et al., 2014).

Parenting in the context of this study
In this paragraph we briefly outline our operationalization of the concept parenting in anticipation of the chapters in this dissertation in which we will present this in more detail (chapters 2, 4 and 5).

First, we distinguish between the ability to parent and the capacity to parent. Ability to parent refers to the ability of parents to take care of their child on a basic level in direct interaction with the child at a certain time. It can be considered fundamental to parenting and entails core behaviors such as parental sensitivity. Basic principles include, for instance, responding adequately and promptly to infant cues, and providing affection and protection (Ainsworth, Blehar, Waters, & Wall, 1978). Therefore, the ability to parent is not a feature of the individual parent but a characteristic of the relationship between the parent and the child, since parenting is an interaction (Crittenden, 2005). Providing a good enough quality of ability to parent on a continuous basis in the long term, and in addition good quality of parenting on the indirect level, can be considered as the capacity to parent (Conley, 2003; Vischer, Grietens, Knorth, & Mulder, 2017). In our study, we mapped ability to parent through an examination of atypical parental behavior by using the Atypical Maternal Behavior Instrument for Assessment and Classification (AmbiAnce; Bronfman, Parsons, & Lyons-Ruth, 1992) since parenting...
is a latent construct. The Ambiance is a coding system for assessing parental behaviors associated with disorganized attachment and is based on research showing that parental behavior toward a child is a major determinant of multiple child outcomes. Disorganized attachment is the lack of a consistent strategy of children to cope with stress, due to the failure of the caregiver to serve on a continuous base as a source of protection (Lyons-Ruth et al., 1999; Main & Solomon, 1986). Disorganized attachment is more closely associated with psychopathological outcomes later in life than other types of attachment that encompass a strategy (e.g., Carlson, 1998; Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsely, & Roisman, 2010; Lyons-Ruth & Jacobvitz, 1999; Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

Interventions provided to parents in the context of family preservation generally have a similar primary aim (although not as explicitly defined as here). First, improvement in the ability to parent so as to reach a good enough level (which is the indispensable condition for good enough parenting), and following working towards the achievement of the capacity to parent. That is, supporting parents in finding strategies to provide at a continuously level under all circumstances adequate parenting. When parents are provided with an intervention, their capacity to change can be assessed to determine if parents are able to make substantial changes in their parenting.

Expertise Center for Treatment and Assessment of Parenting and Psychiatry

Within the family psychiatry department of Mental Health Care Drenthe (GGZ Drenthe) in the Netherlands, it was observed that there was a growing demand for parenting assessments specifically in the context of permanency planning for infants and toddlers, while there was a lack of professionals and organizations providing such assessments. Attempting to bridge this gap, the family psychiatry department opened in 2009 the Expertise Center for Treatment and Assessment of Parenting and Psychiatry (in Dutch: Expertisecentrum voor Behandeling en Beoordeling van Ouderschap en Psychiatrie [in short: Expertise Center]). The main objective of the assessment-based inpatient intervention of the Expertise Center is to achieve permanency for the children in terms of a stable and safe living environment. Therefore, the key goal is to assess whether family preservation is in the best interests of the child.

Since family preservation (in terms of family reunification or prevention of out of home placement) is the most favorable outcome, within the Expertise Center the aim is to improve the quality of parenting towards ‘good enough parenting’. In this study we defined good enough parenting in this context therefore as: “The parenting situation is considered good enough when consensus is reached between the teams of the Expertise Center, the applicant, and the parents that the quality of parenting (as operationalized by the Expertise Center) has been improved during the intervention program in such a way that the risk for adverse development of the child, which has led to the

1 Families are referred to the Expertise Center by child-protection workers, referred to as “family guardians” in involuntarily cases and as “case managers” in voluntary cases (henceforth, the term case managers will be used to refer to both types of professionals responsible for referring families to the Expertise Center).
out-of-home placement, is eliminated” (Vischer, 2013, p.7). Working towards a timely placement decision and obtaining the consent of the parents are hereby considered essential conditions in order to provide children with permanency. In addition, a cornerstone of the intervention program is to establish positive working alliances with parents, since this is complicated but very important, as well to accomplish changes in parenting (Doran, 2016; Lambert & Barley, 2002). The aimed target population of the Expertise Center consists of families in complex and multi-problem situations with children aged 0-2 years.

**Evaluation of care**

Right from the start of the Expertise Center the founder stated: “We need to know if what we do works. If not, we should do something different.” This seemingly ‘simple’ statement underlies the evaluation study reported here. In the design of the evaluation study of the Expertise Center we considered and integrated the following elements.

First, evaluating an intervention fits the current climate in child welfare of Evidence-Based Practice (EBP) in which (a) individual clinical expertise, (b) the best available external clinical evidence from research, and (c) the clients’ preferences and values are integrated in order to improve client outcomes (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). The effectiveness of an intervention can be substantiated with different levels of evidential value and certainty. A model that is often applied in our region is the so-called ‘effectiveness ladder’ (Van Yperen, Veerman, & Bijl, 2017a).

Second, since the program of the Expertise Center combines treatment and decision-making there is a variety of positive outcomes of the program. For example, when parents do not seem to profit from treatment (thus, showing no ‘capacity to change’), and a negative decision on family preservation is taken, resulting in permanency for the child in a foster family, this can be interpreted a positive outcome as well. Therefore, in the context of evaluation of the program of the Expertise Center it is important to both determine whether the treatment aim to improve quality of parenting is reached, as well as to evaluate the assessment outcomes. We therefore evaluate the research data from two perspectives: a) from a treatment point of view, and b) with a focus on assessment and decision-making.

Third, with reference to the last perspective, studying the effectiveness of clinical decisions is difficult. Ideally, the question should be answered whether for each family ‘the right decision’ (in terms of good outcomes, both on the short and the long term) was chosen out of all alternative options (Spierts, Van Pelt, Van Rest, & Verweij, 2017). However, since it is impossible to know what would happen when another decision had been taken, and the outcomes become apparent only on the long term, answering this question is very difficult. In addition, numerous factors other than the placement decision are impacting the lives of children. Therefore, outcomes cannot be related exclusively to this key decision.

---

2 The Expertise Center exists of two clinics: “De Stee” for families with children aged 0-2 years, and “De Bron” for families with children from the age of three years old. The evaluation study addressed clinic De Stee.
Furthermore, this question implies that there is always ‘a right decision’. However, within the child protection field decisions are, as explained before, mostly accompanied with risk for adverse outcomes due to the loss of essential principles (Munro, 2019). As a consequence, the reality is unfortunately that decision-making in this context is about picking the lesser of far from ideal options. We therefore assessed the decision-making in the Expertise Center on the quality of process aspects rather than answering the question whether the Expertise Center is indeed taking ‘the right decisions.’

Fourth, we agree with Cash & Berry (2003) that there is a too narrow focus in research on family preservation services (FP services), since the prevention of out-of-home placement is typically used as a sole indicator of program success. Tully (2008) reviewed the literature on effectiveness of FP services and argues that it is important to answer the question ‘what works for whom?’ instead of the more prevailing question of ‘what works and what doesn’t work?’ which is typically answered with group comparisons in experimental research. In addition, while inclusion of the perspectives of parents in evaluation studies of interventions addressing parenting problems is recognized as essential (Lutzker, Bigelow, Doctor, & Kessler, 1998), usually quantitative methods are used to study the outcomes of interventions to fit the current climate of evidence-based practice (Fuller, Paceley, Schreiber, 2015; Russel, Gockel, & Harris, 2007; Tully, 2008).

With these outlined elements to consider in mind, we designed an evaluation study to comprehensively evaluate the Expertise Center. Throughout the project we combined quantitative, qualitative, descriptive and explorative research on both group and case level.

Objectives and research questions
Starting in 2013, the evaluation study was conducted in collaboration with the University of Groningen, aiming to:

- determine if the Expertise Center is reaching the intended program objectives:
  - improvement of the quality of parenting
  - establishment of positive working alliances with families
  - achieving permanency through timely decision-making, consent of parents with placement decision and creating stability in the lives of the children.

Furthermore, it was intended to improve evidence-based practice within the Expertise Center by gaining relevant knowledge about facilitating and hampering factors with respect to the assessment of parenting, in terms of:

- bottleneck analysis of the challenges (elaborating a theoretical framework)
- insight in target population; families with infants and toddlers in families in complex and multi-problem situations wherein safety of children is a serious concern
- perspectives of parents about formal parenting assessments.

The overall research question of this dissertation is: How successful is the Expertise Center in conducting parenting assessments, and what are facilitating or hampering factors? To answer this question, the project was guided by nine research questions.
First, we aimed to construct a theoretical framework for our study. Our first research question was therefore:

1. What are challenges in the assessment of parenting in the context of permanency planning for infants and toddlers, and how can these be faced?

Second, we aimed to gain more insight in the treatment component of the intervention program of the Expertise Center by focusing on the topic of supporting families towards family preservation. We did so by studying a) the perspectives of parents on ‘what works’; b) the characteristics of the target population with an eye on treatment emphasis, and c) the quality and features of parenting among the target population. We therefore articulated the following research questions:

2. Does the Expertise Center succeed in establishing a positive working alliance between parents and professionals, and which of the approaches of the Expertise Center are considered beneficial or not according to parents?

3. What are the characteristics of the families referred to the Expertise Center upon intake, do they fit the target population as formulated by the Expertise Center?

4. What atypical parenting behaviors\(^3\) (and to what extent) are displayed by parents during the clinical phase of the program? Do these behaviors diminish during treatment, indicating the parents’ capacity to change?

Third, we aimed to gain more insight in various aspects of the assessment part of the intervention program in which decision-making plays an important role. We therefore studied a) characteristics of the inflow and outflow of families with respect to the phases of the intervention program (duration of decisions, reasons for termination and decision-makers), b) the link between the clinical decisions of the Expertise Center about family preservation and the quality of parental behavior, c) the agreement of families with the decisions made, d) the sustainability of the decisions on family preservation, and e) the evaluation of parents and case managers regarding the program provided by the Expertise Center. We did so with the following research questions:

5. What are the characteristics of the decision-making processes in the Expertise Center in terms of duration, reasons, and decision-makers?

6. Is there a difference in (the development of) atypical parental behavior\(^2\) between parents who have been given a negative recommendation concerning family preservation and parents who received a positive recommendation?

7. Does the Expertise Center succeed in accomplishing consent of parents with the decision on family preservation in the aftercare phase following the clinical phase of the program?

8. Is there stability in the living environment of the children during the six-months follow-up period? Are there concerns regarding their wellbeing at the time of the follow-up?

9. What are the perspectives of the case managers who referred families to the Expertise Center with regard to the benefits and limitations of the intervention program? And how satisfied are parents with the intervention program?

---

\(^3\) Parental behaviors assessed with the Atypical Maternal Behavior Instrument for Assessment and Classification (Ambiance).
Thesis Outline

Theoretical framework

Chapter 2 reports on research question 1: the challenges professionals in practice face in their task to assess parenting in the context of placement decisions among families in complex problem situations with young children. In addition, a framework of essential elements to adequately fulfill this task is presented resulting from an integrative review, as an attempt to help the practice field to face these challenges. This work can be considered as a theoretical fundament of the program of the Expertise Center.

Supporting families towards family preservation

Chapter 3 addresses research question 2 and provides insight in whether the Expertise Center achieves to establish positive work alliances with the families, and perspectives on ‘what works’ in supporting families towards family preservation of the best experts available: parents who have participated in the intervention program of the Expertise Center. We present a conceptual model for the establishment of a positive working alliance between parents and professionals to promote change.

Chapter 4 reports on research questions 3 and 4 by providing a thorough insight in the target population of the Expertise Center with the purpose of defining treatment emphasis, and to test whether the Expertise Center reaches the target population. Furthermore, the results of an examination of (changes in) parental behavior during the intervention program are reported here.

Evaluation of decision-making

Chapter 5 presents outcomes regarding research questions 5 and 6. It sheds a light on the assessment component of the intervention program of the Expertise Center by providing the results of a trajectory analysis that we based upon the Decision-Making Continuum. In addition, it reports on a study in which the decisions about family preservation by the Expertise Center are are underpinned with empirical evidence about the quality of parental behavior.

Chapter 6 provides answers to research questions 7, 8 and 9. It reports on different aspects of decision-making within the Expertise Center, namely the consent of parents regarding the decision on family preservation, the sustainability of decisions in terms of stability in the living environment of the children, and perspectives about the assessment process of the professionals responsible for the referral of families to the Expertise Center and parents.

Chapter 7 presents a final overview in which key outcomes of the evaluation study are linked together and interpreted as a whole on family level, in order to assess the successfulness of individual assessment trajectories.
Chapter 8 offers a general discussion, in which the outcomes of the studies that were presented in the previous chapters are critically reflected upon. Furthermore, we discuss limitations and strengths of the methodology.

Figure 1.1 provides a schematic overview of the dissertation. An overview of the flow of participants through the study is provided in the Appendix.