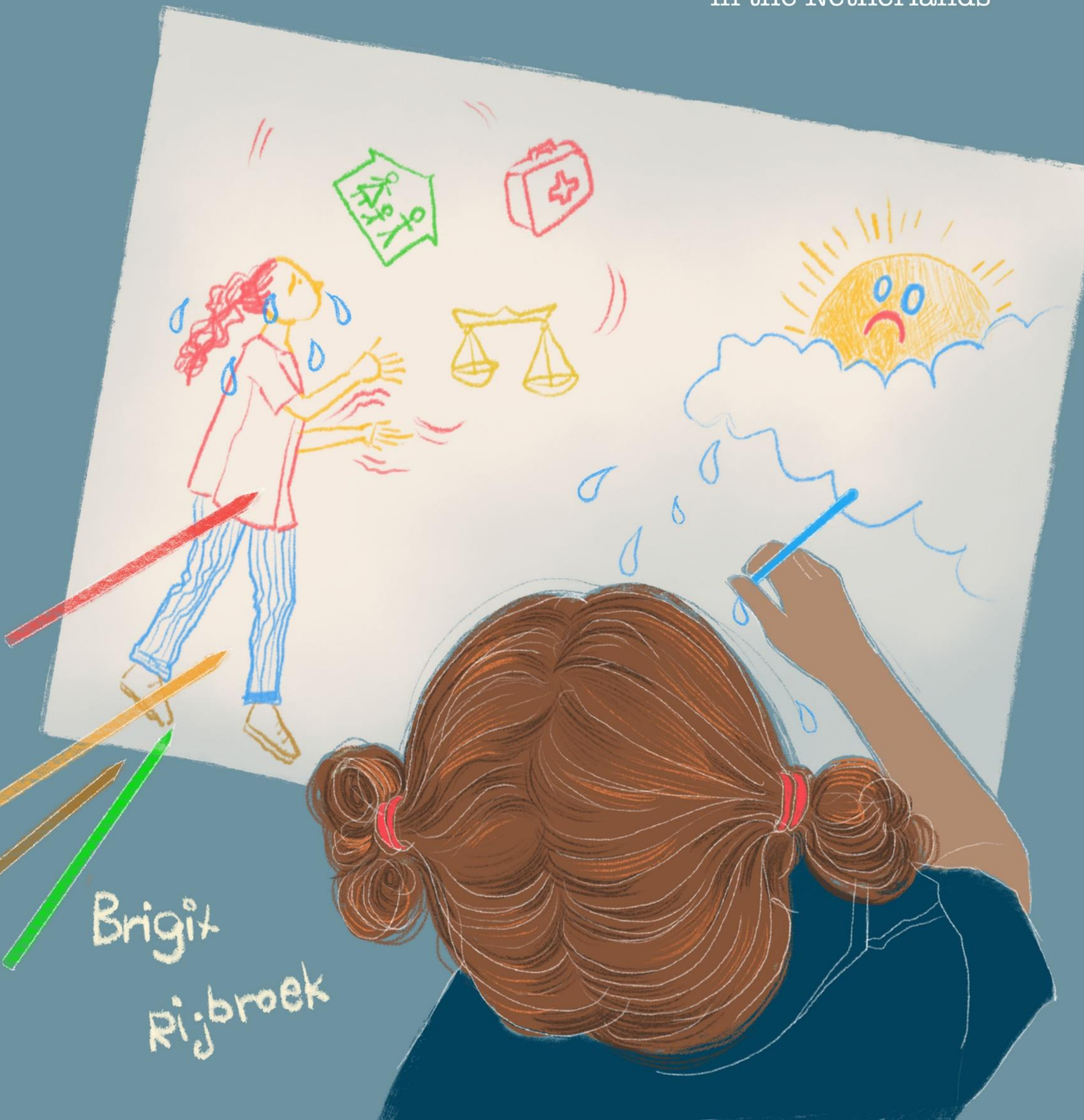
Empower Child Protection Craftsmanship

An ecological system perspective on
the balancing act of child protection
in the Netherlands



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Brigit Rijbroek

Colofon

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Empower Child Protection Craftsmanship

An ecological system perspective on the balancing act of child protection in the Netherlands

Versterk het vakmanschap van jeugdbescherming

Een ecologisch systeemperspectief op het balanceren van jeugdbescherming in Nederland

Proefschrift

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Propositions

accompanying the thesis

Empower child protection craftsmanship!

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1. In balancing between "ethics of care" and "ethics of justice", the former deserves more weight in order to rebalance child and family. (Chapter 7)

2. Due to the complexity of the healthcare landscape, collaboration issues overshadow the contact between youth protection worker, child and family. (Chapter 7)

3. The professionalism of youth protection improves by investing in specialisations in meaningful sub-areas of family problems. (Chapter 2)

4. Youth Protection's approach, for example in the round table discussion, can improve through a systemic approach where parents remain in control for as long as possible. (Chapter 5)

5. Youth protectors can only continue to develop their professionalism if the overall youth protection system consistently supports them in doing so. (Chapter 6)

6. Complex issues cannot be solved with "the best" solution, but with curious experimentation with "better" solutions. (T.G. Kannampallil et al., 2011)

7. It takes a village to raise a child and a civil society to empower troubled families. (A. Reupert et al., 2022

8. It is time for a broad public debate on good enough parenting. (D.W. Winnicott, 1973)

9. Without value-driven performance management, every evaluation becomes a purple crocodile.

10. Continuing to develop craftsmanship during a transition requires a playful space in which uncertainty can be tolerated.

11. "Where is the end of the world?" the little mole asked. "The end?", replied the huge whale, "I've been swimming in this ocean all my life and I've never seen the end." (B. Teckentrup, 2007, How big is the world?)

Stellingen

behorende bij het proefschrift

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12. In het balanceren tussen “ethics of care” en “ethics of justice” verdient het eerste meer gewicht te leggen op het kind en het gezin. (Hoofdstuk 7)

13. Door de complexiteit van het zorglandschap overschaduwen samenwerkingsvraagstukken het contact tussen jeugdbeschermer, kind en gezin. (Hoofdstuk 7)

14. Het generalistisch vakmanschap van de jeugdbeschermer kan betekenisvol verdiept worden met thematische expertise over deelgebieden van de gezinsproblematiek. (Hoofdstuk2)

15. De aanpak van de Jeugdbescherming, bijvoorbeeld in het ronde tafel gesprek, kan verbeteren door een systeemgerichte aanpak waarbij ouders zo lang mogelijk regie blijven houden. (Hoofdstuk 5)

16. Jeugdbeschermers kunnen hun vakmanschap alleen blijvend ontwikkelen als het totale jeugdbeschermingsstelsel hen daarin consequent ondersteunt. (Hoofdstuk 6)

17. Complexe vraagstukken zijn niet op te lossen met “de beste” oplossing, maar met nieuwsgierig experimenteren met “betere” oplossingen. (T.G. Kannampallil et al., 2011)

18. Het vergt een dorp om een kind op te voeden en een maatschappelijk middenveld om gezinnen in moeilijkheden weerbaarder te maken. (A. Reupert et al., 2022)

19. Het is tijd voor een breed maatschappelijk debat over goed genoeg ouderschap. (D.W. Winnicott, 1973)

20. Zonder waarde gedreven prestatie-management, wordt elke evaluatie een paarse krokodil.

21. Tijdens een transitie vakmanschap blijvend ontwikkelen vraagt om speelse ruimte waarbinnen onzekerheid verdragen wordt. (J. Rotmans, 2021, Omarm de chaos)

22. “Waar is het einde van de wereld”, vroeg de kleine mol. “Het eind?”, antwoordde de enorme walvis, “Ik zwem al mijn hele leven in deze oceaan en ik heb nog nooit het einde gezien.” (B. Teckentrup, 2007, Hoe groot is de wereld)

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To my daughters and all children in the world:

You have the right to be protected from child abuse and neglect

You have the right to be heard and taken care of when it does

Zon kom op

Zon kom op, zet je stralen aan

Stuur de wolken naar de maan

Schijn een wak in de wolken

Schijn een gat in de lucht

Een straaltje zon op mijn gezicht

Voel ik met mijn ogen dicht

Zon kom op zet je stralen aan

Dan kan ik naast mijn schaduw staan

Uit: Jij bent de liefste, Hans Hagen & Monique Hagen

Chapter 1

An introduction to child protection craftsmanship

1.1 The challenging context of child protection craftsmanship

Growing up to be a self-sufficient member of society is the foundation for a dignified human life, but it is not always an easy task. Some children have big, difficult stories of neglect and abuse to overcome before reaching maturity. Their problems rarely stand alone; they tend to be amplified by environmental factors in all sorts of unfortunate ways. Healthcare providers such as child protection workers are faced with the challenging and often complex task of improving the lot of these children on behalf of wider society.

Society at large feels the need to protect children's development from harm. Mostly, because it is well known that children who are exposed to abuse and neglect are at risk of developmental problems (Cicchetti, 2004; Stoltenborgh et al., 2015). The World Health Organization (WHO) highlights the enormity of this global plight. Their findings show that one in four women experience physical, emotional and/or sexual abuse during childhood (WHO, 2014). Abuse and neglect have a major impact on a person's well-being throughout their whole life (Gilbert et al., 2009; Hooven et al., 2012; Kim & Cicchetti, 2010). Evidently, empathy and awareness have given rise to a sense of solidarity and a desire to find ways to protect children from further harm (Bom & Baartman, 2018).

Since the beginning of the 20th century, this solidarity has been embedded in society through the establishment of several child protection agencies (van Monfoort, 2012). Most of these agencies were founded within a religious context. Child protection was formally enshrined in an international context only recently. It was not until 1989 that the International Convention on the Rights of the Child was adopted, establishing every child's right to protection. Under this treaty, countries are required to implement child protection systems that adequately protect vulnerable children, resulting in multi-disciplinary systems encompassing both legal and healthcare obligations (UNICEF, 1989).

Tension is an inherent aspect of child protection craftsmanship

Generally, child protection takes the form of support provided to the family. This follows from the simple fact that child development is never an isolated, individual process; rather, it is a developmental process in which a child is constantly influenced by their family system and wider environment (Bronfenbrenner, 1979). Parents have an important role in facilitating child development, be it positive or negative. In fact, research shows that parents are one of the main predictors of the occurrence and continuation of maltreatment (Alink et al., 2012; Belsky, 1984; Jaffee et al., 2004). With most of the predictors for maltreatment found in the extended family, child protection is rightly considered an endeavour which, rather than dealing with the child alone,

requires a comprehensive intervention for both the child and their parent(s) while considering the wider environment of the family system.

One of the inherent tensions in child protection is finding a fine balance between minimizing the harmful effects of maltreatment on a child's development while encouraging the necessary changes in parents in order to ensure the long-term welfare of the child (Munro, 2019; Berg & Kelly, 2000). Although the focus is on the developmental threat to the child, it requires an analysis of the entire environment in which the child grows up (Belsky, 1984). This makes child protection particularly complicated because, on the one hand, it places limits on what is considered culturally permissible parenting and, on the other hand, it seeks to encourage parental understanding and engagement in order to arrive at solutions that rectify the situation (Schuytvlot, 1999). Society's expectation that children be adequately protected has also come under pressure from increasingly critical voices arguing that parental autonomy should be respected (Munro, 2008; Berg & Kelly, 2000). Child protection workers (CPWs), i.e. case managers employed by a certified child protection service, find themselves in the middle of this balancing act during their frontline work in families.

Child protection craftsmanship in the face of complexity and uncertainty

As a frontline worker, the CPW has to navigate the complexities of a child's particular predicament and that of the family as a whole. The complexity of the CPW's task is primarily determined by severe multiple and interacting problems in families, which make each family unique (Belsky, 1993; Cicchetti & Olsen, 1990; Hooven et al., 2012). Many studies have shed light on the variety of family problems CPWs are faced with, ranging from financial, educational and employment-related to psychological and relational complaints (Alink et al., 2012; Beslky, 1993; Cicchetti, 1990). In addition, family members all bring their own skills and coping abilities. Although these are studied less often, findings consistently mention factors such as social skills, problem-solving capacity and family members' support networks (Carr, 2006; Cicchetti, 2013; Rooijen et al., 2013). The interaction between problems and skills within a family is a constantly shifting dynamic in which cause and effect remain unclear (Belsky, 1993; Bronfenbrenner, 1979).

These family circumstances are highly dependent on both direct influences, for example extended family and friends, and indirect environmental influences, such as school, work and other social services in the neighbourhood (Bronfenbrenner, 1994; Cicchetti et al., 1995). The interdependencies between families and their environment can further complicate the family situation because other parties may get involved, such as health care providers, social services and the judicial system. As a result, CPWs not only deal with the complexity of the family but also with face the complex formal networks. This requires boundary work between stakeholders in the child protection system in order to provide proper health care to the family (Schot et al, 2020). In addition, Freidson (2001) points out

that the political sphere on healthcare has increased over the last few decades, resulting in additional dependencies and the need for close collaboration between CPWs and other stakeholders involved in the child protection system.

Operating within these layered, interacting systems requires child protection craftsmanship. This craftsmanship enables the child protection worker to be in close communication with a family, understand their situation and therefore make sure they have access to proper healthcare interventions (Spierts, 2014). Craftsmanship as such is a continuous process of learning in which various competencies – attitude, knowledge and skills – are improved through education, experiences and the CPW's reflection on their strengths and limitations (Van Dam & Vlaar, 2007; Berger & Stevens, 2011).

The unique nature of child protection craftsmanship is complex and dynamic, which makes it unpredictable and difficult to manage (Kannampallil et al., 2011). As a result, the CPW's craftsmanship cannot be easily supported with standardized protocols, because they would fail to do justice to the uniqueness and dynamics of each individual family. Thus, they cannot lean on evidence-based practice, but instead are highly dependent on qualified craftmanship that combines both legal protection and caring obligations. However, in modern child protection practice there is a widespread tendency to tackle the situation using tools that imply causal, predictable patterns (Spierts, 2014). This approach may end up putting child protection craftsmanship under pressure, because it does not take into account the dynamic and even unpredictable nature of families in the child protection system, resulting in a mismatch between healthcare needs and the actual healthcare being provided.

In addition to these theoretical challenges, there are also many methodological challenges to research in the field of child protection craftsmanship which limit our ability to draw general conclusions. One of these is that access to child protection families for research purposes is difficult and, consequently, the available information about their perceived experience is limited (Institute of Medicine & National Research Council, 2014). In addition, the many legal differences and disparities between countries in research design and data-collection procedures make international comparison difficult (Connolly, 2019). Finally, researchers often focus on smaller segments of the complex child protection system and therefore we have limited insight into the system as a whole (Institute of Medicine & National Research Council, 2014). These challenges make it hard for CPWs to incorporate scientific insight in their daily work.

However, since the'80s, the international development of child protection craftsmanship has been influenced by the introduction of positive psychology, an empowerment-based approach. Empowerment is a way of providing help whereby the potential strengths within a family are promoted so that family members can become better problem solvers themselves (Bandura, 1977;

Rappaport, 1987; Zimmerman, 1990). This approach requires a new balance of protection and care, with families and their environment being encouraged to participate in a strong working alliance with CPWs in order to achieve the desired change (Berg et al., 2000). The healthcare provider's approach is centred on promoting family participation and encouraging a working relationship based on joint decision-making (Berg et al., 2000). As a result, CPWs stand next to the family, rather than taking up the expert position. Studies have confirmed the value of this approach for child protection craftsmanship, as it has been shown to reduce and prevent child maltreatment (Butchart et al., 2006; Wright & Masts, 2005). However, integrating empowerment-based child protection craftsmanship appears to be challenging and can be seen as a journey for the child protection system as a whole (Turnell et al., 1999).

One of the challenges in this journey is that child protection craftsmanship is complicated by its uncertain nature. The lack of clear evidence-based practices and the struggles with empowerment-based innovation make child protection work less tangible and concrete. Consequently, it is sensitive to public criticism – something we can witness in the media on an almost daily basis. Critics point out a general dissatisfaction with child protective services over the past 25 years (Munro, 2011; Biesel et al., 2020). Parents and children do not actually experience the sense of autonomy they have been promised (Gilbert, 2015; Bartelink, 2018). CPWs, for their part, struggle increasingly with these inherent tensions and complexities and do not experience a sense of autonomy in their work (Spierts, ; Sheenan, 2018; Wolff, 2012). Their supervisors, meanwhile, have a hard time defending the value and merit of child protection to a political sphere that demands measurable results in the form of clear-cut, short-term outcomes (Freidson, 2001; Munro, 2011).

For this reason, it is important to achieve a better understanding of how child protection craftsmanship seeks to facilitate empowerment-based work through a multi-level approach that emphasizes the interdependent nature of CPWs as frontline workers within the family and within the child protection system as a whole. International studies suggest that there are many challenges that child protection workers face, such as challenges pertaining to the implementation of child protection measures, the complex nature of family problems and the expectations of society (Biesel et al., 2020; Munro, 2011; Waterhouse & McGhee, 2015). In the Netherlands just a few studies are available that look at the quality of child protection craftsmanship or the implementation of an empowerment-based approach to child protection (Bartelink, 2018; Stams et al., 2010; Wolff et al., 2012;). However, no multi-level evaluation studies have been conducted thus far in order to better understand the challenges to empowerment-based child protection craftsmanship. This dissertation aims to contribute to a better understanding of empowerment-based child protection craftsmanship in the Netherlands and the challenges CPWs face in their interdependent relationship with the family, the child protection service and the child protection system as a whole.

1.2 Aim and research questions

This dissertation aims to contribute to improving the empowerment-based craftsmanship of CPWs. It aims to achieve a better understanding of the complexity of this craftsmanship by examining the challenges that CPWs encounter during their attempts to integrate an empowerment-based approach into their daily practice. We will try to get a better picture of what CPWs need and what support this requires from the child protection system. The central question of this thesis, then, is as follows:

How do child protection workers integrate an empowerment-based approach into their daily practice and what challenges do they face in their interaction with families, their child protection agency and the broader child protection system?

In order to answer this main research question, five sub-questions were formulated, following the natural input-throughput-output structure that is common in healthcare interventions evaluation (Rossi, 2004). The first research question focuses on the characteristics of the family (input), the second on the intervention of CPWs (throughput) and the third on the result for the family (output). The fourth sub-question evaluates the perceived challenges that child protection workers face in their attempts to do empowerment-based work with families. The fifth sub-question focuses on the support that child protection workers experience from their environment. Following this reasoning, the five sub-questions were approached as follows:

1. To what extent can subgroups be distinguished based on the prevalence of risk and protective factors in order to facilitate tailor-made case management that fits the subgroup's specific needs?

To be able to better understand the relationship between child protection craftsmanship and the healthcare needs of the child protection population, the first step is to achieve a better understanding of the healthcare needs of the population (Rossi et al, 2004). Little research has been conducted to date into the actual healthcare needs of child protection families in the Netherlands. Therefore, the first step in this dissertation is to analyze the child protection population in detail. In addition, the empowerment approach holds that there is a potential skillset within every family that can help them deal with their problems (Bandura, 1977; Rappaport, 1987; Zimmerman, 1990). In line with this reasoning, it becomes relevant to also look at the available potential of families in the child protection system. Therefore, we examined risk and protective factors and explored the relationships

between them in order to determine strengths and vulnerabilities in families and better understand their healthcare needs.

2. To what extent are families' strengths as observed by CPWs leveraged in the formulation of goals?

With a better understanding of the strengths of the population, the next step is to explore whether child protection craftsmanship is able to utilize these strengths. The underlying assumption is that CPWs who work from a strength-based perspective are more likely to identify strengths and utilize those strengths in goal-setting (Berg, 2000; Quick, 2012). This section addresses the three core components of a strength-based approach: encouraging families' autonomy, encouraging their competencies and encouraging their sense of connectedness by involving their support network. What we expect from CPWs is that they formulate goals in a way that allows families to experience a sense of agency, use their strengths to work toward their goals and involve their networks to support the desired change.

3. Can the safety measure provide insight into the effect of child protection involvement?

The third question explores the value of an evaluation tool: the safety measure that evaluates child safety as perceived by CPWs, parents and children (Turnell, 1999). This tool is used for monitoring purposes during meetings with families and quantifies perceived safety in families on a 0-10 scale. This is valuable because the main purpose of child protection is to address developmental threats that often involve a lack of safety (Hughes, 2004). In practice, it is used to evaluate changes in safety in child protection families. However, in this study we explored the value of this safety measure as a reflection tool for child protection craftsmanship. We also wonder if this tool can contribute to a better understanding of the outcome of child protection interventions.

4. How do CPWs apply a solution-focused approach whereby they balance their protective and supportive roles, and what challenges can be identified?

The existing literature on this subject points out that implementing an empowerment-based approach in child protection craftsmanship is an ongoing journey that comes with many challenges (Turnell, 1999; Sheeran, 2018). This question focuses on the perceived challenges that CPWs face in their attempt to empower families. This in-depth study attempts to understand these challenges through the lens of empowerment, motivation and family dynamics in order to better understand factors that help or hinder CPWs in empowering families.

5. *What are the success and failure factors for the implementation of a solution-focused approach in child protection services?*

Child protection craftsmanship is influenced not only by the specifics of the family in question but also by the family's own support system. The literature suggests that a successful implementation requires individual, organizational as well as contextual commitment (Cretin et al., 2004). Therefore, we conducted a multi-level evaluation of the empowerment-based approach to child protection craftsmanship in order to better understand how CPWs are being supported in their journey toward empowerment-based work.

The main research questions and sub-questions of this dissertation are informed by a theoretical study that resulted in our ecological system model for child protection. Important to note is that the thesis touches upon issues related to laws and regulations for youth care within the Netherlands, but departs from the craftmanship of the CPW and therefore the legal perspective remains rather unexposed. In Section 1.3 of this chapter we will describe our theoretical model and detail our theoretical understanding of the complexity of child protection craftsmanship. Next, in Section 1.4 we will address the methodological design of this dissertation, while Section 1.5 presents a brief outline of this dissertation.

1.3 Theoretical understanding of child protection craftsmanship

In order to better understand child protection craftmanship, it is worth considering which theoretical perspective provides insight into the nature of child protection. The main purpose of child protection craftmanship is to protect children from developmental threats such as maltreatment. Maltreatment is known as a complex and dynamic phenomenon, and it is not easy to predict the impact of specific interventions (Munro, 2008). It is commonly understood to be the result of complex interactions between child characteristics, family interactions, and the family's interactions with their surroundings and wider society (Alink et al, 2012; Belsky, 1993; Cicchetti, 2004). It can be seen, then, as a phenomenon comprised of multiple (f)actors that are constantly influencing each other. This makes maltreatment both complex and dynamic and therefore difficult to predict, prevent and manage.

1.3.1 Child protection as a complex phenomenon

The complex and dynamic nature of child protection cannot be understood fully through a positivistic approach that assumes linear, causal explanations between simple, interdependent factors (Berg, 2000). In contrast, a relativistic ideology hinges on the belief that everything is highly subjective and

"anything goes" (Feyerabend, 1975). Neither seem to provide CPWs with a clear theoretical perspective that support them during their search for best solutions within complex situations on a daily basis.

A complex system-theoretical perspective could be valuable in the context of child protection. The review by Kannampallil et al. (2011) reflects on the value of complex system theories for complex healthcare systems such as child protection. They argue that complex systems contain multiple components that are strongly interrelated. Systems with more components are more dynamic and more unpredictable than systems with fewer components.

Complex systems have two other characteristics in addition to the number of components alone. First, the multiple and interrelating components can be seen as non-decomposable (Kannampallil et al., 2011). This means that the system cannot be broken up into individual parts but needs to be analyzed as a whole. Second, a complex system is non-linear (Kannampallil et al., 2011). This refers to the unpredictable response of a system to external influence. For instance, an external child protection intervention can have a major impact on a family or it might have no effect at all. Which response is going to occur remains unpredictable. However, despite these uncertainties, complex system theories constantly seek to attain a better understanding of a phenomenon. These theoretical assumptions can be valuable to child protection craftmanship, because child protection workers are constantly trying to identify the best solutions in complex and unpredictable family systems (Stevens & Cox, 2008).

Many different complex system theories have been developed over time. One in particular, however, is most commonly used to understand child-rearing, namely an ecological system perspective. This perspective arose during the '70s as a reaction to previous child-rearing theories which focused on child characteristics only (Bronfenbrenner, 1994). In response, Bronfenbrenner (1979) developed a child-rearing model which looked at child characteristics in interaction with the environment. This changed the perspective on child-rearing from a nature-only perspective to a nature-*and*-nurture perspective and has a major impact on how we approach child-rearing today.

Within the ecological system model, hierarchical interacting layers were identified (Bronfenbrenner, 1994). The micro level represents the direct interaction between the child and their close environment such as their family, social network and formal network. These components influence each other directly. The meso level represents close influences from the environment surrounding the micro level, such as child protection services, any healthcare organizations involved, school and work. This level still influences a child, but in a more indirect way. The exo, macro and chrono levels, which for the purposes of this study will be merged into the macro level, represent indirect influences on a child, such as national healthcare policies, economics and politics, cultural and social expectations and even global trends.

The ecological system perspective is relevant to child protection craftsmanship in several ways. First, the focus of the model is on child development, which is at the heart of child protection craftsmanship, i.e. protecting children from developmental threats and restoring normal child development. Second, the model helps us understand developmental threats as the result of interactions between a child and their close environment. It provides a paradigm that views maltreatment as a complex family system with multiple interacting components. Third, the child protection worker can be seen as an external influence getting involved in complex family systems. In fact, according to complex system theories, this implies that child protection workers have limited influence on the outcome of their involvement because the responses of complex families to external influence are highly unpredictable. And finally, the ecological model emphasizes that a family is interdependent on the CPW but also on the larger child protection system and societal expectations more broadly.

This dissertation embraces the ecological system perspective as the theoretical foundation of child protection craftsmanship on the part of CPWs, whose coercive involvement is justified by threats to child development and aims to protect and restore normal development. The main focus of this study is on the micro-level interactions between complex families and the coercive involvement of the CPW, but we also explore the influence of the meso level and the indirect influence of the macro level.

The following section first describes the macro level of child protection systems and of the Dutch child protection system in particular, as well as the meso system of child protection services. These two levels represent the indirect environment in the context of which a family interacts with a CPW. This interaction on the micro level is the main focus of this study – this is the level where complex family systems meet child protection craftsmanship.

1.3.2 Environmental influences on child protection craftsmanship: the child protection system (macro level)

Child protection can be understood as a nationwide macro system in which two aspects of child protection come together: the legal orientation and the caregiving orientation. A child protection system provides CPWs with structure and rules, such as laws, procedures and the involvement of the healthcare system (Gilbert et al., 2011). The relevant legislation enables the system to decide whether or not coercive involvement should be used. The legal orientation is rooted in the ethic of justice (Schuytvlot, 1999). However, child protection can also be seen as a system that fulfils a caregiving responsibility toward families within the system, for example by providing healthcare

interventions (Gilbert, 2011). This orientation is rooted in the ethic of care and has a strong sense of solidarity (Schuytvlot, 1999).

It is understandable that, in balancing these two ethics and contending with the unpredictable nature of child protection, human error or unwanted outcomes can all too easily occur. It is therefore important for child protection systems to continuously reflect on these kinds of errors and learn from them (Biesel et al., 2020). And because each country has a unique system, every country finds its own balance between these two aspects of child protection work, which makes it difficult to compare approaches between countries.

However, according to Connolly (2019), the two orientations can be understood across two dimensions: individual vs. collective and informal vs. formal. The individual vs. collective dimension represents the extent to which family problems are seen as an individual or a social issue. The formal vs. informal dimension represents the intent to either formalize healthcare through legal measures or, alternatively, find solutions in a voluntary healthcare system or even within the family network. There is no one-size-fits-all combination, but child protection systems are most successful if the balance hews closely to the overall beliefs that inform the culture. Countries such as the United States, Australia, the United Kingdom and the Netherlands use an individual and formal approach to their child protection systems, whereas countries such as Denmark, Sweden and Germany use an individual and informal approach to their child protection systems. This model of individual vs. collective and informal vs. formal dimensions, not only provides a framework for comparing child protection systems; it also allows us to reflect on the degree of overlap between cultural expectations of child protection systems and the actual child protection system in place.

This balancing act between ethic of justice and care, especially in the formal vs. informal dimension, has a history of over a century (Montfoort, 2012). At first, child protection was primarily informed by societal norms and values (Dekker, 1985). But during the ’60 and ’70s this approach drew criticism and we saw a shift toward a client-centered approach in which individual needs were recognized (Dercksen & Verplanke, 1987; Van Wel, 1988). Later, during the ’80 and ’90s, there was another shift, this time toward an evidence-based approach, which was believed to provide clearer insight into cost and benefit and meet society’s growing need for transparency (Van Yperen et al., 2010). In response to the problem-focused orientation underlying medical, evidence-based processes, during the ’90s there was a growing need for an empowerment-based approach (Quick, 2012), which was largely informed by positive psychology insights such as solution-focused and strength-based approaches (Berg, 2000; Quick, 2012). This trend nudged child protection craftsmanship toward an empowerment-based strategy.

In order to better understand the shift to an empowerment-based approach, it is worth exploring the concept of craftsmanship. Child protection craftsmanship is the ongoing search for the best way

of dealing with complex and unpredictable families using knowledge, skills and reflection (Munro, 2008; Freidson, 2001). It requires professionals who are able to work with uncertainties and a lack of standardization (Freidson, 2001). Such craftsmanship is highly dependent on skills, such as the ability to form trust-based working relationships with families and maintain an interest in order to better understand their situation (Spierts, 2014). This requires a professional who is willing and able to continuously learn through reflection on their own quality of work (Van Dam & Vlaar 2007; Berger & Stevens, 2011).

This is obviously dependent on the extent to which the system facilitates an ongoing learning process. For instance, it requires a culture in which human errors are allowed to occur (Biesel, 2020) and requires the presence of an organization that encourages ongoing learning and development (Movisie, 2013; Eiskovits & Beker, 2001; Matthews et al., 2001; Kwakman, 2003). Moreover, it requires a child protection system that is aware of its dependence on craftsmanship, and therefore is able to acknowledge the challenges of uncertainty that it faces (Movisie, 2013, Van Dam & Vlaar, 2007; Berger et al., 2010). In addition, these uncertainties should be reflected in the societal expectations toward child protection systems.

The child protection system in the Netherlands

Like child protection systems elsewhere, the Dutch child protection system is obligated to protect children from developmental threats. This is set out in the 2015 Dutch Youth Act, which aims to ensure safe and healthy development for all children. It emphasizes that parents have a primary responsibility to encourage healthy development in their children; however, in the event of severe developmental threats the child protection system will get involved (Figure 1). First, the severity of the developmental threats will be assessed, and in the event of severe developmental threats a juvenile court can issue a family supervision court order. The relevant child protection services then appoints a CPW, who assesses the family's problems and refers them to proper healthcare and social services. The Dutch child protection system is made up of many different players, and can therefore be seen as a complex transdisciplinary and dynamic system.

The 2015 Dutch Youth Act was enacted with the aim of improving youth healthcare through an empowerment-based approach centred on encouraging family participation and utilizing family's strengths (Ministry of Health, Welfare and Sport, 2015). It was a call for a thorough transformation of child protection craftsmanship and the child protection system as a whole. For instance, one of the focal points was providing integrated care close to the family, referred to as "one family, one plan." This suggests that child protection craftsmanship involves working closely with the family as a whole and not just focusing on the child who needs protection. It was also suggested that CPWs should involve collaborating with different healthcare facilities in order to achieve integrated healthcare for

the family. In addition, another aspect of the transformation focused on the discretionary space afforded to CPWs. This was based on the idea that to be able to provide this type of integrated care, healthcare professionals should be able to connect to the family and have enough flexibility to be able to do so. This approach is often referred to as "the professionals taking the lead."

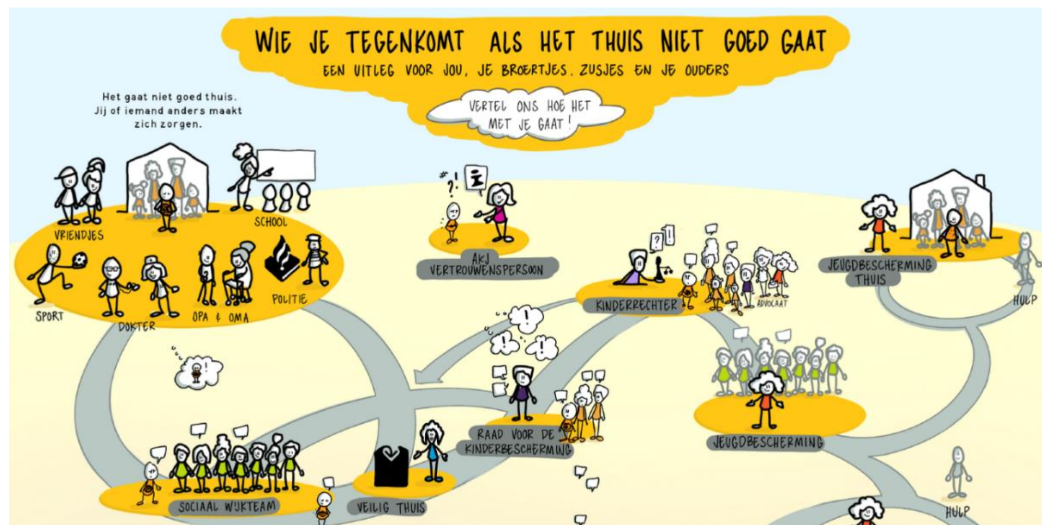


Figure 1: Who You'll Meet If Things Aren't Going Well At Home: An Explanation for You, Your Siblings and Your Parents. 'Tell Us How You're Doing!' (Zorg voor de Jeugd)
Sociaal wijkteam = Neighborhood social support team; Veilig thuis[1] = 'safe at home' hotline and information centre; Raad voor de Kinderbescherming = Child protection board[2]; Kinderrechter [3] = Juvenile judge; Jeugdbescherming = Child protection service; Jeugdbescherming thuis = Child protection service home visit; AKJ vertrouwenspersoon = Youth care Advisory and complaints office (AKJ) counselor

This transformation was supported by the large-scale decentralization of governance, finance and organizational responsibilities, which shifted from the national government to local counties (Rijksoverheid, 2013a; NJi, 2013a). These aims and changes likely had a profound impact on the development of child protection craftsmanship. Although this dissertation mainly focuses on the encouragement of empowerment-based child protection craftsmanship, the impact of this transition cannot be understated.

[1] offers advice and support on matters concerning domestic violence and child abuse.
[2] The Child Protection Board (CPB) fights for the rights of children whose development and upbringing is jeopardised. The Board creates conditions to eliminate or prevent such threats. The Board conducts independent investigations, gives advice in legal proceedings and proposes measures or sanctions.
[3] Only the juvenile court can actually enforce a child protection measure. In making its decision, the juvenile court uses the report and considers the advice of the CPB. However, the juvenile court is not obliged to follow the advice given.

Toward an empowerment-based approach to child protection craftsmanship

The 2015 Dutch Youth Act was inspired by the international trend of improving healthcare through an empowerment-based approach. In accordance with this movement, a new method was developed for child protection in the Netherlands, called the Delta method. The main goal of this method was to assist child protection workers with a practical model in order to encourage smaller caseloads for temporary child protection interventions (PI Research & Van Montfoort, 2009). It focused on increasing child safety in the child's natural environment using a strong plan for change called the Action Plan. In line with the empowerment-based approach, the Delta method encouraged close collaboration with the family and their wider environment. In order to develop a collaborative Action Plan, CPWs were required to shift their focus toward their caring role and encourage the family to commit to achieving change. The protection role remained and consisted of setting safety rules and boundaries, but with a strong focus on communication skills that help parents to understand the threatening situation their child is in. Thus, the Delta method attempted to shift from a protection orientation toward a caring orientation but needed to be further improved.

The Delta method was very much inspired by the solution-focused brief therapy developed by de Shazer and Berg during the '90s. This psychotherapeutic approach is based on a strong belief in people's learning ability and their capacity to find their own solutions to problems (de Shazer & Berg, 1992). The therapist should have the attitude of a supportive coach rather than an expert who knows better. It is a highly collaborative approach that promotes strengths on the part of families and their surroundings. However, this approach was criticized in child protection cases because it failed to adequately facilitate the protective role (Berg & Kelly, 2000). As a result, several organizations developed an approach which integrated the protective role into a solution-focused framework.

One of them was the Signs of Safety approach (SoS) developed by Turnell and Edwards (1999), which was of great importance to the development of child protection craftsmanship in the Netherlands. The SoS orientation was dominated by the caring role, with collaboration and utilization of strengths being the main focus (Turnell, 1999). However, it also facilitated a legal protection role rooted in the belief that, in every unsafe family, safety behaviors are available. Looking for these exceptions is an important part of the assessment, which leads to the formulation of a safety plan consisting of the identification of unsafe situations, behavioral boundaries and alternative sources of safety to help children and their family deal with escalating situations. So far, the SoS approach has pushed forward the development of empowerment-based approaches to child protection craftsmanship, and further development the Delta method in the Netherlands.

Despite the lack of clear evidence supporting an empowerment-based approach, some evaluation studies have shown that CPWs are enthusiastic because they feel more supported in their work (Sheenen et al., 2018; Stams et al., 2010; Turnell & Murphey, 2018; Wolf & Ten Hove, 2020).

However, CPWs experience many challenges to implementation and require a multi-level implementation strategy (Salveron et al., 2015; Sheenan et al., 2018; Wheeler, J. & Hogg, V, 2012; Wolff & Vink, 2012). These findings confirm that empowerment-based craftsmanship is an ongoing process and responsibility cannot rest solely on CPWs' shoulders. It requires proper support from child protection services.

1.3.3 The facilitating role of child protection services (meso level)

One of the important roles of a child protection service (CPS) is to facilitate the ongoing development of child protection craftsmanship in daily practice. Child protection services have a direct impact on child protection craftsmanship and thus play a major role in its development. This section sets out several scientific insights to support the ongoing development of child protection craftsmanship.

According to Senge (1990), organizations have an obligation to facilitate the ongoing development of craftsmanship. Learning organizations are characterized by a group of people who continuously improve their work, explore innovations and constantly share their reflections with each other in order to learn and grow (Senge, 1990). Reflection is one of the main prerequisites for craftsmanship and requires continuous learning (Luken, 2010; Van Dam & Vlaar, 2007; Berger & Stevens, 2011). But CPWs cannot achieve this on their own: it requires structure and an organizational culture that supports professionals in their development (Turnell, 2018). A learning organization as such encourages reflection on multi-levels for instance the organizational culture, leadership, teams and individual level.

A learning culture is the set of norms and values of an organization in which learning is facilitated. Cameron & Quinn (2011) describe this kind of culture as an adhocratic culture in which improvements are constantly encouraged with a change-oriented attitude while remaining sensitive to environmental developments. This kind of culture can be promoted by leaders who encourage their workers to constantly reflect and learn (Grol & Wensing, 2011; Salveron et al., 2015). Leaders who combine a people-orientation with an external orientation are known to be good at it (Øvretveit, 2005; Schmid, 2008). This so-called transformational leadership is often seen as the most effective type of leadership to support change (Øvretveit, 2005; Schmid, 2008). In addition, it is well-known that effective teams with shared values and resources(Buljac, Van Woerkom & Van Wijngaarden, 2013), strong communicative skills and , plan ahead, support each other and reflect on their results (Buljac, 2012; Schippers et al, 2007). Therefore, child protection craftsmanship is encouraged within a learning organization that has a learning culture, encouraging leaders and supportive teams.

Besides the learning organization, empowerment-based craftsmanship can be encouraged with a strong implementation strategy. In the introduction, we pointed out that CPWs experience little implementation support and requires further explorations. Many implementation theories emphasize that successful implementation strategies focus on all levels of the organisation and even involve the external environment. It requires a multi-level strategy with committed stakeholders that all play a role in achieving the desired change (Grol & Wensing, 2011). Cretin (2004) calls this a chain of change, in which the interrelation between the wider environment, the organization, the team and the individual is emphasized. This dissertation looks at the implementation of empowerment-based child protection craftsmanship as a multi-level process (Chapter 3, 5 & 6).

1.3.4 The challenging nature of families in child protection (micro level)

This dissertation tries to better understand the challenges surrounding child protection craftsmanship. Previously, it discussed the environmental factors that have a direct or indirect influence on child protection craftsmanship. These environmental factor help us to better understand the practical challenges that child protection workers face in their daily practice. However, the most direct influence lies in the complex, dynamic nature of the family itself.

The first challenge that child protection workers face as they begin their involvement is the family's level of motivation to embrace child protection involvement. The second challenge is that CPWs deal with the complex nature of families in child protection. Finally, they have to face the dynamic nature of the family system in which they temporarily participate. These three challenges are discussed in more detail below.

The first challenge that CPWs face is the motivation for change within a family. Many child protection interventions are justified because of a lack of motivation to seek help on the part of families, often referred to as reluctance. This distinguishes child protection workers from regular youth healthcare professionals, in the sense that regular youth healthcare often involves parents and children who are motivated to seek help proactively. In contrast, families in child protection have trouble accessing healthcare, are hesitant because they feel ashamed or are sceptical about healthcare because they don't believe it will help them (Caffrey, L & Browne, F, 2022; Gibson, 2015). This makes it more difficult to provide healthcare to these families, because motivating them requires specific knowledge and skills.

In order to deepen our understanding of motivation, it is worth discussing one specific motivational theory that is valuable to child protection craftsmanship: the self-determination theory (Ryan & Deci, 2017). This meta theory holds that it is human nature to adapt to new situations – in other words, that constant learning is an innate skill we have. Humans are most successful at

adapting when three basic psychological needs are met: autonomy, competence and relatedness. These assumptions are in line with the theoretical foundation that underpins the empowerment-based approach and therefore are valuable to child protection craftsmanship.

Looking at child protection from a self-determination perspective, one might wonder about the effect of a family court order on a family's motivation for change. For instance, a mother whose child has been placed under supervision could feel supported by the family court order because it makes her feel she is being supported by her environment. In this case, the mother's self-determination could increase. In contrast, she might experience the supervision as forced involvement that diminishes her agency and makes her feel she lacks the competence to deal with her problems. Evidently, in this scenario her sense of self-determination will decrease and her motivation for change will drop. Following this line of thought, it stands to reason that openness to healthcare interventions and motivation for change can differ between families and even between individual family members. Furthermore, their level of perceived self-determination may have a detrimental effect on their working relationship with child protection workers right at the start of their involvement. This dissertation explores the idea that the notion of self-determination could help CPWs to understand the level of motivation when child protective services first get involved, and explores the potential value of strengthening self-determination as part of a wider empowerment-based approach.

The second challenge that child protection workers face is the complex nature of families in child protection. Social science understands maltreatment as a multi-level interaction between a child, their parent(s) and the wider environment. This ecological-system perspective emphasizes the complex and dynamic nature that makes maltreatment unpredictable (Belsky, 1993; Bronfenbrenner, 1994). As a result, there are many different pathways that lead to situations of child abuse and neglect in which no clear causal relationship can be identified (Belsky, 1993; Cicchetti, & Olsen, 1990; Hooven et al., 2012). Each family can be seen as a unique set of problems and skills that interact in their own unique way. In order to better understand their healthcare needs, it is necessary to analyze these multi-level factors and their dynamic interactions.

In order to get a handle on the variety of interacting determinants, Belsky (1993) developed a process model of the determinants of maltreatment. Based on the ecological systems theory developed by Bronfenbrenner, this model identifies risk factors that represent problems on the part of the child, the parent and the environment. In addition, it identifies protective factors that can potentially help families solve their own problems (Belsky, 1993). Many scientists argue that maltreatment occurs when risk factors outweigh protective factors (Alink, 2012; Belsky, 1993; Cicchetti, & Lynch, 1995; Hooven et al., 2012; Vink et al., 2016). Although each level has an impact, it is generally understood that the parents are the most significant factor (Alink et al., 2012; Belsky,

1984; Jaffee et al., 2004). This dissertation appreciates the value of this multi-level, parent-oriented model and embraces it in order to understand the complex and dynamic nature of family systems in child protection.

Many studies have been conducted to identify risk factors for child maltreatment in children themselves, their parents and the direct environment (Alink et al., 2012; Carr, 2006; Runyan et al., 2002; Russo, Hambrick, & Owens, 2008; Afifi, & MacMillan, 2011; Collishaw et al., 2007; Kim, & Cicchetti, 2003). An overview of commonly mentioned risk factors is presented in Table 1 below.

In addition, the importance of protective factors has increased over the last few decades. It is believed that protective factors tend to result in a better outcome, especially in adverse families (Cicchetti et al., 2013; Butchart et al., 2006; Wright, & Masten, 2005). This idea reinforces the empowerment-based approach's core goal of utilizing families' strengths to help them find solutions for themselves. Some studies have been conducted on the subject of protective factors; however, no clear scientific consensus exists. Some factors are mentioned in several studies (Carr, 2006; Rooijen et al., 2013; Thoburn et al,. 1995; Hengartner et al., 2013); they are presented in Table 1 below.

Table 1: overview of risk and protective factors mentioned in literature

Level	Risk factors	Protective factors
Child level	▪ young age, <5 years ▪ prematurity ▪ low birth weight ▪ disruptive behavior ▪ difficult temperament ▪ result of an unwanted pregnancy	▪ easy temperament ▪ positive coping skills ▪ social skills ▪ self-esteem ▪ intelligence
Parental level	▪ low educational level ▪ mental health issues ▪ substance abuse ▪ low self-esteem ▪ financial problems ▪ unemployment ▪ victim of child maltreatment ▪ poor parenting skills ▪ lack of insight into the child's development ▪ domestic violence ▪ family conflicts ▪ single parenthood ▪ large family, >3 children ▪ patchwork family	▪ self-esteem ▪ internal locus of control ▪ problem understanding ▪ willingness to change ▪ acceptance of care ▪ cooperation with a professional ▪ secure attachment between parent and child ▪ stability within family ▪ parenting with empathy and support for the child ▪ insight into the child's development adequate communication within family
Environmental level	▪ low socio-economic position ▪ disadvantaged area ▪ housing instability ▪ social isolation	▪ social support (family & friends) ▪ friendships with peers

In order to identify these risk and protective factors, tools were developed to support child protection craftsmanship. For example, in the Netherlands a checklist was developed to help CPWs analyze all the risk and protective factors they observed (Berge et al, 2014). These kinds of checklists collect detailed information about the families. Unfortunately, the data is rarely used to better understand the healthcare needs of these families. In this dissertation we want to utilize this kind of in-depth data to help us understand the specific healthcare needs that families in child protection have.

The third challenge that CPWs face is the dynamic nature of families in child protection. In order to better understand system dynamics, it could be helpful to explore other theories as well – for instance, the systems-therapeutic orientation. The domain of systems-therapeutic knowledge and skills within the field of psychotherapy provides ways to better understand interactions within families in terms of structure, communication patterns, and solution-seeking behavior and helps to construct the narrative pathway of a family (Hanna, 2018; Savenije et al., 2020). Each family member is seen as part of the system and is therefore part of both the problems and the solutions. Systemic therapy emphasizes that each family member has a unique perspective on the situation and there is no such thing as the best perspective (Hanna, 2018; Savenije et al., 2020). This enables a family to acknowledge each individual story and helps them transcend blaming dynamics. In essence, this approach lays down a foundation that allows families to feel acknowledged and start a learning process. These insights can be valuable to child protection workers in their search for a better understanding of the complexity and dynamics of the family and its environment.

With this dissertation we aim to contribute to the ongoing effort to better understand child protection families. We embrace Belsky's multi-level model of risk and protective factors, but we additionally focus on the interactions between risk and protective factors as well as the interaction between the different levels of the model. In order to understand these dynamics better, we will explore the value of a systems-therapeutic approach (Chapter 2, 3 & 5).

1.3.5 Child protection craftsmanship combining all multi-level demands

CPWs can be understood as the frontline workers of the child protection system. The nature of this daunting task is to cope with unpredictable, complex families who are dependent on the support of a complex child protection system. Child protection craftsmanship involves balancing two roles: protecting children and encouraging families to change.

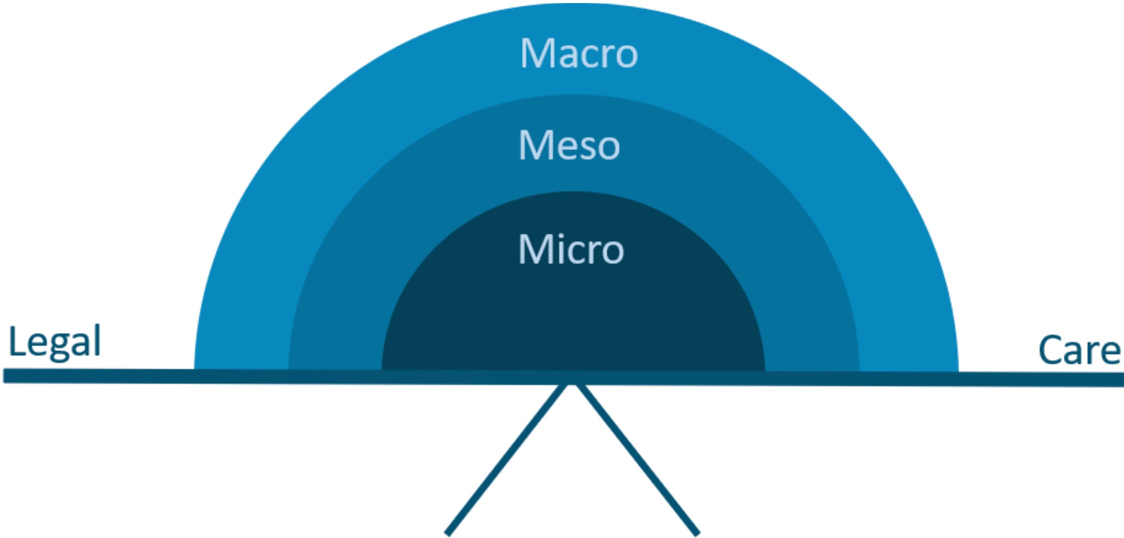
Each family is unique and requires a different balance and therefore there is no one-size-fits-all solution that CPWs can rely on. It requires craftsmanship and discretionary space allowing CPWs to respond to the unique demands of each family. Part of craftsmanship is constant reflection on one's knowledge and skills. In addition, it requires sensitivity to the often-negative impact of coercive

intervention on families' motivation. Creating a working alliance with families who are not necessarily happy with your involvement requires specific skills, for example the ability to set boundaries in terms of child safety while remaining focused on creating a working relationship in which families can be encouraged to change.

Child protection craftsmanship is highly dependent on the quality of the support that CPWs receive from the child protection system as a whole. It requires supportive child protection services and close collaboration with other child protection stakeholders. It requires boundary work, with CPWs balancing between legal and caring responsibilities.

This dissertation aims to better understand how CPWs manage to integrate an empowerment-based approach in the context of this frontline work. To this end, we designed an ecological system model for child protection craftsmanship, as presented below. This model combines the multi-level interaction between families and child protection on three different levels. The first level, the micro level, represents the interaction between CPWs and families and stands for the direct influence that those two parties have on each other. The second level, the meso level, shows the direct influence of the child protection service on child protection craftsmanship. The third level shows the indirect effect of the larger child protection system on child protection craftsmanship.

Graph 1: ecological system theory model of dissertation



1.4 Research design

The study consists of a multi-level evaluation based on a multi-level interaction ecological model. Theoretical deduction resulted in a theoretical framework that integrates several theoretical perspectives, as pointed out in the previous chapter. The empirical part of the study uses a multi-method design consisting of five quantitative and qualitative studies. In order to promote data triangulation, we collected data from multiple participants, especially parents and child protection workers, and used multiple data sources, collecting data from case files, interviews and observations.

1. *To what extent can subgroups be distinguished based on the prevalence of risk and protective factors in order to facilitate tailor-made case management that fits the subgroups' specific needs? (Chapter 2)*

The first, quantitative study aims to better understand the healthcare needs of families and explores meaningful clusters of families with similar problems in the assumption that this kind of an exploration could enable child protection workers to simplify the nature of their work by identifying specific subgroups and tailoring their child protection craftsmanship to these commonly mentioned healthcare needs. The study analyzes healthcare needs by identifying risk and protective factors, based on the model developed by Belsky (1993). In order to do so, data from 250 new incoming cases was collected from one child protection service between August 2014 and March 2015. In order to explore commonly stated healthcare needs, cluster analyses were conducted to identify risk and protective clusters. Furthermore, interactions between risk and protective clusters were explored in order to determine family's potential strengths and vulnerabilities.

2. *To what extent are families' strengths as observed by CPWs leveraged in the formulation of goals? (Chapter 3)*

The second, quantitative study aims to arrive at a better understanding of the extent to which CPWs incorporate the available family strengths in formulating goals for change. The underlying assumption is that CPWs who work with a solution-focused approach are more likely to identify strengths and utilize those strengths in goal formulation (Quick, 2012). This chapter focuses on three major focal points: encouraging autonomy, promoting competence and involving the family's support network. Using the same sample as before, the study was able to include 177 cases with at least three goals listed in their client file. Researchers analyzed all three goals, looking at autonomy,

use of competencies and involvement of the support network. The results are analyzed in order to assess the use of strength-based goal formulation as a direct reflection of a strength-based approach to child protection craftsmanship.

3. *Can the safety measure provide insight into the effect of child protection involvement? (Chapter 4)*

The third, quantitative evaluation study explores the value of a solution-focused tool: namely the safety measure. This tool was used to rate perceived safety in families on a 0-10 scale. The database used for our first study contained 105 cases with a pre- and post-safety measure as perceived by CPWs. First, these cases were assessed for changes in safety over time. Next, we explored the relationships between case factors and process factors in order to better understand what influenced the change in safety. The results reflect on the progress that the child protection population made during the involvement of child protection services.

4. *How do CPWs apply a solution-focused approach whereby they balance their protective and supportive roles, and what challenges can be identified? (Chapter 5)*

The fourth, qualitative case study aims to better understand the challenges that CPWs face as they attempt to integrate empowerment-based strategies in their craftsmanship. The main focus was on identifying strength-based behavior in child protection workers in terms of encouragement of autonomy, competence and involvement of the family's support network. This involved a multi-method, in-depth case study (n=4) consisting of questionnaires to identify family characteristics, interviews with parents and CPWs, and observations from roundtable conferences. The data was analysed at two levels: the interaction between parents and CPWs (micro level) and the interaction between CPWs and the family on the one hand and the family's environment on the other (meso level).

5. *What are the success and failure factors for the implementation of a solution-focused approach in child protection services? (Chapter 6)*

In order to better understand the challenges that CPWs face, a quantitative study was conducted to analyze the implementation of empowerment-based craftsmanship as perceived by CPWs themselves. This cross-sectional survey included 138 child protection workers from 8 teams in one single CPS. The survey used a multi-level approach based on the chain of change model developed by

Cretin (2004) and analyzed individual characteristics, teams, leadership, organizational culture and implementation strategies.

1.5 Outline

Chapter 2 describes the findings of cluster analyses in order identify subcategories of parental problems and parental strengths. Based on these findings, interrelations between problem and strength clusters are discussed.

Chapter 3 focuses on the empowerment-based behavior of child protection workers. It reflects on how CPS promote parents' feelings of autonomy, competence and connectedness.

Chapter 4 discusses the value of a safety measure that is commonly used for individual meetings with the family but here is explored as tool for evaluating the results of child protection craftsmanship on the level of child protection services.

Chapter 5 looks at several challenges that child protection workers face in the implementation of an empowerment-based approach. This section outlines the challenges CPWs face in their day-to-day interaction with the family and their direct environment.

Chapter 6 discusses how child protection workers perceive the support they receive from their child protection service and from the child protection system as a whole in their attempt to improve their work using empowerment-based elements .

Finally, chapter 7 provides a summary of the findings of this dissertation by answering the research questions. Theoretical and methodological reflections are discussed and recommendations for future research and practice are made.

Table 2: Overview of dissertation chapters, research sub-questions and research design.

Chapter	Research sub-question	Research design
2	To what extent can subgroups be distinguished based on the prevalence of risk and protective factors in order to facilitate tailor-made case management that fits the subgroups' specific needs?	Quantitative cluster analyses (n=250)
3	To what extent are families' strengths as observed by CPWs leveraged in the formulation of goals?	Quantitative file study (n=177)
4	Can the safety measure provide insight into the effect of child protection involvement?	Qunatitative pre-post design (n=105)
5	How do CPWs apply a solution-focused approach whereby they balance their protective and supportive roles, and what challenges can be identified?	Multi method case study (n=4)
6	What are the success and failure factors for the implementation of a solution-focused approach in child protection services?	Cross sectional survey (n=128)
7	Conclusions and discussions	

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Chapter 2

Child protection cases, one size fits all? Cluster analyses of risk and protective factors

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Abstract

Background

To provide effective tailor made case management in Child Protection Services (CPS) a insight is needed into the specific characteristics of the target group. Using the ecological perspective of maltreatment, this study explored poorly known characteristics of the CPS population.

Objective

To distinguish CPS subgroups based on risk and protective factors enables tailor made case management that fits the specific needs of these subgroups.

Participants and Setting

We studied 250 Dutch CPS cases of family supervision by court order that had completed the LIRIK and Action Plan checklists in August 2014–March 2015.

Methods

This quantitative study analyzed risk and protective factors for children and parents reported in client files. Subgroups were identified by two-step cluster analyses. Chi-square analyses identified relations between parental risk subgroups and other groups.

Results

Building on the interplay between risk and protective factors on the levels of child, parent and environment, we found five distinct subgroups in the CPS population. The most vulnerable is parents with multiple problems (31%) or socio-economic problems (13%). Parts of both subgroup have limited protective factors. Parents with major life events (16%) or poor parenting (13%) are characterized by single-level problems. One subgroup (28%), the unaccepted, has no parental risk factors registered.

Conclusions

Studying client files can lead to a better understanding of the healthcare needs of the CPS population. To develop and implement more effective case management requires constant dialogue between science, policy, and the experiences of both clients and professional.

1. Introduction

The Dutch Youth Act of 2015 aimed to improve the quality of youth healthcare by promoting empowerment and effectiveness (Ministry of Health, Welfare and Sport, & Ministry of Security and Justice, 2015). Empowerment is important since it is associated with positive mental health (Fitzsimons, & Fuller, 2002; Prilleltensky, Nelson & Peirson, 2001) and is known to reduce and even prevent child maltreatment (Butchart, Harvey, Mian, & Fürniss, 2006; Wright, & Masten, 2005). Integrating empowerment in child protection can thus reduce maltreatment and help children cope with its consequences. Child protection workers worldwide are encouraged to integrate empowerment in their case management. The trend is led by Signs of Safety (SoS), a solution-focused approach that integrates risk and protective factors in the work process in order to reduce developmental threats and increase child safety (Turnell, & Edwards, 1997). However, little is known about the results of this approach as thorough effect studies are lacking (Bartelink, 2010).

Understanding the effectiveness of CPS case management requires an evaluation process such as Program Theory offers (van Yperen, & Veerman, 2008). Program Theory aims to answer evaluative questions that help shape and reshape interventions in order to achieve desirable results (Rossi, Lipsey, & Freeman, 2004). It argues that an intervention can fit a target group best if it recognizes the relevant care needs. It requires determining the nature and scope of the target group's problems.

In the Netherlands, families are assigned to the Child Protection Services (CPS) by a court order that is based on proven developmental threats to child safety, such as maltreatment. Little is known about the specific risk and protective factors of Dutch CPS families, probably due to the only partly standardized assessment procedure and limited data collection (van der Meer, 2010). One study argues that the duration of CPS case management relates strongly to problem severity (Stams, Top-van der Eem, Limburg, van Vugt, & van der Laan, 2010). This confirms the assumption of Program Theory that the characteristics of a target groups influence a healthcare process. Unfortunately, Stams et al. (2010) did not thoroughly explore the actual client characteristics of severity. Other international studies are available but their generalizability is limited due to national differences in juvenile laws, and varying research designs and data collection methods (Stoltenborgh, Bakermans-Kranenburg, Alink, & van Ijzendoorn, 2014). Although little is known about the CPS population, it is generally understood that a family court order usually occurs in the case of developmental threat.

In CPS cases, developmental threats are commonly characterized by maltreatment, which is generally seen as a multidimensional transactional interplay between a child, its parents and its environment (Belsky, 1993; Bronfenbrenner, 1994; Cicchetti, & Olsen, 1990; Hooven, Nurius, Logan-Green, & Thompson, 2012). Based on Bronfenbrenner's ecological system theory (1994), this ecological perspective differentiates risk and protective factors on three levels. The micro level

comprises child characteristics, the meso level parental factors like psychological resources or parenting skills, and the macro level refers to contextual factors like social support, living environment and culture (Belsky, 1984). It is understood that maltreatment occurs when risk factors outweigh protective factors (Bakker, Bakker, van Dijke, & Terpstra, 1998; Belsky, 1993; Cicchetti, & Lynch, 1995; Garbarino, 1977; Hooven et al., 2012; Vink, de Wolff, Broerse, & Kamphuis, 2016). This implies that CPS families have complex and severe problems on several interacting levels, resulting in a population that is often referred to as 'vulnerable'.

Shaping the best care for a vulnerable population requires an integrated approach that considers all the problems. The Delta method used in Dutch CPS case management can help professionals to assess situations and support families in defining goals (PI Research, & van Montfoort, 2009). However, the diversity of the population makes it unlikely that one single approach can meet all healthcare needs. Therefore, it is interesting to explore the various healthcare needs of the total CPS population and to investigate if and how subgroups with similar needs can be distinguished. Research into the characteristics of the CPS population is necessary to discriminate between potentially different subgroups. The main question of this study is "to what extent can subgroups be distinguished based upon the prevalence of risk and protective factors to enable tailor made case management that fits the subgroups' specific needs?" This is explored with the following sub-questions: what are the most commonly registered risk and protective factors in the CPS population? Can we distinguish representative subgroups or clusters of risk factors? Can we distinguish representative protective factors that can be utilized in a healthcare program? And, finally, is there multi-dimensional interplay between clusters of risks and protective factors?

This study embraced the ecologic perspective of maltreatment and integrated commonly known risk and protective factors from the literature, as described below.

1.1 Risk factors

Risk factors are defined as factors that increase the likelihood of child maltreatment (Vink et al., 2016). Table 1 shows consistent risk factors on three levels according to the literature.

On the micro level, Belsky (1993) recognizes three child risk factors for maltreatment: age, behavior and physical health. Later research is more exact and specifies, for instance, young children (<5 years) because they depend highly on their parents (Alink et al., 2012). Other research identifies neonatal problems, such as prematurity or low birth weight, that put babies at risk (Bouwmeester-Landweer, 2006; Klein Velderman, & Pannebakker, 2008) and also mentions children with behavioral problems or difficult temperament (Carr, 2006; Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002;

Russo, Hambrick, & Owens, 2008; Afifi, & MacMillan, 2011; Collishaw et al., 2007; Kim, & Cicchetti, 2003) and children from an unwanted pregnancy (Berger, Ten Berge, & Geurts, 2004).

Table 1: Risk factors

Level	Factor
Child level	▪ young age, <5 years
	▪ prematurity
	▪ low birth weight
	▪ disruptive behavior
	▪ difficult temperament
	▪ child of unwanted pregnancy
Parental level	▪ low educational level
	▪ mental health issues
	▪ substance abuse
	▪ low self-esteem
	▪ financial problems
	▪ unemployment
	▪ victim of child maltreatment
	▪ poor parenting skills
	▪ lack of knowledge on child's development pattern
	▪ domestic violence
	▪ family conflicts
	▪ single parenthood
	▪ large family size, >3 children
	▪ stepfamilies
Environmental level	▪ low social economic circumstances
	▪ areas with poverty
	▪ residential instability
	▪ social isolation

Although child-level factors may influence the likelihood of maltreatment, it is generally understood that the largest contributors are parental factors (Alink et al., 2012; Belsky, 1984; Jaffee, Caspi, Moffit, Polo-Thomas, & Price, 2004). Parental factors can be divided into the personal characteristics of a parent and parenting abilities. In terms of personal characteristics, the following factors are known to increase the risk of maltreatment: lower education level (Dubowitz et al., 2011; Gilbert et al., 2009; Sedlak et al., 2010), mental health issues or substance abuse (Berger et al., 2004; Dubowitz, & Bennett, 2007; Friedman et al., 2011; Runyan et al., 2002; Zielinski, & Bradshaw, 2006), low self-esteem (Dubowitz, & Bennett, 2007; Schumacher, Slep, & Heyman, 2001; Stith et al., 2009), financial problems (Cox, Kotch, & Everson, 2003; Friedman et al., 2011; Zielinski, & Bradshaw, 2006) and unemployment (Leerdam, Kooijman, Öry, & Landweer, 2003; Sedlak et al., 2010). Finally, parents who have experienced maltreatment in their own childhood are at increased risk of maltreating their own children (Friedman et al., 2011; Runyan et al., 2002).

Focusing on parenting risk factors, poor parenting skills increase the likelihood of maltreatment (Carr, 2006; Hermanns, Öry, & Schrijvers, 2005) and the parents' disappointment due to unrealistic expectations of their children's abilities is often mentioned (Carr, 2006; Li, Godinet, & Arnsberger, 2011; Rosenstein, 1995). Further, the family situation also increases the risk of maltreatment. Examples include domestic violence (Dubowitz, & Bennett, 2007; Friedman et al., 2011; Runyan et al., 2002), repeated family conflicts (Friedman et al., 2011; Hermanns et al., 2005; Hindley, Ramchandani, & Jones, 2006), single parenthood, households with three or more children (Dubowitz et al., 2011; Hermanns et al., 2005; Sedlak et al., 2010) and stepfamilies (Alink et al., 2012).

Environmental factors also increase the maltreatment risk, such as living in disadvantaged areas with parents having to cope with stress, unemployment, residential instability and financial disadvantages (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Holtzer, 2010). Such conditions are also known for their social isolation, which is one of the biggest environmental risk factors for child maltreatment (Carr, 2006; Leerdam et al., 2003).

1.2 Protective factors

Protective factors are the positive abilities of people that both increase the chance of a better outcome, particularly in situations of risk or adversity (Wright, & Masten, 2005) and tend to reduce the (re)occurrence of maltreatment (Cicchetti, & Rizley, 1981; Butchart et al., 2006; Wright, & Masten, 2005). Although little is known about protective factors, several characteristics are consistently mentioned in research (Carr, 2006; Rooijen, Bartelink, & Berg, 2013; Thoburn, Lewis, & Shemmings, 1995; Hengartner, Müller, Rodgers, Rössler, & Ajdacic-Gross, 2013). Table 2 shows an overview of the protective factors found in the literature.

Child protective factors are generally understood to support resilience and thus help children cope with maltreatment (Carr, 2006; Ronan, Canoy, & Burke, 2009; Rooijen et al., 2013; Vink et al., 2016). For instance, some research found that children with an easy temperament are more likely to have a positive coping strategy for difficulties in life and are more likely to build a network for support (Carr, 2006; Chess & Thomas, 1995). Several studies found that intelligence promotes resilience (Carr, 2006; Haskett, Nears, Ward, & McPherson, 2006; Hengarter et al., 2013; Rooijen et al., 2013; Barnes & Josefowitz, 2014) and self-esteem was found to reduce psychosocial stress and gain social connectedness (Barnes & Josefowitz, 2014; Carr, 2006; Cicchetti, 2013; Dang, 2014; Haskett et al., 2006; Moran & Eckenrode, 1992; Rooijen et al., 2013). Social competencies promote resilience and reduce the internalizing of problems (Schultz, Tharp-Taylor, Haviland, & Jaycox, 2009; Kim & Cicchetti, 2003).

Table 2: Protective factors

Level	Factor
Child level	▪ easy temperament ▪ positive coping ▪ social skills ▪ self-esteem ▪ intelligence
Parental level	▪ self-esteem ▪ internal locus of control ▪ problem understanding ▪ willingness to change ▪ acceptance of care ▪ cooperation with a professional ▪ secure attachment between parent and child ▪ stability within family ▪ parenting with empathy and support for the child ▪ knowledge about the child's development ▪ adequate communication within family
Environmental level	▪ social support (family & friends) ▪ friendship with peers

Protective factors on the parental level can again be divided into personal characteristics and parenting abilities. Parents with self-esteem and internal locus of control, for instance, are less likely to maintain problematic interaction (Carr, 2006; Rooijen et al., 2013). Problem understanding, willingness to change, acceptance of care, and cooperation are known to promote help-seeking behavior in parents (Carr, 2006; Thoburn et al., 1995). In terms of parenting skills, secure attachment with a child is a protective factor as it is characterized by giving positive feedback and supporting the child while offering structure, stability and consistency in rules (Butchart et al., 2006; Haskett et al., 2006; Heller, Larrieu, D'Imperio, & Boris, 1999; Rooijen et al., 2013). Parents with empathy and knowledge of child development are less likely to be frustrated about a child's abilities (Carr, 2006; Li et al., 2011; Rosenstein, 1995) and parents with a clear understanding of their own developmental pathway are less likely to maltreat their children (Rooijen et al., 2013). Only one parent with sufficient parenting skills is necessary for adequate communication skills and stability (Barnes & Josefowitz, 2014; Carr, 2006; Guterman, Lee, Lee, Waldfogel, & Rathouz, 2009).

Finally, environmental protective factors are mostly known for social support (Alink et al., 2012). Social support increases personal sense of well-being, provides an opportunity to seek advice and reduces symptoms of depression, anxiety and anger in children (Barnes, & Josefowitz, 2014; Carr, 2006; Cicchetti, 2013; Folger, & Wright, 2013; Stams et al., 2010). A social network can provide

protection, because the feeling of being valued can prevent negative core beliefs about oneself and promotes healthier adjustment (Carr, 2006; Hyman, Gold, & Cott, 2003; Li et al., 2011; Rooijen et al., 2013; Runtz, & Schallow, 1997; Tremblay, Hébert, & Piché, 1999). Parents and children with social support tend to cope better in stressful situations (Coulton et al., 2007) and socially supported children benefit more from treatment (Browne, & Winkelman, 2007). In addition, friendship with peers can improve attachment and create a positive self-image which increases resilience to maltreatment (Barnes & Josefowitz, 2014; Cicchetti, 2013; Stams et al., 2010).

We used all the above-mentioned risk and protective factors noted by CPS case managers in client files while collecting data for this study.

2. Methods

2.1 Research design

We conducted a quantitative study based on client files. Our study is part of a larger evaluation of a SoS approach that encourages the Dutch CPS to use protective factors. The CPS was authorized to use file information anonymously for policy development and research as described by the Dutch Privacy Law (2004). In addition, the Medical Ethics Committee of Erasmus University Medical Center tested the research protocol and approved all parts of the research procedure (MEC-2-14-020).

2.2 Research setting[1]

The study took place in one CPS in the Netherlands. A CPS is an organization that executes juvenile court-ordered family supervision for children aged 0–18 years (Ministry of Security and Justice, 2014; Central Bureau of Statistics, 2015). The intervention lasts one year, with possible extensions of one year at a time. Supervision occurs when a general youth care worker, teacher or other concerned citizen suspects developmental threat due to parental inadequacy or maltreatment (Ministry of Security and Justice, 2015). Their concerns go to the Child Care and Protection Board (CCPB) who assesses the need for conviction. In cases with confirmed developmental threat, a juvenile court judge may rule for a sanction, such as a court-ordered family supervision either with or without custodial placement, and exemption or removal of parental authority (Ministry of Security and Justice, 2014). The current study included cases of family supervision. The cases are managed by a CPS child protection worker who coordinates and refers health care for both caregivers and children in order to resolve developmental threats and increase child safety.

[1] The terms used in this paragraph may not distinguish well in terms of accurate legal formulations. Some works may relate to criminal law whereas child protection falls within the domain of civil law.

2.3 Participants

The CPS involved in this study managed a total of 1543 cases of court-ordered family supervision in the period 2014–2015. Our study included all new family supervision cases registered between August 2014 and March 2015 for which the case managers filled out a standard risk assessment of child safety, LIRIK (in Dutch: *Licht Instrument Risicotaxatie Kindveiligheid*) and an Action Plan (n=250). The average age of the children was 8.5 (SD = 5.7) years and 53% were male. Nearly all children were born in the Netherlands (94%), 83.1% had Dutch nationality and 15.6% more than one nationality. Most lived in co-parenting families, (34.9%), 29.8% lived with one biological parent, 15.6% with both biological parents and 7.8% in a foster home. Large family size (three or more children) occurred in 30.7% cases.

2.4 Data collection procedure

This study collected data from digital and paper client files administered by professionals. Clients were briefed by letter and child protection workers received an e-mail with information on the research and its regulations.

All case files contained demographic information, the LIRIK risk assessment instrument and the Action Plan. We collected the demographic variables of age and gender from the digital client files. After the LIRIK risk assessment was filled out on paper by the case managers, four researchers entered the data in the SPSS software package. The Action Plan was consulted digitally. Two researchers collected information using a checklist of protective and risk factors based on the literature review. The checklist data was also entered into SPSS and checked for insertion error by the two other researchers.

2.5 Measures

Risk and protective factors were measured with the LIRIK check list and the Action Plan assessment report.

LIRIK

LIRIK is a systematic checklist developed by the Nederlands Jeugdinstituut (Netherlands Youth Institute) that helps Dutch child protection workers evaluate current child safety by registering the risk and protective factors for child maltreatment that are present at a given point in time (Bartelink, de Kwaadsteniet, ten Berge, Witteman, & van Gastel, 2015). The checklist can be filled out on several occasions during case management. This study used the checklist completed during the assessment stage (the first 6 weeks) of the CPS intervention. Both original (2009) and revised (2014) versions

were used and the results were equalized between the two versions (available on request). The LIRIK categorizes risk and protective factors on three levels: child (six risk and seven protective items), parent (13 risk and nine protective factors), and family/environmental items (eight risk factors and two protective factors). Validity studies note that professionals find the LIRIK helpful because it provides an overview of all risk and protective factors (ten Berge, & van Rossum, 2009; Faber, 2012; Bartelink, 2018).

Action Plan

The Action Plan is a standardized written assessment report, used for all CPS cases in the Netherlands. It describes the current family situation in terms of suspicions of unsafety or developmental threats, risk and protective factors, and future goals. A child protection worker writes an Action Plan report together with the family in the first 6 weeks of intervention (the Action Plan is available on request).

We extracted data from the Action Plan with our checklist of risk and protective factors based on the literature review (see Introduction). The checklist was tested in 50 pilot cases. During the pilot phase, we found additional relevant variables and this resulted in a final checklist of 63 factors. Two researchers applied the checklist while observing all 250 cases. Inter-rater reliability was tested on 30 cases and showed substantial reliability with a Cohen's kappa coefficient of 0.64 (Lantz & Nebenzahl, 1996). Next, data reduction took place by merging factors with overlapping content and/or low frequencies. For instance, ADHD, conduct disorders and aggressive behavior were recoded into externalizing characteristics (a full overview of the data reduction is available on request). Finally, overlap with the LIRIK was checked and any duplications were removed. This led to a list of seven child risk factors, two parental risk factors and no risk environmental factors. It also included five protective child factors, three parental protective factors and five environmental protective factors.

2.6 Statistical analyses

Quantitative data analyses were performed using SPSS 24.0 (SPSS Inc., Chicago, IL). First, descriptive statistics and frequency distributions were conducted identify the risk and protective factors. Variables with a frequency of 25 or less were excluded from further analyses because they represent less than 10% of the sample (see Appendices 3 and 4). Multicollinearity was ruled out using correlations between all variables (table is available on request).

Second, we used cluster analysis to find homogenous subgroups of risk and protective variables (Clatworthy, Buick, Hankins, Weinman, & Horne, 2005). Our sample contains categorical variables and therefore, two-step cluster analysis is best to identify specific subgroups. We divided risk and

protective clusters because the ecological model uses a weighing principle which indicates that these are separate but possibly interrelating factors (Belsky, 1993). In addition, due to the amount of variables and limited sample size we were not able to analyze all variables in just one comprehensive analysis. Therefore, we first clustered risk factors separately on the child (micro), parental (meso), and environmental (macro) levels, followed by protective factors on all three levels.

The following cluster procedure took place in all analyses. First, we analyzed the exclusion of variables with small importance to the cluster model. We chose to exclude variables with a predictor importance (PI) of 0.1 or smaller that indicates that the variable is present in less than 10% of the population (Mooi, & Sarstedt, 2011). This resulted in smaller number of variables and therefore better cluster fit. Next, we executed a two-step cluster analysis. The first step preclusters data based on a determination of the distance between variables with the log likelihood (Şchiopu, 2010). The second step preclusters further in a hierarchical cluster algorithm. The best fitting solution of clusters was obtained by the highest scores of the largest ratio of Bayes Information Criterion (BIC) change and ratio of distance measures (Brawijaya Professional Statistical Analysis, 2011). However, due to dichotomic variables (present/not present) a two-cluster solution was automatically best (none and multiple factors) and thus ignored. Instead, we chose the second best BIC solution. One analysis used the third best solution because the interpretation of clusters was limited.

Next, the solution model was checked for its goodness-of-fit with the silhouette of the model. It was found fair for scores of 0.2–0.5 and good for scores higher than 0.5 (Mooi, & Sarstedt, 2011). The ratio between sizes of clusters was checked and found sufficient with 3.0 or smaller and with a minimal cluster sample size of 30 cases (Gaskin, 2012). This indicates that subgroups actually differ adequately. Further, the names of the clusters were based on variables that were present in at least two-thirds of persons in the cluster sample. Variables that met this criteria were then interpreted on content. The PI was considered, meaning that the factor with a higher PI was seen as more dominant to name-giving.

Third, we analyzed demographic group differences within clusters with chi-square tests for gender and age groups (0–5; 6–12; 13–21). Finally, chi-square tests analyzed interrelations between parental risk clusters and all other clusters, since the literature states that it is largest contributor to the likelihood of maltreatment (Alink et al., 2012; Belsky, 1984; Jaffee, Caspi, Moffit, Polo-Thomas, & Price, 2004). The strength was analyzed with Cramer's V.

3. Results

Here we first present the frequencies and clusters of risk factors on the child (micro), parental (meso) and environmental (macro) levels followed by the frequencies and clusters of protective factors on

all levels. Demographic differences, showing significant results for age groups, are outlined below. No significant differences were found for gender (table available on request). Finally, the interrelations between clusters are analyzed.

3.1 Risk factors

Child level

First, we analyzed ten risk factors for their frequencies (see Appendix 1). Most frequently mentioned risk factors were e*xternalizing and internalizing characteristics* (41% and 37%), *negative school experience* (36%) and *parentification and loyalty issues* (30%). The following six variables were excluded due to their low frequencies (≤ 25): *(pre)natal problems, chronically ill or handicapped*, *unwanted pregnancy, negative self-esteem*, *lack of problem awareness* and *care refusal*.

Two-step cluster analyses explored potential subgroups within child level risk factors. First the prediction importance (PI) analysis excluded all factors smaller than 0.1: *burden history*, *cognitive developmental problems*, *criminological characteristics* and *difficult temperament*. Then, two-step cluster analyses of the remaining six factors revealed best fit for a three-cluster model (ratio of distance measures of 1.94; BIC = 2755.43). Table 3 presents the results.

Table 3: Child risk clusters (n=250)

Clusters	Factors (% of cases within a cluster that registered a factor)	PI	%	n
1. Parentification & loyalty issues	Parentification and loyalty issues (83%)	1.0	36	90
2. Behavioral problems	Externalizing characteristics (69%) Internalizing characteristics (51%)	0.43 0.32	35	87
3. No child risk factors	None		29	73

Note: Silhouette measure of cohesion and separation S(i) = 0.3, fair
Ratio of sizes is 1.23, sufficient.

All three child clusters cover approximately a third of the total sample. Age differences were measured. In order of cluster size, ‘parentification and loyalty issues’ occurred more often in children aged 6–12 (X^2 = 79.07, df 4, *p* = 0.00, crosstab available on request) and either external or internal ‘behavioral problems’ occurred more often in children aged 13–21. The third cluster indicates that no risk factors were reported, especially in young children (0–5 years). This assumes that parental or environmental problems are present in these cases.

Parental level

Sixteen parental risk factors are included. The following were registered most often: *major life events* (54%), *conflicts* (47%), *problematic partnership* (42%), *divorce* (41%), *social economic problems* (40%), *poor parenting skills* (39%) and *physical and emotional absent parent* (36%). The following variables were excluded due to their small size (≤ 25): *mental disability*, *negative attitude towards the child,* and *became parent as a teenager* (see appendix 1).

Two-step cluster analyses explored potential subgroups within parental level risk factors. The PI excluded *divorce* and *delicts* due to lack of influence so that two-step cluster analysis was executed on the remaining 14 variables. Best model was a three-cluster model solution, however the interpretation was limited. Therefore, we chose the second best model, a five-cluster solution (ratio of distance measures of 1.28, BIC = 2930.72) to execute two-step cluster analyses with five fixed clusters (see Table 4).

Table 4: Parental risk clusters (n=250)

Clusters	Factors (% of cases within a cluster that registered a factor)	PI	%	n
1. Multiple parental problems	Problematic partnership (94%)	0.73	31	77
	Major life events (88%)	0.78		
	Domestic violence (86%)	1.0		
	Conflicts (85%)	0.63		
	Social economic problems (77%)	0.72		
2. No parental risk factors	None		28	70
3. Major life events	Major life events (93%)	0.78	16	41
	Conflicts (68%)	0.63		
4. Social economic problems	Social economic problems (85%)	0.72	13	33
5. Poor parenting skills	Poor parenting skills (83%)	0.42	12	29
	Physically and emotionally absent parent (83%)	0.40		
	De-emphasizing or denying child maltreatment (79%)	0.51		

Note: Silhouette measure of cohesion and separation S(i) = 0.4, fair
Ratio of sizes is 2.66 with a smallest sample size of 29, sufficient.

The first cluster, 'multiple parental problems', occurs in nearly a third of the total sample. This cluster is characterized by such factors as *problematic partnership*, *major life events*, *domestic violence*, *conflicts* and s*ocial economic problems*. The cluster is more present in the children's age groups 0–5 and 6–12 (X^2 = 24.22, df 8, *p* = 0.00, crosstab available on request).

The second cluster represents more than one-fourth of all cases and is characterized by no registered factors. The third cluster, 'major life events', represents one in six cases in the children's age group 13–21. This cluster is mostly characterized by the factors *major life events* and *conflicts*.

The fourth cluster occurs in about one in eight cases and mainly represents the factor *social economic problems.* The fifth cluster is the smallest and stands for *poor parenting skills*, *physically and emotionally absent parent* and *de-emphasizing or denying maltreatment.*

Environmental level

The environmental risk level contained only one factor, *social isolation*. It is reported in about one in six cases (n=44, 18%). This suggests that in more than 80% of the cases some form of social network is available. Cluster analysis was not necessary.

3.2 Protective factors

Child level

Eleven child level protective factors were analyzed (see Appendix 2). The most frequently mentioned factors were *positive personality* (68%), *positive school experience* (49%), *attractive appearance* (48%), *good relations with important adult* (43%) and *social skills* (42%). The following three factors were excluded due to their low frequencies (≤ 25), *above average intelligence, problem awareness* and *locus of control*. The two-step cluster analysis included all 11 factors, indicating that all were relevant to the cluster solution (PI > 0.1). The two-step cluster analysis found a three-cluster solution (ratio of distance measures of 1.94, BIC = 2755.43) best. Table 5 presents the results.

Table 5: Child protective clusters (n=250)

Cluster	Factors (% of cases within a cluster that registered a factor)	PI	%	n
1. Positive school experiences	Positive personality (78%)	0.19	43	107
	Positive school experience (76%)	0.74		
2. No child protective factors	None		30	75
3. Socially competent	Social skills (97%)	1.0	27	68
	Attractive appearance (90%)	0.66		
	Good relationship with important adult	0.79		
	(87%)	0.19		
	Positive personality (77%)	0.82		
	Resilience (68%)			

Note: Silhouette measure of cohesion and separation S(i) = 0.2, fair
Ratio of sizes is 1.57, sufficient.

The largest, ‘positive school experiences’ cluster represents two-fifths of the cases. Due to its combined high percentage and high PI, this cluster was renamed *positive school experience* instead of *positive personality.* The second cluster occurred in a third of the cases and was found more frequently in children aged 0–5 years (X^2 = 48.71, df 4, p = 0.00, crosstab available on request). The smallest cluster, ‘socially competent’, occurred in about one in four children and was named after its frequently reported social factors with a high PI. It was registered significantly more often for children aged 6–12 than 13–21 years (Cramer’s V available on request).

Parental level

Eleven parental protective factors were included (see Appendix 2). The following were registered most often: a*sking for help* (56%), *feeling competent* (53%), *healthcare acceptance* (50%), *emotional availability* (49%), *willing and able to change* (46%), *positive self-image* (45%) and *supporting spouse* (37%). No factors were excluded.

Table 6: Parental protective clusters (n=250)

Clusters	Factors (% of cases within a cluster that registered a factor)	PI	%	n
1. No parental protective factors	None		32	81
2. Basic coping parent	Feeling competent (56%)	0.71	28	70
	Asking for help (54%)	0.85		
3. Multiple coping parent without positive youth experience	Positive self-image (95%)	0.99	23	58
	Asking for help (93%)	0.85		
	Feeling competent (85%)	0.71		
	Emotional availability (78%)	0.72		
	Supporting spouse (74%)	0.53		
	Willing and able to change (72%)	0.60		
4. Multiple coping parent with positive youth experience	Asking for help (100%)	0.85	16	41
	Positive youth experience (100%)	1.0		
	Emotional availability (100%)	0.72		
	Positive self-image (98%)	0.99		
	Feeling competent (93%)	0.71		
	Control of youth experience (93%)	0.72		
	Willing and able to change (90%)	0.60		
	Flexibility (90%)	0.73		
	Supporting spouse (68%)	0.53		

Note: Silhouette measure of cohesion and separation S(i) = 0.5, fair; Ratio of sizes is 1.98, sufficient.

For this level, two factors were excluded due to their insignificant protection importance (0.1 or smaller), *healthcare acceptance* and *problem awareness*. Two-step cluster analysis was executed with the remaining nine variables (see Table 6). The best fitting model was found for a four- cluster solution (ratio of distance measures of 1.73, BIC = 1645.47).

The first cluster, 'no parental protective factors' is present in a third of all cases. The second cluster, 'basic coping parents', represents more than one in four parents. It is characterized by *feeling competent* (PI = 0.71) and *asking for help* (PI = 0.85). The third cluster, 'multiple coping parent without positive youth experience', occurs in a quarter of all cases and contains the same factors as the previous cluster but adds *emotional availability*, *supporting spouse* and *willing and able to change,* thus making it a multiple protective factor cluster. It lacks only positive youth experience. The smallest cluster, 'multiple coping parents with positive youth experience' occurs in a sixth of the

sample. Again this cluster is similar to the previous cluster but distinguishes itself with *positive youth experience* and *control of youth experience.*

Environmental level

The five included environmental protective factors were all derived from the Action Plan. The most commonly observed factors were *formal network* (46%) and *informal network: relatives* (47%). No factors were excluded (see Appendix 2).

Table 7: Environmental protective clusters (n=250)

Clusters	Factors (% of cases within a cluster that registered a factor)	PI	%	n
1. No network	None		29	73
2. Social network	Informal network: social network parent (100%)	1.0	21	53
	Formal network (58%)	0.56		
3. Formal network only	Formal network (100%)	0.56	17	43
4. Family network	Informal network: family members (100%)	1.0	17	43
	Formal network (55%)	0.56		
5. Peer network	Informal network: peers (100%)	0.58	16	41
	Formal network (50%)	0.56		

Note: Silhouette measure of cohesion and separation S(i) = 0.7, fair
Ratio of sizes is 1.83, sufficient.

Informal network: relatives showed little importance (less than 0.1, PI= 0.02) so it was left out from further two-step cluster analysis. The results for the remaining four variables revealed a five-cluster solution (ratio of distance measures of 486.84, BIC = 2.34). Table 7 presents the results. The largest cluster, 'no network', was registered for 29% of the sample.

The second cluster, 'social network', occurs in a fifth of the sample, mostly in families with children aged 0–5 and a few in the age range 6–12 (X^2 = 28.51, df 8, p = 0.00, crosstab available on request). Characterized by *informal network: social network parent*, it is associated with *formal network* in half of the sample. The third cluster, 'formal network only' (PI = 0.56), indicates that 17% of the sample depends solely on the professional network and occurs the most in children aged 0–5 years and less in children age 12–21 yeas. The fourth cluster, 'family network', indicates that the *informal network: family* is supportive. It is associated with *formal network* in half of the cases. The last cluster, 'peer network', occurs in 16% of the cases with more found in children aged more than six years. It is associated with *formal network* in half of the cluster cases.

3.3. Relations between clusters

According to Belsky (1993), maltreatment occurs in an interplay between risk and protective factors when the risk factors outweigh the protective factors. It is known that the parental level is dominant. This study, therefore, analyzed relations between clusters from the parental level perspective. We analyzed the relations between risk factor clusters, followed by the relations between parental clusters and protective clusters. Table 8 presents the results (with highest percentages in bold).

Table 8: Significant interrelations between parental risk clusters and all other clusters

Risk	Parent clusters	1. Multi parental problem	2. No parental risk factors	3. Major life events	4. Social economic problems	5. Poor parenting skills
Environment clusters	1. Social isolation	**36.4**	0.0	9.8	24.2	13.8
	2. No risk environment factors	63.6	**100.0**	90.2	75.8	86.2
Protective						
Child clusters	1. Positive school experience	42.9	40.0	**48.8**	39.4	44.8
	2. No child protective factors	**27.3**	**48.6**	14.6	24.2	20.7
	3. Socially competent	29.9	11.4	**36.6**	**36.4**	34.5
Parent clusters	1. No parental protective factors	**55.8**	2.9	26.8	**45.5**	34.5
	2. Basic coping parent	5.2	**74.3**	4.9	21.2	17.2
	3. Multiple coping parent without positive youth experience	28.6	8.6	**39.0**	15.2	31.0
	4. Multiple coping parent with positive youth experience	10.4	14.3	**29.3**	18.2	17.2

First, interrelation analyses between risk factors found moderately strong relations between parental risk clusters and environmental risk clusters ($X^2 = 19.0$, df = 8, V = 0.31). No relations were found between parental and child risk clusters. In-depth analyses of the crosstabs show that 36.4% of the parents in the ‘multiple problem’ cluster and 24% of the parents in the ‘social economic problems’ cluster also featured social isolation. In addition, 100% of parents in the ‘no parental risk

factors' cluster had no social isolation registered. This indicates that 28% of the CPS population had no parental or environmental factors registered, suggesting that this subgroup had child factors only.

Second, parental risk clusters were moderately strongly related (V = 0.37) to child protective and parental protective clusters (V = 0.42). No relations were found between parental risk and environmental protective clusters. In the multi-risk factor cluster, half the parents showed 'no parental protective factors' (55.8%) compared to other risk clusters. Moreover, the child cluster often had 'no protective factors' and 'social isolation' registered compared to other clusters, indicating that this cluster had multiple risk factors and the least number of protective factors on both parental and child levels.

The 'major life events' cluster showed the most 'multiple coping parents either with or without positive youth experience' (68.3%). Children in this cluster were the most socially competent and also had the lowest number of 'no child protective factors'. This indicates that this cluster had most protective capability on both parent and child levels of all clusters.

Parents in the 'social economic problems' cluster showed high levels of 'no parental risk' factors. This cluster also had the smallest number of 'multiple coping parents either with or without positive youth experience' and showed a relatively high percentage of social isolation, indicating that this cluster, like the multiple parental clusters, has limited protective capability. However, children in this cluster were shown 'socially competent', similar to 'major life events'.

Parents in the 'poor parenting skills' cluster had no explicitly high or low representation of protective factors. Meanwhile, the 'no parental risk' cluster showed that basic protective factors occur in a third of the cases. Nearly half the cases registered 'no protective child factors', which is the highest level of all clusters. Finally, it is worth noting that children in all parental risk clusters had some 40% *positive school experience*, 30% *resilience* and 20% 'no protective factors'. However, all parental clusters had more 'no social isolation' than 'social isolation'.

4. Discussion

4.1 Conclusion

This study found five distinct parental subgroups within the CPS population (250 cases of court-ordered family supervision), building on the interplay between risk and protective characteristics on the child, parental and environmental levels. We chose the perspective of parental risk factors as these were reported most often and confirmed the idea that they are the dominating factors for the occurrence of maltreatment (Alink et al., 2012; Belsky, 1984; Jaffee et al., 2004).

The largest most vulnerable subgroup, ‘multi parental problems’ (31%), was significantly more present in children aged 0–12 years. The subgroup is characterized by (violent) conflict, major life events, economic problems and social isolation. More than half of these parents and a third of these children have few protective factors. The combination of multiple problems, relatively young children and limited protective factors makes this cluster especially vulnerable.

The next subgroup has to deal with major life events (16%), significantly more in adolescents (13–21 years old). Not related to child or environmental factors, this cluster is characterized by severe single parental problems from such life events as illness or death, divorce or immigration (ten Berge, Eijgenraam, Bartelink, 2014) and often comes with conflicts. Interestingly, this cluster can potentially benefit from many positives on both sides: parents (positive youth experience, emotional availability, positive self-image and feeling competent) and children (socially skilled, positive school experiences).

The social economic cluster (13%) is characterized by problems concerning housing, unemployment, finance and social isolation. Parents in this vulnerable group have the fewest protective factors of all clusters. The relation between social economic problems and maltreatment has been found in all prevalence studies in the Netherlands and confirms the vulnerability of this cluster (Alink et al., 2012).

Next, we distinguished a subgroup with poor parenting skills (13%). Half of the parents can benefit from multiple protective factors, but a third had no protective factors registered.

The last cluster represents parents with child risk factors only and no parental nor environmental risk factors registered (28%). Half of these children had no protective factors registered either. This contrasts with the literature that suggests that maltreatment is mostly dominated by parental factors (Alink et al., 2012; Belsky, 1984; Jaffee et al., 2004). One explanation is that some juvenile family court orders are based solely on child factors, such as externalizing behavior. Another explanation could be that the registration of actual risk and protective factors is not complete. At the time of our data collection, a CPS was obliged to complete the Action Plan in the first six weeks of case management. However, professionals argue that it is sometimes hard to get in touch with a family in this short period.

4.2 Limitations

A study based on client records has some limitations. Firstly, we focused on only one Dutch CPS, limiting generalizability to other regions in the Netherlands. However, to our knowledge this is the first thorough file study on the characteristics of CPS clients in the Netherlands. Secondly, this study had to leave out some factors that were mentioned in literature as relevant contributors, due to low frequencies; for example, *negative attitude towards child, chronic illnesses in child, locus of control* and *unwanted child*. Some factors mentioned in the literature did not appear as often in the study as

expected, such as *mental disabilities, psychiatric* and *addiction problems* (Berger et al., 2004; Dubowitz, & Bennett, 2007; Friedman et al., 2011; Runyan et al., 2002; Zielinski, & Bradshaw, 2006). We tried to reduce this problem in our study by using data from the Action Plan. Follow-up interviews with professionals about these factors could give more insight into the missing data. Thirdly, this study depended highly on the registration behavior of professionals who were guided by the standardized protocols of LIRIK and Action Plan (both not validated instruments). The instruments register only the occurrence of risk and protective factors and do not specify the meaning of an absent factor. Thus, 'no factor' in the client record does not necessarily mean that the factor is absent in the family. It could also indicate that a professional did not observe the factor or forgot to report it. This limits the interpretation of the 'no factor' outcome.

4.3 Implications

This study analyzed the CPS client files in order to better understand the healthcare needs of this population. The study was able to identify most commonly mentioned risk factors. The prevalence rates of risk factors as reported in our study gives insight into the actual scope of specific problems which enables local policy makers to allocate their healthcare budget. Depending on the type of problems policy makers can stimulate interventions to address problems in housing, employment or parenting support in certain areas.

The classification in subgroups confirmed the dominance of parental risk factors. This is especially relevant for practitioners working with these cases. First, identifying differences in CPS families reveals specific healthcare needs which can stimulate the shaping of case management to a better fit. For instance, 'multiple parental problems' or 'social economic problems' would benefit more from a multi-level case management approach that resolves risk factors and activates protective factors. In contrast, single-level problems, such as 'major life events' and 'poor parenting skills' can benefit from a strategy that explicitly utilizes the protective factors to stimulate empowerment in a family.

Shaping case management requires another sort of cooperation between a CPS case manager and various healthcare institutes. For instance, the social economic cluster strongly depends on close relations with organizations dealing with housing issues and financial debt. Poor parenting depends on programs that build parenting skills, such as Triple P (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009).

Further, the study found protective factors within the CPS population that case management and families can benefit from. Protective factors are the positive abilities of people that can be used and stimulated in the health care process in order to empower children and families to cope with the consequences of maltreatment and prevent the (re)occurrence of maltreatment. The presence of

protective factors in cases confirms the potential to improve empowerment in this complex population, as suggested in the Youth Act. Moreover, it confirms the notion that every family has the potential to benefit from, as suggested in problem-solving strategies like Signs of Safety (Turnell, 1997).

Our study is one of the first exploring the presence of protective factors and we based our selection upon those factors most consistently mentioned in research (Carr, 2006; Rooijen, Bartelink, & Berg, 2013; Thoburn, Lewis, & Shemmings, 1995; Hengartner, Müller, Rodgers, Rössler, & Ajdacic-Gross, 2013). Unfortunately little is known about protective factors, let alone about the reasons for a lack of protective factors in families. This may partly be due to the registration behavior as mentioned in our limitations section, but could also indicate that we need further theoretical knowledge on the functioning of other factors (not identified in previous studies as being protective).

Identifying protective factors is not enough, they should also be actually utilized and stimulated by health care practitioners. Protective factors must be integrated in case management interventions to let families benefit from their potential. According to the literature, working with empowerment requires a shift in professional attitude from working only on reducing risk factors to utilizing protective factors as well, especially in the compulsory field of child protection (Turnell, & Edwards, 1997). Thorough implementation of a more solution-focused approach like Signs of Safety and an ongoing learning process is required to support professionals in this shift (Rijbroek, Starting, & Huijsman, 2017). Follow-up evaluation can explore the extent to which case managers have integrated protective factors in their Action Plan by, for instance, analyzing the use of protective factors in goal setting.

This first in-depth study of CPS families in the Netherlands requires further research with larger sample sizes, for instance, and data from different regions to confirm its findings. We recommend including such demographics as educational background, family size and composition, and ethnical background. But, again, research on its own is not enough to reshape CPS case management into customized child protection. A dialogue between academic researchers, health care practitioners, policy makers and clients themselves is necessary to be able to interpret research findings in the context of daily work practices of health care practitioners, to provide health care practitioners and policy makers insight in their CPS population and to learn from clients and families themselves how they experience health care. Building upon the knowledge and experience from all of these stakeholders more effective case management can be developed and implemented.

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Appendices

Appendix 1 Frequencies of included risk factors with source (n=250)

	n	%	source
Child risk factors			
Externalising characteristics	105	41	Action Plan
Internalising characteristics	93	37	Action Plan
Negative school experience	91	36	Action Plan
Parentification and loyalty issues	75	30	Action Plan
Burden history	63	25	LIRIK
Young child, age <5 years	59	24	LIRIK
Difficult temperament	50	20	LIRIK
Social problems	37	15	Action Plan
Crimonological characteristics	30	12	Action Plan
Cognitive developmental problems	30	12	Action Plan
Negative self-esteem	24	10	Action Plan
Chronically ill or handicapped	20	8	LIRIK
Lack of problem awareness	15	6	Action Plan
Unwanted pregnancy	9	4	LIRIK
Care refusal	8	3	Action Plan
(Pre)Natal problems	7	3	Action Plan
Parental risk factors			
Major life events	134	54	LIRIK
Conflicts	117	47	LIRIK
Problematic partnership	104	42	LIRIK
Divorce	102	41	Action Plan
Social economic problems*	101	40	LIRIK
Poor parenting skills	97	39	LIRIK
Physical and emotional absent parent	89	36	LIRIK
Domestic violence	69	28	LIRIK
History of using violence to a person	62	25	LIRIK
Unstable and chaotic lifestyle	57	23	LIRIK
Substance abuse	57	23	Action Plan
Victim of child maltreatment	48	19	LIRIK
Delicts	43	17	Action Plan
History of executing child maltreatment	42	17	LIRIK
Low educated	32	13	LIRIK
Negative attitude towards the child	24	10	LIRIK
Mental disability	20	8	LIRIK
Became parents as a teenager	13	5	LIRIK
Environmental risk factors			
Social isolation	44	18	LIRIK

Appendix 2 Frequencies of included protective factors with source (n=250)

	n	%	source
Child protective factors			
Positive personality	169	68	Action Plan
Positive school experience	122	49	Action Plan
Attractive appearance	121	48	LIRIK
Good relationship with important adult*	108	43	LIRIK
Social skills	105	42	LIRIK
Sufficient development	70	28	Action Plan
Resilience	59	24	LIRIK
Willing to change	59	24	LIRIK
Positive self-image	45	18	LIRIK
Leisure activities	41	16	Action Plan
Healthcare acceptance	26	10	Action Plan
Above average intelligence	24	10	LIRIK
Problem awareness	12	5	Action Plan
Locus of control	1	0	Action Plan
Parental protective factors			
Asking for help	139	56	LIRIK
Feeling competent	132	53	LIRIK
Healthcare acceptance	126	50	Action Plan
Emotional availability	122	49	LIRIK
Willing and able to change	115	46	LIRIK
Positive self-image	113	45	LIRIK
Supporting spouse	92	37	LIRIK
Flexibility	74	30	LIRIK
Control of youth experience	64	26	LIRIK
Positive youth experience	54	22	LIRIK
Problem awareness	47	19	Action Plan
Environmental protective factors			
Informal network: relatives	118	47	Action Plan
Formal network	116	46	Action Plan
Informal network: social network parent	66	26	Action Plan
Informal network: peers	58	23	Action Plan
Informal network: family members	56	22	Action Plan

Chapter 3

Integrating family strengths in child protection goals

Resubmitted as:

Rijbroek, B., Strating & M.H. & Huijsman, R. Integrating family strengths in child protection goals.

Abstract

Over the last few decades, child protection worker (CPW) has largely developed a focused on how CPWs can use the strengths-based approach to empower families. This study investigates to what extent CPWs draw on families' strengths, i.e. by promoting autonomy, competencies and by involving their informal networks in goal formulation. This quantitative study analysed the goals formulated by CPWs for 177 families within the same Dutch child protection service, as stated in their case files. 48.6% of CPWs prioritize promoting families' autonomy in goal formulation. With regard to competencies, only 40.1% of the goals refer to the families' competencies. In addition, the support system that the goals call upon tends to be dominated by formal rather than informal networks (in 71.2% of cases). While it is true that serious child protection cases can benefit from the support of a formal networks, CPWs overwhelmingly failed to encourage support from existing informal networks (in 95.5% of cases). There was no relation between these percentages and the nature of the family problems or the question of whether or to what extent the CPWs identified the family's specific strengths. These findings show that half of the CPWs had integrated a strengths-based approach in their daily practice to some extent, and therefore improvements are needed in order to more successfully encourage families to change.

1. Introduction

Child maltreatment has a major impact on children's psychological wellbeing and threatens their development, for example due to mental health issues (Stoltenborgh et al., 2015). Maltreatment can be understood as an ecological process in which the problems at hand outweigh the strengths of children, parents and their environment. It is often referred to as a balancing dynamic between risk and protective factors (Bakker et al., 1998; Belsky, 1993; Bronfenbrenner, 1979; Cicchetti & Lynch, 2004; Euser et al., 2013). Although it remains unclear how these factors interact with each other, it is known that parental risk factors in particular contribute to the occurrence of maltreatment, more so than child or environmental risk factors (Alink et al., 2013; Belsky, 1984; Jaffee et al., 2004).

Families in which maltreatment occurs are often dealing with serious and multiple problems and often resist intervention from professional health care workers (Alink et al., 2013). However, the Dutch Youth Act (2015) recommends child protection in severe cases, and a family court order can be put into effect. A family court order automatically means mandatory supervision by a child protection worker (CPW). CPWs have a challenging, twofold task: they must protect children while coaching, and promoting change on the part of, parents in order to improve the family situation and children's developmental chances. Their protective role is based on the ethics of justice and involves setting boundaries or even superseding parents' autonomy in making decisions on behalf of their children; by definition, it is temporary and short-term (Schuytvlot, 1999). Coaching, on the other hand, is based on the ethics of care and is a long-term intervention as part of which an effective working relationship is established with the family, and problems and family needs are carefully understood in order to set and achieve appropriate goals for behavioural change (Schuytvlot, 1999; Oliver, 2017). These tasks, different as they might be, both call for professional discretion and skill on the part of child protection workers in order to choose the most suitable interventions based on each individual case.

Over the last few decades, CPW professional development has largely focused on how CPWs can play a coaching role by taking a strengths-based approach to empowering families (Zimmerman, 1995; Bandura, 1984; MacLeod & Nelson, 2000; Rappaport; 1984). In contrast to repressive interventions, CPWs encourage families to get involved and seek social support from their network in order to prevent further child maltreatment (Zimmerman, 1995; MacLeod & Nelson, 2000; Rappaport, 1984). Both empirical studies and the field of motivation theory support the strength-based approach. Self-determination theory holds that people are more able and willing to learn and change if they experience autonomy, feel competent and connected to others (Ryan et al., 2017), especially in an environment that explicitly promotes change. Also, empirical evidence shows that

empowerment and strength-based interventions are more effective in preventing child maltreatment (MacLeod & Nelson, 2000).

CPWs who are able to bring this expertise to their daily practice help families to strengthen their capabilities and promote support-seeking behaviour on the part of families (Trivette, Dunst & Hamby, 1996). Although there is evidence that strengths-based interventions have a positive effect, previous research also shows that implementation is hindered by a lack of time, limited professional guidance and insufficient integration into the child protection system as a whole (Rijbroek et al, 2017; Stams et al, 2010; Wolff et al., 2012). Moreover, the actual process of how CPWs shape and integrate a strengths-based approach in their daily practice is something of a black box. Therefore it remains unclear how the positive effects of this approach are actually attained.

In an earlier study, we took a first step towards opening this black box by investigating to what extent CPWs were able to identify strengths in families – an essential starting point for CPWs to be able to use the strengths-based approach. We found that CPWs identified strengths in half of the cases (Rijbroek et al., 2019). In the current study, we will follow up on this journey towards opening the black box and aim to investigate to what extent families' strengths are being addressed and called upon by CPWs. An analysis of the goals that are formulated by CPWs in families' case files will provide insight into the CPWs' perspective and approach to facilitating change. CPWs who work from a strengths-based perspective and integrate this approach into their practice formulate goals in terms of positive future outcomes with solutions and resources that are available to the family and connect them with a supportive environment (Quick, 2012). The objective of this study, then, is to investigate to what extent families' strengths as observed by CPWs are leveraged in the formulation of goals.

2. Method

2.1 Design

A quantitative file study analysed 177 cases in order to explore the fidelity of the SFA among CPWs. We used anonymous data from individual cases stored within the Child Protection Service (CPS) file system. According to the Dutch Privacy Act (2004), child protection services are allowed to use client registration files anonymously for policy development and research purposes only. Therefore, this study was able to use anonymous data with passive consent; families were informed by means of a formal notification added to their file. This process was analysed and approved by the Medical Ethics Committee at the Erasmus University Medical Centre (MEC-2-14-020). It was part of a wider evaluation study of the strengths-based and safety-oriented approach of CPWs in Dutch child

protection services and received financial support from the Netherlands Organisation for Health Research and Development (ZonMw).

2.2 Research setting

The research was conducted within one Dutch child protection agency, an organization that focuses on the case management of families with children between the ages of 0 and 18 put under court-ordered supervision by a juvenile judge (Ministry of Security and Justice, 2014; Central Bureau of Statistics, 2015). Child protection case management is initiated for a one-year period and can be extended by another year. Families are put under supervision in the event of threats to child development caused by parental abuse or neglect, which in most cases is reported by a general youth care worker, school or an informal network (Ministry of Security and Justice, 2015). Their report triggers an investigation by the Child Care and Protection Board (CCPB). In the event of serious threats to the child's development, a juvenile judge can order supervision (*ondertoezichtstelling*) either with or without the child being outplaced in foster care (*uithuisplaatsing*) (Ministry of Security and Justice, 2014). As a result, the assigned CPW will contact the family and start a case management procedure. Case management entails a six-week assessment stage resulting in an Action Plan, essentially a kind of contract that outlines all the relevant concerns and strengths and delineates several goals. At the time of data collection, CPWs were trained to use the Delta method, which is strongly related to a strength based approach (PI Research & van Montfoort, 2009).

2.3 Participants

The initial sample consisted of 250 new cases from between August 2014 and March 2015. For the current research question, we narrowed it down to those cases where a minimum of three goals had been formulated in order to be able to analyse the integration of a strength approach in CPWs. We therefore eliminated 73 cases, leaving us with a sample of 177 cases. In order to detect any significant differences between the sample of 177 cases and the other 73 cases, we analysed the demographic differences between these two groups. We found no significant differences between these two groups with respect to gender, nationality or family constellation. The sample of 177 used in this study features younger children (mean 8.0 (SD 5.4)) than the 73 excluded cases, where the mean age was 9.8 (SD 6.3). About 54% of the children in the sample of 177 were male. Most were born in the Netherlands (93.2%) and were Dutch nationals (84%). There was a wide range of different family constellations: 38% lived in a shared custody arrangement, 31.3% lived with one biological parent, 16.7% lived with both biological parents, 8% lived in foster homes and the remaining 6% cases in other living situations. 89.3% of the case were families with a maximum of three children.

2.4 Data collection procedure

The data was collected by a research team consisting of two senior researchers and three junior researchers. We used information from case management contracts (the so-called Action Plan) as well as the checklist for child safety (in Dutch: *Licht Instrument Risicotaxatie Kindveiligheid* or LIRIK*,* ten Berge et al., 2014). Both were filled out by CPWs, usually in digital format, sometimes on paper. Two junior researchers retrieved data from the case files and collected information about risk and protective factors as well as the first three goals stipulated in the Action Plan and entered this data in a SPSS database. The third junior researcher checked it for input errors.

2.4.1 Three goals

The first three goals from each Action Plan were entered literally, as string variables, in the SPSS file. Next, two junior researchers independently scored the goals on the degree of agency, the use of competencies, and the use of formal vs. informal networks. They ranked them on a three-point Likert scale ranging from 'barely any' to 'only some' to 'very much'. In order to calibrate the scoring, a pilot test was done in which the first 50 cases were scored by the two junior researchers and one senior researcher separately from each other. Since the scoring of goals and risk and protective factors from the Action Plan is prone to subjective interpretation, the inter-rater reliability was tested. Cohen's kappa was 0.64, indicating substantial reliability (Lantz & Nebenzahl, 1996). The pilot test led to the researchers receiving additional training in the use of the scoring method; after this test, each of the two junior researchers scored half of the remaining cases.

The researchers found great variety in the way the goals were formulated. For instance, one goal was formulated as 'Jack goes to school'; the researchers rated this 'barely any' with regard to a focus on agency, using competencies and formal/informal networks. By contrast, 'Jack wants to go to school, sets his alarm clock and rides to school with his friend' was rated 'very much' on autonomy (because it was formulated as a goal Jack was setting for himself), 'very much' on competencies (because the goal utilized his own skills by having him set his own alarm clock) and 'very much' on use of informal networks (because the way the goal was formulated made a clear connection between Jack's goal and his existing network).

Next, we analysed to what extent there were parallels in the scores for the three elements (autonomy, competencies and network) between the three goals within each Action Plan. Using reliability analyses, we checked the inter-item correlations and Cronbach's alpha. For autonomy, inter-item correlations ranged from 0.31 to 0.39 and Cronbach's alpha was 0.62; for competencies, inter-item correlations ranged from 0.29 to 0.38 and Cronbach's alpha was 0.61; for formal networks, inter-item correlations ranged from 0.38 to 0.48 and Cronbach's alpha was 0.69. For informal networks, the inter-item correlations were somewhat lower, ranging from 0.19 to 0.45, with a Cronbach's alpha of

0.55. These reliabilities were considered acceptable (Griethuijsen et al., 2015; Taber, 2018). For each SFA element, a total score was calculated by adding the scores for each of the three goals. The sum score of each SFA element was dichotomized, representing goals that were either 'low' (0-3) or 'high' (4-6) in terms of autonomy, use of competencies and use of networks.

2.4.2 Risk and protective factors

Risk and protective factors were divided into risk and protective clusters. Similar to the way the goals were retrieved and entered into SPSS, the junior researchers collected information on the risk and protective factors mentioned by CPWs in the case files (Action Plan and LIRIK). Our previous study (Rijbroek et al., 2019) described the process of going from individual factors to clusters in detail, using the initial sample of 250 cases.

This process led to five different risk clusters with different areas of focus. The clusters were 'major life events' (n=24), 'socio-economic problems' (n=23), 'poor parenting skills' (n=15), 'multiple problems' (n=60) and 'no risk factors' (n=60). The N represents the amount within the 177 sample. Due to the nominal character and a lack of strong scientific evidence regarding the links between the type of problems and the use of strength based strategies, we decided to take an explorative approach with respect to the relationship between the type of risk cluster and the degree to which strength elements are addressed in the formulation of goals, and did a two-sided test. To be sure that both samples were similar, we compared the 177 sample with the excluded cases. We found that the 177 sample had significantly more cases with 'multiple problems' (χ^2=12.04, p=0.017) with 33.9% of 177 vs. 23.3% of 73.

For the protective clusters, we distinguish between four clusters on an ordinal scale from 'no parental protective factors' (n=57), 'parents with basic coping skills' (n=53), 'parents with multiple coping skills without positive youth experience' (n=30) and 'parents with multiple coping skills with positive youth experience' (n=37). In order to be sure that the 177 sample has similar cluster variation, we conducted analyses which revealed significant differences between the two groups (χ^2=12.34, p=0.006), with less use of informal networks (25.4% of 177 vs. 38.4% of 73) and comparatively greater use of peer networks (41.2% of 177 vs. 26% of 73). Based on our introduction, our hypothesis is that whenever CPWs identify protective factors, it is more likely that they end up integrating these factors in goal formulation. In other words, we expect to see differences between the clusters in terms of the extent to which existing strengths are addressed in the goals.

2.5 Analysis

Our analysis consisted of three steps. First, we executed descriptives in order to analyse the extent to which the three elements – autonomy, use of competencies and use of networks – had been taken

into account in goal formulation. We conducted chi-square analysis in order to test the relation between the protective clusters and the integration of these elements in the goals. Third, we explored the relation between risk factors and the integration of the three elements in goal formulation.

3. Results

3.1 Use of strength elements in goal formulation

Child protection workers use the three elements in the formulation of goals within the Action Plan in half of the cases. However, the degree to which they use them differs between the three elements. Table 1 shows that in almost half of the cases, child protection workers aim to promote autonomy in goal formulation (category: high; 48.6%). In the other half of cases this autonomy receives barely any, or only some, attention (category: low).

TABLE 1 Descriptives for the degree of integration of the three concepts in goal formulation (N=177)

	Autonomy	Competencies	Informal networks	Formal networks
Low	51.4%	59.9%	95.5%	28.8%
High	48.6%	40.1%	4.5%	71.2%

For the 'competencies' element, only 40.1% of the cases have goals that recognize and address the family members' competencies (category: 'high'). This means that in the majority of the cases (59.9%) child protection workers do not formulate goals that draw on family members' competencies.

To analyse the degree to which families' networks are taken into account in the formulation of goals, we distinguished between informal and formal networks. The results show that informal networks are not taken into consideration in goal formulation. In 95.5% of cases, they were barely recognized in goal formulation. The results for formal networks stand in contrast to this; in 71.2% of cases, the formal network is taken into consideration in goal formulation. However, in 28.8% of the cases even the formal network is barely/insufficiently taken into account (category: 'low').

The Pearson correlation between the sum score for autonomy and the sum score for competencies was 0.27 ($p<0.001$), indicating that the more CPWs address agency in goal formulation, the more they also address competencies.

3.2 Relations between observed risk factors and strength elements in goal formulation

In order to identify differences in the use of the three strength elements in relation to the type of family problems, we analysed risk clusters and conducted cross-tab analyses with χ^2. We used the five nominal clusters of risk factors that we identified in our previous study (see Chapter 2: Methods for details), i.e. no risk factors, major life events, socio-economic problems, poor parenting skills, and multiple problems.

TABLE 2 Relation between clusters of risk factors and degree of integration in goal formulation in %

		Autonomy		**Competencies**		**Formal networks**		**Informal networks**	
	N	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**
No risk factors	55	65.5	34.5	54.5	45.5	30.0	69.1	100.0	0.0
Major life events	24	58.3	41.7	50.0	50.0	41.7	58.3	91.7	8.3
Socio-economic problems	23	65.2	34.8	30.4	69.6	26.1	73.9	95.7	4.3
Poor parenting skills	15	86.7	13.3	80.0	20.0	26.7	73.3	100.0	0.0
Multiple problems	60	46.7	53.3	50.0	50.0	23.3	76.7	91.7	8.3
Total	177	χ^2=9.85; *p*=0.043*		χ^2=9.24; *p*=0.055		χ^2=3.05; *p*=0.550		χ^2=6.07; *p*=0.194	

Significant relations were found between the ‘autonomy’ strength element and the risk clusters (see Table 2). In about 53% of cases in the ‘multiple problems’ cluster, the formulated goals referred to autonomy. For all other clusters this percentage is lower, with an especially low rate for the ‘poor parenting skills’ cluster: only 13.3%.

There is no significant relationship between the ‘competencies’ strength element and the risk clusters. The highest percentage of cases where competencies were addressed in goal formulation was found in the ‘socio-economic problems’ cluster (69.6%), compared to 50% for the ‘major life events’ cluster, 50% for the ‘multiple problems’ cluster and only 20% for the ‘poor parenting skills’ cluster.

No relationship was found between reference to formal and informal networks in goal formulation and the type of risk cluster. Informal networks were barely used in any of the risk clusters. With regard to formal networks, there was some variation in the results. In 70% or more of the cases, formal network are referred to in the formulation of goals. The ‘major life events’ cluster is an exception here: only 58% of the cases in this cluster call upon formal networks in goal formulation. When looking at the use of informal and formal networks in goal formulation, it is worth noting that the ‘multiple problems’ cluster receives the most combined support from both types of network taken together.

3.3 Relations between observed protective factors and strength elements in goal formulation

In order to analyse the relations between the protective factors identified by CPWs and the extent to which CPWs address these factors in goal formulation, cross-tab analyses with χ^2 were conducted (see Table 3). This study assumes that the more protective factors were identified by CPWs, the more protective factors would be addressed in goal formulation. No significant relationships were found between the protective factors and 'autonomy' or 'competencies' strength elements.

TABLE 3 Relation between protective clusters and degree of integration of 'autonomy' and 'competencies' in goal formulation in %

		Autonomy		Competencies		Formal networks		Informal networks	
	N	Low	High	Low	High	Low	High	Low	High
1. No parental protective factors	57	40.4	59.6	56.1	43.9	19.3	80.7	91.2	8.8
2. Parents with basic coping skills	53	56.6	43.4	67.9	32.1	30.2	69.8	100.0	0.0
3. Parents with multiple coping skills without positive youth experience	30	56.7	43.3	63.3	36.7	40.0	60.0	96.7	3.3
4. Parents with multiple coping skills with positive youth experience	37	56.8	43.2	51.4	48.6	32.4	67.6	94.4	5.6
Total	177	χ^2=4.12; *p*=0.249		χ^2=3.03; *p*=0.387		χ^2=4.63; *p*=0.201		$\chi^2$5.06; *p*=0.168	

Autonomy was addressed in about 43% of the goals for cases within the clusters where protective factors were identified. This indicates that in 57% of cases it was not mentioned. Even within the 'multiple protective factors' cluster, in half of the cases autonomy was not addressed in goal formulation. For cases within the 'no protective factors' cluster, about 60% of the cases had goals that made reference to autonomy.

Where the 'competencies' strength element is concerned, competencies were addressed the most frequently within the 'parents with multiple coping skills with positive youth experience' cluster, followed by 'parents with multiple coping skills without positive youth experiences' and

‘parents with basic coping skills’. The results are in line with the ordinal expectations as we pointed out in the Methods chapter. However, in more than half of the cases where protective factors were identified, competencies were barely addressed in goal formulation.

The results already showed previously that informal networks were barely addressed in goal formulation; concomitantly, no significant relationship with the clusters of protective factors was found (see Table 3). For each of the four clusters, the percentage of cases that scored ‘low’ on using informal networks was high, ranging from 91.2% to 100%.

With respect to the use of formal networks, the results did not show a significant relationship (see Table 3), but relatively high percentages overall in the ‘high’ category indicating involvement of formal networks. For example, within the ‘no parental protective factors’ cluster, in 80.7% of cases goals focused on the involvement of formal networks. But within the cluster ‘parents with multiple coping skills with positive youth experience’, too, considerable use was made of formal networks in goal formulation, at 60%.

4. Discussion

This study aims to increase our understanding of the extent to which families’ strengths are being addressed and called upon by CPWs, i.e. the extent to which autonomy and competencies are promoted and formal and informal networks are used as a source of support in goal formulation for the case management trajectory with the family.

We found that CPWs address competencies in less than half of cases, and we found no differences between the various types of family problems. Moreover, this was even the case for families for whom CPWs had identified multiple strengths. This suggest that the utilization of competencies or strengths has not yet been fully integrated into their professional practice. Consistent with these findings, we found that less than half of the cases made reference to autonomy in goal formulation. These findings suggest that half of CPWs have integrated autonomy and the utilization of strengths to some extent, whereas half of CPWs have not. In addition, we found that formal networks were used in goal formulation in three-quarters of cases and informal networks were absent from the formulated goals in nearly all cases, even though CPWs identified the presence of informal networks in nearly two-thirds of cases (Rijbroek et al., 2019).

These findings show that some CPWs have integrated strengths-based elements in their daily practice to some extent; however, improvements are needed. Drawing upon the families’ strengths as identified by CPWs and referring to these in goal formulation encourages families to achieve their desired changes. Goals that are worded in this way appeal to their intrinsic motivation and are more likely to stimulate families to successfully change (MacLeod & Nelson, 2000; Ryan & Deci, 2017). By

contrast, goals that are not formulated in a way that give families a sense of autonomy, stimulate their sense of competency and involves the support of their networks appeal to *external* motivation and are less likely to succeed (Burford & Hudson, 2000; Ryan & Deci, 2017). Families often experience these kinds of goals as imposed or forced goals which give them a sense of powerlessness, which in turn will make them feel less willing and able to change.

In addition, when support networks are called upon in the goals, they tend to overwhelmingly be families' formal networks. Although serious child protection cases can benefit from the support of formal networks, CPWs did not manage to encourage support from existing informal networks, which can help to promote and maintain change (Hanna et al, 2019). Involving informal networks is challenging and extremely delicate work, because members of these networks may not necessarily support change. It is difficult to remain connected to informal networks, and some networks even have devastating effects on families' progress (Dijkstra et al, 2019; ***). However, family members, friends or other members of the informal network who are willing to help and support the family in changing their situation have an encouraging effect and make a positive contribution to maintaining the accomplished changes and safeguarding the family's situation (MacLeod & Nelson, 2000).

Sufficient integration of a strengths-based approach in child protection can encourage change in families and promote the maintenance of child safety (Quick, 2012). CPWs are enthusiastic about the approach (Rijbroek et al, 2017; Sheenan et al., 2018; Wolff et al, 2012), suggesting there is motivation for embracing strengths-based practice. However, the process of integrating this approach involves many challenges (Rijbroek et al., 2017; Sheenan et al., 2018; Wolff, 2012). Some challenges are inherent in the nature of child protection work, such as the seriousness and dynamic nature of family problems and the balancing act between protection and caring responsibilities. Other challenges are related to embedding the approach in the wider organisational system (Rijbroek et al., 2017; Turnell et al., 2018). Strengths-based practice not only involves the use of certain tools or instruments, but is rooted in a different philosophy – one which is not only embraced and internalized by professionals themselves, but is also reflected and stimulated by a strength-based organisational culture (Sheenan et al., 2018).

Creating a climate for strength-based practice that reflects CPWs' positive perception of the strengths-based approach and their commitment to it is crucial in internalizing this approach (May et al., 2019). Facilitating multidisciplinary consultation between professionals in which they can discuss and reflect upon the complexity of cases and their roles as CPWs may help build this kind of climate. Giving CPWs the opportunity to exchange views stimulates the internalisation of the strengths-based approach and ultimately helps CPWs adopt, and adapt their existing routines to, these new ways of thinking and working (May et al., 2019). Operating from the strength-based philosophy, which holds

that people are willing and able to change, can stimulate CPWs in their strengths-based practice, to the benefit of the development of children facing maltreatment.

4.1 Limitations

A few limitations to our research should be taken into account. First of all, the scoring of goals by researchers is prone to interpretation bias. Although we have taken measures to minimize this effect and found a reasonable level of inter-rater reliability, it is worth mentioning that the method is prone to interpretation. Secondly, we used a single data source for goal formulation, which might limit our perspective. The way these specific CPWs formulate goals could differ from the overall approach used by the majority of CPWs. However, resources in which professionals describe their case management trajectory are seen as a sufficient instrument for the observation of professionals' strengths-based approach (Rijnders et al., 1999).
Finally, analysing the way goals are formulated in the assessment stage in order to gain insight into how CPWs integrate the strengths-based approach in their daily work is only one element of the longer case management trajectory. Further research should be done into other elements and phases of the CPWs' case management work. The findings of this study can be seen as the stepping stone for further research.

4.2 Practical implications

The findings of this study have several practical implications. Families under court-ordered supervision who face severe and dynamic problems can be most effectively encouraged to change using a strengths-based approach to child protection. It is highly advisable that CPWs improve their focus on promoting agency, competencies and the use of support networks in order to increase motivation for change. Strength-based practice requires discretionary space and the express facilitation of a strengths-based approach throughout the whole child protection system. It is therefore necessary to encourage a strengths-based approach through proper training. In addition, it is necessary to integrate a strengths-based approach into the supervision structure of child protection services. It is more likely that CPWs will be able to integrate their strengths-based expertise within a strength-based culture in which they constantly reflect on their work.
Management, in turn, can encourage CPWs' enthusiasm for this way of working by using a workflow rooted in the strength-based approach, for instance by changing fixed time frames into more flexible time frames. In line with these adjustments, management's monitoring strategy should be improved by integrating fundamental elements of the strength-based approach.

4.3 Future research

Future research could have a stimulating effect on the use of the strength-based approach. We recommend multi-method follow-up studies in order to deepen understanding of CPWs' expertise, their interaction with different complex families, and individual limitations. Action and participation-based research can foster creative solutions to the challenges CPWs face. These types of studies constantly look for improvements, with CPWs and families being engaged in a constant dialogue with each other, looking for solutions together. This bottom-up research approach can encourage creative solutions within CPWs' professional practice.

5. Conclusion

Although CPWs demonstrate the ability to identify families' strengths, the research findings show that only half of the CPWs have integrated a strength-based approach in their daily practice to some extent. Therefore, improvements are needed in order to more effectively encourage families to change.

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Chapter 4

Exploring safety measure within Dutch child protection case management

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Abstract

Objectives

Current study explores the potential of the safety rating scale in order to determine the surplus value for evidence based practise. This study wants to contribute to this knowledge gape by exploring the safety scale by analysing the change between two safety ratings. First, the absolute change in safety is investigated. Secondly the study explores to what extent family background characteristics and case management characteristics determine the extent of change in perceived safety.

Materials and Method

The study analysed 105 Dutch child protection cases who had registration files with filled out LIRIK checklist, Action Plan and additional baseline safety and end safety measure as perceived by case managers.

Results

On average perceived safety increased from an insufficient level to sufficient level. Significant regression coefficients with larger changes for primary school children (6-12 years) and lower changes for children within the 'socio economic problems cluster'. The results reveal significant vulnerability for preschool children and families attending the socio economic cluster due to limited improvement.

Conclusion and conclusion

According to this study the safety measure can be of value to outcome monitoring. The safety measure is a practical measure that reflects on the current state of safety within a family according to professionals and can be used on several occasions during case management. In addition, on aggregated level pre and post measures can be analysed for quality management purpose. Further exploration of this measure is needed.

1. Background

Clients, professionals, managers and policy makers have an increasing need to evaluate the effectivity of youth health care interventions such as child protection (Munro, 2019). Every child has the right to be protected from child abuse and neglect. According to the Convention on the rights of the child (1989) it is the obligation of national government to establish a child safety system that ensures the survival and development of the child. Child protection services is part of such a national safety system and provides coercive care in families with a family court order in order to stop maltreatment. There is a great necessity to constantly reflect on the quality of such services. In order to do so, thorough effect monitoring needs to be integrated into the general quality management strategy of child safety systems (Wilson, 2009).

Worldwide, child protection services have trouble integrating effect monitoring [3]. In addition, no study has found significant effects for child protection case management nor case management in the wider range of social work (Albright et al., 2018; Collins-Camergo and Garstka, 2014; Holwerda et al., 2014; Lowell et al., 2011). Some studies claim this is caused by implementation problems child protection services deal with such as the absence of a monitoring culture or clear outcome measures (Munro, 2011). This study wants to contribute to the search for a contributing outcome measure that is already commonly used in daily practise.

According to literature, effective quality management consists of measures that help to reflect on the results for clients (Walburg et al., 2006). In order to define clear outcome measures as such requires clear definition of the presenting problem, the target population for whom the intervention was designed (input), the causal processes underlying the intervention program (process), and identification of its expected outcomes (Scholten et al., 2018). This monitoring strategy is challenging within child protection systems in many ways.

The first challenge is that child protection lacks a clear definition of the problem and target population. The Dutch law justifies a child protection intervention in cases of severe developmental threat, is a matter of professionals interpretation. Many child protection cases have a background of maltreatment. Looking at theories about child maltreatment little is understood about the exact phenomenon. It is well understood that child maltreatment is a complex interacting pattern of factors in which especially parents are large contributors (Alink et al., 2012; Beslky, 1993). Therefor, the improvement in child protection families is depending on a web of multiple interacting components in which no direct cause and effect pattern can be appointed. This challenges the ability to reflect on progress in child protection.

A second challenge for measuring effectivity in child protection is the nature of case management itself. Case management is an assessment and referral strategy and is not an intervention purse (PI

Research and Van Montfoort, 2009). Case management analyses family problems and initiate health care interventions that support severe family problems. This often results in complex coalitions between several health care providers in which limits the identification of each contribution to families' health care outcome.

Despite these challenges, it is generally understood that monitoring attempts are needed in order to be able to constantly increase the quality of child protection services (Albrigth et al., 2018; Munro, 2011). In the Netherlands, youth health care came up with a set of outcome measures for youth health care interventions (Van Aggelen et al., 2019; Van Yperen et al., 2014). However, one on one incorporation of these measures into child protection services was limited due to proper fit of the monitoring items to the actual purpose and intervention trajectory of child protection services (Malmberg et al., 2019). Therefore, the initial measures were evaluated and reframed which led to a set of outcome measures that give insight into the intervention trajectory and client experience. However, there was debate about a measure that could actually detect the degree to what of the intervention targets was achieved. The debate lay in the above mentioned challenges namely the lack of clear definition of the overall goal of child protection interventions.

The Dutch Youth act (2015) state that an child protection intervention is justified in cases of severe developmental threat. It would therefore be appropriate to define an outcome measure that reflects on the decrease of a developmental threat. However, in practice a developmental threat entails an interacting multi-dimensional process within a family as we have seen previously. In order to make a next step, exploration of the developmental threat is necessary. According to this study, the justification of a child protection case management intervention mainly lies in diminishing the developmental threat.

Current child protection services monitor safety during the intervention. The safety measure was first introduced in the Signs of Safety (SOS) approach by Andrew Turnell. This solution focused approach encourages people to deal with problems themselves and stimulates participation (Turnell and Edwards, 1999). The safety measure is one of the tools during child protection. Child protection workers, parents and children, monitor safety with a 0-10 scale, with 0 reflecting extreme unsafety and 10 extreme safety (Bartelink, 2010). Until now, child protection services hesitate to experiment with this safety measure, mainly because it is not validated yet. A process similar to the numeric pain scale used in general medicine. At first, perceived pain was seen as a subjective measure and was therefore controversial. However, after years of development it is now used for practical, policy and scientific purposes on a daily bases (Correl, 2007). It is therefore worthwhile to explore the safety measure. Mostly because it supports daily practise and could monitor results for clients too.

This study, therefore, explores the safety measure as outcome measure for child protection. We hypothesize that the safety measure can identify improvement in safety and therefore analyse the

result of a child protection case management. The following research question is discussed: Can the safety measure bring insights in the effect of child protection case management? We first explore the improvement of safety during case management. Next, we explore the relation to case characteristics and process characteristics in order to understand the effect of case management.

2. Methods

2.1. Research design

This explorative quantitative study is part of a larger evaluation study on the strengths-based and safety-oriented approach to child protection casework in the Netherlands. We used client registration files from one Child Protection Service (CPS) agency. According to Dutch Privacy Law (2004), a CPS is allowed to use client registration files anonymously for policy development and research purposes only. The research procedure was tested and approved by the Medical Ethics Committee of Erasmus University Medical Centre (MEC-2-14-020).

2.2. Research setting

The study took place in one CPS agency in the Netherlands, which executes case management for juvenile court-ordered family supervision for children aged 0–18 years (Dutch Youth Act, 2015). The aim of child protection case management is to protect children from further developmental threats and improve developmental health (Dutch Youth Act, 2015). The family supervision order is based on a process in which developmental threats are assumed, assessed and confirmed. It usually starts with a suspicion of developmental threats due to parental inadequacy or maltreatment by a general youth care worker, teacher or other citizen (Ministry of Security and Justice, 2015). Concerns are referred to the Child Care and Protection Board (CCPB) who in their turn assess the need for conviction. The juvenile court than decides for a family supervision order either with or without custodial placement for the duration of one year with possible extension[19]. Next, CPS case management starts.

CPS workers work according to the Delta Method, which supports them during the process. The method distinguishes four steps: 1) collecting strengths and weaknesses, 2) interpreting these in terms of developmental threats, 3) defining the desired situation, and 4) making a proper plan with goals and support[12]. CPS workers use a systematic risk assessment checklist, the LIRIK (in Dutch: *Licht Instrument Risicotaxatie inzake Kindveiligheid*), and safety rating scale during the assessment process to assess child safety.

The case management process starts with a six week assessment stage in which the family situation is being assessed and plans are made. This process results in the so called Action Plan that

consists of an extensive problem definition, goal setting and a safety and care plan. Next, the case manager makes care referrals and monitors progress of goal realization and current safety. After one year, an evaluation of goal realization and safety takes place. Professionals use the LIRIK and safety rating scale again and provide a documented advice for ending or extending family supervision. The juvenile judge then concludes whether further measures are needed.

2.3. Procedure

The sample selection for this study consisted of collecting information from new incoming family supervision cases between August 2014 and March 2015 and included cases with filled out LIRIK and an Action Plan with additional baseline safety measure and end safety measure as perceived by CPS workers (*n*=105). Data were retrieved from digital and paper client registration files administered by CPS workers. Clients were briefed by a letter and child protection workers received an e-mail with research specifics and procedures.

Researchers collected information about demographics, maltreatment, risk- and protective factors and the baseline perceived safety from the LIRIK and Action Plan. CPS workers filled out the LIRIK on paper, which was then entered into SPSS by four researchers. Information from the Action Plan Data were collected with a literature based paper checklist of risk and protective factors by two researchers. Researchers then inserted reregistered occurring risk and protective factors into SPSS and checked on insertion error. Interrater reliability was tested on 30 cases and showed substantial reliability with a Cohen's kappa coefficient of .64 (Lantz and Nebenzahl, 1996). Lastly, the perceived safety, the throughput time and occurrence of custodial placement were automatically generated from the digital client files and integrated into the SPSS database.

2.4. Participants

The sample consisted of 105 cases. The distribution of children over the age groups was as follows: 31% preschool (0-5 years), 29% primary school (6-12 years) and 41% secondary school and beyond (12-18 years). 53% was male and 81% had a Dutch nationality, 18% had more than one nationality. One third lived with one biological parent, nearly one third in co-parenting, 19% with both biological parents, 6% in combined family or foster family and 2% residential, 2% was unborn and 1 % unknown. Two third (67.4%) were small families (1 or 2 kids) and one third (32.6%) came from large families (3 kids or more). Maltreatment was registered in 38% of the cases and 63% had no perceived maltreatment. Within the maltreatment cases 15% had two types, 11% domestic violence, 10% neglect and 2% abuse (including sexual abuse). Further, parents of these children were characterised by parental risks namely 31% multiple problems, 28% no risk factors, 17% major life events, 14% social economic problems and 11% poor parenting skills. The mean throughput time was 424 days

(SD = 165, min = 71 and max = 809) and 34% of the children were placed in out-of-home care during CPS case management.

2.5. Measures

The safety measure is the dependent variable. The case characteristics and process characteristics of case management are the independent variables. The variables are defined as follows.

Perceived safety measure(s)

The safety measure perceived by CPS workers weighs the level of current safety at the assessment stage and evaluates progress during case management (Turnell and Edwards, 1999). It is a 0-10 point rating scale with 0 being extremely unsafe and 10 being extremely safe. It is reported during the assessment stage and during evaluation after one year of case management. In practice, a six or higher is considered to be sufficiently safe whereas five and lower can be seen as insufficient safety levels. According to the Signs of Safety approach the safety measure can be perceived at any given time during case management is judged by child protection case managers. The current study only included the baseline and the last safety measure before closing the case. The validity of the safety rating scale is unknown.

Background characteristics

The sample include types of maltreatment, parental risk- and protective factors and demographic characteristics.

The types of maltreatment were collected in the LIRIK. The LIRIK is a systematic risk assessment checklist that supports professionals investigating child maltreatment (Bartelink et al., 2017). In case of clear signs of maltreatment a case manager registers one or more types by selecting yes. The current study used both the original (Ten Berge and Eijgenraam, 2009) and revised versions (Ten Berge et al, 2014). Based on user feedback, the 2014 version was slightly adapted to increase usability (information on adjustments is available on request). For analysis purposes, it was re-adjusted for comparison with the original version in the current study (information on adjustments is available on request).

Parental risk factors were collected with the LIRIK and additional information from the Action Plan as mentioned previously. This study included the parental risk and protective factors only, as they are known to be the biggest contributors to the occurrence of maltreatment (Alink et al., 2012; Belsky, 1984). The current study used the parental risk and protective clusters to determine characteristics of risk and protective factors as found by Rijbroek *et al*.(2019) namely ‘multiple problem’, ‘social economic problems’, ‘poor parenting skills’, ‘major life events’ and ‘no parental risk

factors registered'. The four protective clusters included are: 'multiple protective factors without problematic youth', 'multiple protective factors with problematic youth', 'basic protective factors' and 'no protective factors registered'.

Demographics like age and gender were collected from the digital client registration files. Age was categorised in three age cohorts following the educational system in the Netherlands: 'preschool' (0-5 years), 'primary school' (6-12 years) and 'secondary school and beyond' (13-18 years).

CPS case management process variables

In order to understand differences in the amount of change in perceived safety, some process indicators were collected from the CPS database included like 'throughput time' and 'out-of-home placement'. Throughput time is the time from the start to the end of case management. Out-of-home placement is an intervention in which CPS workers and/or juvenile judges decide to relocate children to out-of-home care.

2.6. Analyses

First, the baseline safety measure and the safety measure at the end were analysed with descriptives. The change of safety was computed by extracting the safety measure at baseline from the safety measure at the end of case management. Paired samples t-test was done to investigate the change from baseline to end. Chi square analysis with perceived safety at baseline and the change score in perceived safety was done to further analyse how baseline safety relates to the degree of improvement in safety. Second, in order to investigate associations of background and process characteristics with the change in safety, several bivariate analyses were conducted for maltreatment type, risk- and protective clusters, age groups, gender, throughput time and out placement. Categorical variables were analysed with ANOVA or independent t-test and continuous variables were analysed with Pearson correlation. In order to investigate associations between the independent variables, ANOVA, independent t-test and Chi square were used. Based on the results we distinguished three groups in terms of degree of change in perceived safety (stable low, sufficiently safe, improved) and also investigated descriptives of each of these groups. Third, in order to explain the change in safety correlations linear regression analyses using a stepped wise approach were executed. Perceived safety at end measurement was taken as the dependent variable and in the first step we corrected for baseline perceived safety, after which variables that were found to be significantly related to perceived safety in the bivariate analyses were entered step by step. Only the final model will be shown in the results section. Based upon the results we performed an additional regression for the improved group.

To prevent type 1 error (false positive) we calculated effect sizes which provide information on the actual strength of the relationship between variables (Sullivan and Feinn, 2014; Tomczak and Tomczak, 2014). Following Cohen (1988), we categorize effect sizes (f) into small (0.10), medium (0.30) and large (0.50).

3. Results

The results present descriptives, group differences and regression analyses.

3.1. Descriptives of perceived safety

Table 1 describes the perceived safety at baseline (M0; the start of case management) and at the end of case management (M1; after one year). On average perceived safety increased from an insufficient level with a mean of 4.47 to sufficient levels at end of case management with a mean perceived safety of 6.23. The change in perceived safety was calculated by subtracting both safety measures. Paired samples t-test showed a significant increase in perceived safety with an average change of 1.77 points.

Table 1. Descriptives of start, end and change in perceived safety (n = 105)

	M0	M1	Change in perceived safety
Mean (SD)	4.47 (1.01)	6.23 (0.99)	1.77 (1.17)
Minimum	2	3	-1
Maximum	8	8	4
Significant difference	$t(104) = -15.41$, $p = 0.00$		

Crosstabs analysis with perceived safety at baseline and the change score in perceived safety was performed (table 2). In 98 cases (93% of total), insufficient perceived safety at baseline (M0) was found (table 2 summing up column 2 to 5). In 83 (85%) of these cases, a moderate insufficient safety measure of 4 or 5 (45% respectively 55%) was reported. In 15 (15%) cases, a severe insufficient safety measure of 2 or 3 was found.

Analysing the improvement in perceived safety it showed 81 cases (83%) with insufficient baseline measures and sufficient safety measures at the end. Further, 7 cases score a 6 or higher (summing up totals of column 6 to 8) at baseline which indicates sufficient perceived safety at the start of case management. Only 2 of these cases (29%) improved during case management. In one case of these cases (column 7) a deterioration of 1 point is found, and the remaining 4 cases stay stable over time.

Table 2. Crosstabs analysis between baseline perceived safety and the change in perceived safety

Change in perceived safety*	Perceived safety at baseline							Total
	2	3	4	5	6	7	8	
-1,00	0	0	0	2	0	1	0	3
,00	0	0	2	1	1	1	2	7
1,00	1	0	9	**26**	0	0	0	36
2,00	0	2	**17**	**14**	**2**	0	0	35
3,00	0	**5**	**5**	**3**	0	0	0	13
4,00	**1**	**6**	**4**	0	0	0	0	11
Total	2	13	37	46	3	2	2	105

*change score: score M1-M0; higher score means improved safety.

In order to understand the improvement, we divided the 105 sample into three groups. The 17 (16%) cases with a perceived safety of 5 or lower at both baseline and the end is called the 'stable low' group. Safety in these cases was perceived as unsafe at baseline and remained to be perceived unsafe over time. The second group is called 'sufficiently safe' group (*n* = 7; 7%) who have perceived safety levels 6 or higher at both baseline and the end. Finally, the 'improved' group (*n* = 81; 77%) who have a perceived safety measure of 5 or lower at baseline and 6 or higher at the end safety measure. These cases improved from insufficient levels of safety to sufficient levels of safety at the end.

3.2. Exploring effect of case and process characteristics on change in perceived safety

No significant relation between change in perceived safety and gender, type of maltreatment and protective clusters were found (see Table 3). However, significant differences were found for age groups, with largest improvement for primary school children (6-12 years) and lowest for pre-schoolers (0-5 years). According to Cohen, this indicates a medium effect size (overall f = 0.28).

Furthermore, significant differences for risk clusters with the largest improvement in perceived safety for children with parents who have 'multi problems' and lowest change in perceived safety for the 'social economic problems' cluster. According to Cohen this indicates a medium effect size (overall f = 0.34). Significant differences between risk clusters were not found with respect to baseline perceived safety, indicating that these differences between clusters occurred over time during case management.

Table 3. Relations between change in perceived safety case and process variables

Variable		**mean (SD)**	**bivariate test**
Maltreatment	*n* = 105		*t*(103) = 0.15, *p* = 0.88
No	65	1.78 (1.26)	
Yes	40	1.75 (1.03)	
If yes: Type of maltreatment	*n* = 40		*F*(3, 36) = 1.18, *p* = 0.33
neglect	10	1.30 (0.82)	
Abuse	2	1.50 (0.71)	
domestic violence	12	1.75 (0.97)	
2 or more types	16	2.06 (1.18)	
Parental risk clusters	*n* =105		*F*(4, 100) = 2.46, *p* = 0.05
no risk factors registered	26	1.96 (1.28)	
multi problem	30	2.00 (1.14)	
major life events	19	1.95 (1.03)	
poor parenting	12	1.58 (1.16)	
social economic problems	18	1.06 (1.00)	
Parental protective clusters	*n* =105		*F*(3, 101) = 0.68, *p* = 0.57
no protective factors registered	35	1.54 (0.85)	
multiple coping parent with positive youth experience	13	1.85 (1.14)	
multiple coping parent without positive youth experience	26	1.92 (1.44)	
basic coping parents	31	1.87 (1.29)	
Age cohorts	*n* = 105		*F*(2, 102) = 3.52, *p* = 0.03
preschool (0-5)	32	1.44 (1.08)	
primary school (6-12)	30	2.20 (1.29)	
secondary school and beyond (13-21)	43	1.72 (1.08)	
Gender	*n* =104		*t*(102) = 0.99, *p* = 0.32
Boys	54	1.89 (1.14)	
Girls	50	1.66 (1.21)	
Throughput time (days)	*n* = 105	424 (165)	*r* = .21, *p* = 0.04
Custodial placement	*n* = 105		*t*(103) = 1.73, *p* = 0.09
No	69	1.91 (1.08)	
Yes	36	1.50 (1.30)	

With regard to the process variables, significant positive small relations were found between change in perceived safety and throughput time ($r = 0.21$, $p = 0.04$; indicating a small effect size). This indicates that longer process time is related to a larger improvement in perceived safety.

In order to understand potential relations between case characteristics and process variables, we conducted several bivariate analyses (see Table 4). Analysis of variance with throughput time and parental risk clusters showed significant differences between groups ($F(4, 100) = 8.36$, $p = 0.00$) with smallest throughput time for social economic problems (M = 299 days, SD = 134) and largest throughput time for multi problem (M = 507 days, SD = 125).

Furthermore, chi-square analysis showed a significant association ($\chi^2 = 20.60$; $p = 0.01$) between risk clusters and the three groups we distinguished earlier based upon change in perceived safety.

The stable low group had significantly more cases within the social economic problems cluster (47%) than the improved group (10%). Table 4 shows the descriptives for each of the three groups separately.

Table 4. Descriptives of three subgroups based on their change in perceived safety

	stable low (*n* = 17)	**sufficiently safe (*n* = 7)**	**improved group (*n* = 81)**
Maltreatment			
No	8	5	52
Yes	9	2	29
type of maltreatment			
Neglect	4	1	5
Abuse	1	0	1
domestic violence	1	0	11
2 or more types	3	1	12
Parental risk clusters			
no parental risk factors	1	3	22
major life events	1	1	17
social economic problems	8	2	8
poor parenting skills	3	1	8
multiple parental problems	4	0	26
Parental protective clusters			
multiple coping parent with positive youth experience	0	2	11
multiple coping parent without positive youth experience	3	2	21
no protective factors	6	1	28
basic coping parent	8	2	21
Age cohorts			
preschool (0-5)	6	3	23
primary school (6-12)	3	2	25
secondary school and beyond (13-21)	8	2	33
Gender			
Boys	9	2	43
Girls	8	5	37
Throughput time			
N	17	7	81
mean (SD)	388.71 (181.03)	399 (198.47)	433.83 (159.52)
Custodial placement			
Yes	8	5	23
No	9	2	58

3.3. Explaining the value of case and process characteristics to change in safety

In order to explain the change in perceived safety, hierarchical linear regression analyses for the total sample and the 'improved' group only were conducted. The first step corrects for the safety measure at baseline. Explaining variables that showed significant relations with the change in safety in the bivariate analyses were included, i.e. age groups, parental risk clusters and throughput time.

The regression model for the total sample is significant and explains 44% of the total variance. The first step of this model controls for perceived safety at the start of case management which explains 35% of the variance. The lower perceived safety at baseline the higher the increase in perceived safety over time. The second step adds age cohorts and increases the variance with 5%, with a significant regression coefficient for primary school children (6-12 years). This suggest that cases with children in primary school have a larger change in perceived safety compared with the preschool group. The third step adds risk clusters and increases variance with 4%. A significant negative regression coefficient is found for the 'socio economic problems' cluster, suggesting that this cluster has a smaller change in perceived safety compared with the no risks group. The last step adds process characteristics 'throughput time, which does not add explained variance.

Table 5. Linear regression for outcome 'change of perceived safety'

Model	**All (*n*=105)** β	**Improved (*n*=81)** β
Baseline safety measure	-0.58*	-0.74*
Age cohorts:		
primary school (6-12)	0.25*	0.23*
secondary school and beyond (13-18)	0.10	0.15
Risk clusters:		
Major life events	-0.04	-0.03
Social economic	-0.25*	-0.01
Parenting skills	-0.06	0.05
Multiple risk	-0.04	0.04
Throughput time	0.06	0.08
Adjusted R^2	0.44	0.59
F (df1, df2)	11.08 (9, 96)*	15.40 (8, 72)*

*p < 0.01. Reference group for the variable "age" is preschool (0-5 years) and for the variable "risk clusters" is no risks.

Since the social economic cluster variable had significant effect in explaining the change in perceived safety and the fact that only 10% of the cases within the improved group could be assigned to this cluster, we performed an additional regression model for the improved group only.

The final regression model for the 'improved' group explains 59% of the variance. After correcting for the perceived safety at the start of case management, which explained 58% in the first step, in the second step age groups was added and explained an additional 3% of the variance.[1] In the following steps risk clusters and throughput time had no additional effect. Compared to the earlier regression, the effect of the social economic cluster has diminished because of the low number of cases within this cluster in the improved group. Cases within the other clusters more or less show equal improved in perceived safety. In other words, for the improved group the risk clusters have no additional effect in explaining the degree of change in perceived safety. Since we selected the improved group for this analysis the effect of perceived safety at baseline on the change in perceived safety is now stronger ($\beta = -0.74$). Thus, the lower perceived safety at baseline the higher the increase in perceived safety over time.

4. Discussion

4.1. Conclusions

This study explored the safety measure as outcome measure. It's aim is to contribute to the search for insight in the effectivity of child protection case management. According to this study the safety measure can be of value to outcome monitoring. The safety measure is a practical measure that reflects on the current state of safety within a family according to professionals and can be used on several occasions during case management. In addition, on aggregated level pre and post measures can be analysed for quality management purpose. Further exploration of this measure is needed.

The safety measure in this study has brought several insights. First, professionals reported improvement in child safety in most cases (nearly four out of five cases). These cases improved their safety measures from insufficient at baseline (5 or lower) to sufficient at the end (6 or higher). In addition, cases with lower perceived safety at baseline often increased more over time. However, 16% of the cases were unsafe at baseline and remained unsafe over time (stable low group). This vulnerable group did not benefit from CPS case management. It remains unclear why those cases were closed. An explanation could be that a juvenile judge closes a case against the advice of a case

[1] Variance reported is based on adjusted R square which corrects for the number of predictors included, therefore variance dropped to 59% again in later steps.

manager or that parental authority is ended and carried over to a legal guardian (Civil law book 1, art. 261). A small group, about 7%, had sufficient safety level at the baseline and the end. This questions the necessity of the CPS case management. It stays unclear whether these cases are false positives or perhaps these cases had already improved the child safety during the juvenile trajectory before the start of case management.

Secondly, our study found significant effects for some background characteristics. For instance, children in the primary school age (6-12 years) seem to benefit most from case management as their safety levels improve the most. Preschool children have smallest improvement for safety which make them vulnerable. Alink et al. (2018) confirm this, stating a 1.8 times larger change for preschool age children for being maltreated. Regarding risk clusters, least benefits are found for children who have parents with social economic problems such as housing, unemployment, financial problems and social isolation are present. This vulnerability is also found in the study by Alink et al. (2018) who found a 3.6 times more chance of maltreatment. Strikingly, our in-depth analyses showed smaller throughput time in these cases. This is in contrast with the vulnerability of the social economic problems families face. Finally, the multi problem cluster shows similar changes in safety compared to the other three clusters (major life events, parental cluster and no risk cluster). This is in contrast with the common understanding that multi problem families often show little progress (Stams et al., 2010).

4.2. Limitation

The results of our explorative study should be interpreted with the following limitations in mind. First, we only included cases from one CPS within an urban area, which may jeopardize the generalizability to, for example, more rural areas with different demographic profiles. In addition, the sample size we used for this study was limited because of many exclusions due to missing end safety measures. Follow up studies bear in mind that investment in implementing the safety measure is required before monitoring it.

Second, this study used the perceived safety judgement made by professionals only. In addition, several studies show limited interrater reliability among child protection workers and even within a single child protection worker over time (Bartelink et al., 2014; Bartelink et al., 2017; Bartelink et al, 2019; Benbenishty et al., 2015). A single respondent approach may therefore, not fulfil the scientific requirements for a valid and reliable outcome measure, regardless how well trained the professionals may be. Therefore, it is highly recommended to include multiple groups of respondents in subjective rating scales like the safety measure in order to improve validity and reliability. Unfortunately, we were not able to include the perceived safety measures by children, parents and other caretakers due to missing data.

Finally, many data were missing from both problem characteristics and process characteristics. For example, 62.8% of the cases had no perceived maltreatment reported, which is in contrast with the proven safety issues in the family court order. A thorough understanding of the actual change within a family during case management requires data saturation based on proper adjusting registration facilities and registration behaviour. The system should provide relevant case characteristics like (suspicion of) maltreatment and (suspicion of) risk factors and professionals should enhance their registration and monitor skills.

4.3. Impact

Notwithstanding these limitations, this study provides a unique contribution to the scarcely measured effectiveness of CPS case management and the search for sufficient outcome measures. In this respect, current study can be seen as an attempt to monitor quality of case management. According to our findings the safety measure, and especially the change in this safety measure, can be used as one of the parameters in a quality monitor. Professionals perceived insufficient safety in 93% of the cases, justifying a CPS intervention. Moreover, 76% of the cases benefit from the CPS intervention by improving with at least one safety point. An improvement of 1 point seems little and is of debate as the pain rating scale incorporated an improvement of 2 points (Correl, 2007). Follow up studies could explore a threshold as such.

Although this study has an explorative character, it already addresses relevant evaluation issues. The study shows smaller improvement for preschool age children and children with parents with social economic problems. This should stimulate a professional evaluation between practise, policy and science about the current approach and the potential for improvement. Thorough follow up evaluation could help to investigate the specific needs of the age group and reshape current case management for the better.

We have already addressed the importance of multi-respondent safety measures for scientific reasons. However, there is also a practical reason. It is well known that best monitors require close connection to daily practise of professionals and clients (Van Aggelen et al., 2019). In the case of a safety measure, SOS describes it as a tool that constantly monitors the perceived safety of children, their parents and child protection workers. It enables them to talk about each other's viewpoints, detect indifferences and encourages participation (Van Yperen et al., 2015). In addition, on aggregated level, the multiple responses can be used to reflect on the child protection case management strategy. For instance by analysing to what extent children, parents and child protection workers agree on the safety measure.

In order to stimulate in depth understanding of the quality of child protection case management some adjustments are needed. Additional relevant measures should be included to the monitor like other outcome measures, family characteristics and process characteristics (Rossi et al., 2005). This requires a series of improvements.

First, additional outcome measures like goal realisation and client satisfaction should be added (Malmberg et al., 2019; Van Yperen et al., 2015). Goal realisation here reflects the extent to which health care goals put out at the start of the intervention have been achieved. Goal realisation could be measured by multiple respondents for instance by children, parents and child protection workers with a green-orange-red scaling. This does not only reflects the progress and result for the child but can also be used as a dialogue tool between child protection case manager and the family.

Second, basic information about the family situation like type of maltreatment, commonly known risk and protective factors need to be included. This requires an adjustment of current digital system and registration behaviour. A development as such can take place by bringing together practise, policy, science and information technology. A topic of debate can be "What is necessary to register, what information is of value?", "How well are we case managers at registering?" and "how well is our technology in supporting case managers in daily practise?" are relevant to consider.

Third, in order to understand the case management process, detailed information about the primary intervention trajectory is required. The following variables could be relevant: entry or re-entry, amount of contacts and sort of contacts (face-to-face, texting, e-mail etc), used interventions by case manager, referred health care, cause of closing the case.

Finally, in order to be able to aggregate all data on organisational or even national level it is highly recommended to accomplish a set of general agreed upon indicators van (Yperen et al., 2015). The process of finding proper monitoring measures is an ongoing process where practise, policy and science have to try and retry in order to find proper measures that justify the outcome for patients and reflects on guidelines and policy (Wilson, 2009; Rossi et al., 2004; Hood, 2019). This requires a learning space in which a dialogue between clients, practise, policy and scientists could occur about the meaning of the outcome measures. It takes courage to take steps like that. Hasty and judgemental interpretation of first outcome results should be avoided, as that could severely frustrate the process.

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Chapter 5

Practical challenges in solution-focused child protection: a balancing act between care and protection

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Abstract

Families supervised by child protection services need to change their ways rapidly in the face of many severe problems. We studied how child protection workers (CPWs) support change in parents using a solution-focused approach (SFA). Here professionals encourage change by standing beside parents, creating an equal relationship and a supportive environment. This is hard to achieve because child protection interventions can often be coercive. To understand the challenges Dutch CPWs face we used a qualitative, multiple case (n=4), multiple methods design. We observed how CPWs stimulate change in parents through such SFA interventions as promoting self-control, competence and relatedness. We analysed the extent of achieved change on three levels: individual parents, the parental subsystem and their network. CPWs use several SFA techniques well in stimulating passive participation in individual parents but need to improve in stimulating active participation and utilising the family's strengths. We observed that CPWs lack the skills needed to use a systemic approach, and fixed processes and narrow timeframes frustrated their efforts to create a supportive environment.

1. Introduction

The UN Convention on the Rights of the Child (1989) states that children at risk of abuse or neglect have the right to be protected. In the event of severe threats to their development, a juvenile court can issue a family court order for coercive supervision by child protection workers (CPWs) (Oliver, 2017). These court-ordered families suffer from complex problems, with relational dynamics often playing a significant role (Belsky, 1993). These problems can be understood as a construct of multidimensional, interacting factors relating to the parents, the children and their environment (Belsky, 1993; Bronfenbrenner, 1979). The parental characteristics are known to be the largest predictors for the occurrence of maltreatment (Alink et al., 2018; Jaffee et al., 2004; Stams et al., 2010). CPWs should therefore focus on the improvement of parenting abilities within a constantly changing context. However, they often face parents that resist change and are reluctant to accept help (Alink et al., 2018; Rijbroek et al., 2019; Wheeler & Hogg, 2012). Therefore, we need to better understand the construct of these family problems and how CPWs could approach them in order to encourage change.

People have a natural need to grow and develop and are therefore willing and able to change (Bandura, 1977; Bertalanffy, L von, 1969). In addition, people are more likely to be willing and able to change in a supportive environment (Ryan & Deci, 2017). In order to create an environment that facilitates change, CPWs can encourage a working relationship based on respect and empowerment in which they create an equal relationship to the extent possible (Berg & Kelly, 2000). This empowering perspective aims to encourage parents' autonomy, sense of competence and connection to their environment (Berg & Kelly, 2000; Butchart, Harvey, Mian & Fürniss, 2006; Rappaport, 1987; Wright & Masten, 2005; Oliver, 2017;). Although these concepts may seem to conflict with coercive interventions, it has become a widespread belief over the past few decades that an empowerment-based approach is best (Berg & Kelly, 2000; Oliver, 2017).

De Shazer and Berg's solution-focused perspective (SFP) (1992) had an especially formative impact on the worldwide search for an empowerment-based approach to child protection. However, the coercive character of child protection presented a challenge to the SFP in many ways. This resulted in several initiatives that integrated a solution-focused approach with the coercive obligations of the juvenile court order (Berg & Kelly, 2000). One of them was the solution-focused model developed by Berg and Kelly but there have been many others along the way, such as the Signs of Safety model developed by Turnell & Edwards (1999). In the Netherlands, child protection services implemented a model called the Delta method, which integrates what is referred to as the child protection worker's 'positioning role' (i.e. their ability to provide insight into the goals and parameters of the child protection measure) and 'engaging role' (i.e. their ability to foster active

participation on the part of the parents, the child and any other party (PI Research & Van Montfoort, 2009). All of these models focus on the effective integration of the protecting and caring role played by CPWs. Only a limited number of impact studies have been conducted; however, the studies available suggest that CPWs felt they were better able to deal with change-resistant behaviour in parents, despite the complexity and severity of the family problems (Sheenen et al, 2018; Stams et al., 2010; Wolf & Ten Hove, 2020). Many studies showed that CPWs are enthusiastic about the approach. However, more research is needed to better understand the positive effect of CPWs' behaviour on parental change (Gordon, 2018; Sheenan et al., 2018).

Although CPWs seem enthusiastic about the SFP, implementation remains challenging (Oliver, 2017; Rijbroek et al., 2017; Sheenan et al, 2018; Wolff & Vink, 2012). One of the challenges is that parents often fear the interference of child protection services and experience it as intimidating and humiliating, which decreases their sense of autonomy (Gibson, 2015). Moreover, the dual role of child protection workers is challenging in and of itself. On the one hand, CPWs are protectors with a legally mandated responsibility rooted in the ethics of justice (Schuytvlot, 1999). They have the authority to apply far-reaching, enforced measures such as out-of-home placement which undermine the parents' sense of control and willingness to change (Quick, 2012). On the other hand, CPWs have a coaching role rooted in the ethics of care which entails supporting the family in line with SFA (PI Research & Van Montfoort, 2009; Schuytvlot, 1999; Turnell & Edwards, 1999). These contradictory roles bring tension to the interaction between parents and CPWs.

In order to better understand these challenges, in-depth studies are needed. And although some scientific studies of the SFP have been done, few involved the in-depth examination of the CPWs' perspective and their interaction with parents in daily practice. This study aims to bridge this knowledge gap and tries to better understand how CPWs apply SFP strategies and how they balance their protective and supportive roles as well as identifying the challenges they face.

Theoretical perspectives

The dual role of CPWs entails protecting children on the one hand and promoting change on the part of families on the other. Both of these roles come with their own theoretical background and epistemological assumptions. The coercive nature of child protection interventions is based on the idea that change can be enforced, which is a positivist way of looking at things (Berg& Kelly, 2000). However, the CPW's focus on promoting behavioural change is rooted in social constructivism and the notion that human behaviour changes constantly and people have a natural willingness to adapt to the challenges they face in life (Bertalanffy, L von (1969). According to the social constructivist perspective, change can be stimulated by creating the right conditions for change in the environment, for instance the involvement of CPWs who endeavour to promote change

(Bronfenbrenner, 1979). CPWs constantly juggle these two roles and use two different epistemological perspectives to understand and give shape to the family's situation.

For instance, resistance from families can be better understood through motivational theories such as the self-determination theory (Ryan & Deci, 2017). This theory understands motivation, or demotivation, as the result of the fulfilment of three basic psychological needs: a sense of autonomy, competence and relatedness (Ryan & Deci, 2017). If we try to understand resistance from a positivist perspective, we could argue that a coercive intervention is a good idea. Families will be forced to change their behaviour and, as a result, they will find their behaviour leads to better outcomes. Their sense of competence is likely to grow and the positive outcome of their changed behaviour leads to a greater sense of autonomy and more positive interactions with their environment. However, if we try to understand child protection interventions from a social constructivist perspective, coercive interventions are not a good idea at all. According to this perspective, the coercive nature of a child protection intervention makes families feel incompetent and undermines their sense of autonomy (Caffrey, L & Browne, F., 2022). It can even prevent families from feeling connected because they could experience the intervention as a form of social ostracism.

Therefore, it is not easy for CPWs to understand resistance from families or figure out how to respond to it. In order to better understand this tension, for the purposes of this study we chose to embrace two approaches that we believe provide CPWs with helpful insights and skills: a solution-focused perspective and a system therapeutic perspective.

Firstly, from a social constructivist perspective, CPWs need to encourage families to change as part of their daily practice. One of the models that provides a framework for this kind of approach is the solution-focused brief therapy (SFBT) model developed by De Shazer and Berg in the '80s (1992). The SFBT model is future-oriented. It is based on the social constructivist notion that human experiences occur in a dynamic process between an individual and their social context (Berg & Kelly, 2000). SFBT focuses on the desired future situation that ignites hope in troubled families. In addition, the SFBT model is based on the belief that every family already has resources that can help them to achieve their desired goals. SFBT is therefore highly participatory and promotes the development of strengths. It requires a therapist who embraces an approach centred on coaching and supporting, rather than an expert-driven approach (Berg & Kelly, 2000). SFBT creates a context for change in which the main focus lies on encouraging parents to discover their own resources and strengths rather than solving problems from the past (Berg & Kelly, 2000). In line with this reasoning, parents feel in control of their change process because they get to decide what to work on first and are encouraged to utilize abilities they already possess. In that sense, we believe that SFBT can promote self-determination and therefore stimulate intrinsic motivation. Although there is no clear evidence

of the effects of SFBT, studies have shown that SFBT is as effective as other psychotherapeutic strategies (Wolf de, E., & Ten Hove de, M. , 2020).

Secondly, child protection has an inter-relational nature (Belsky, 1993). In addition, we believe that human motivation depends on the fulfilment of the psychological need to feel connected or related (Ryan & Deci, 2017). Therefore, we believe that a contextual theoretical perspective on child protection is necessary in order to better understand families' dynamics of change. In our opinion, a system therapeutic perspective can be of value to CPWs because it gives them insight into the interactional dynamics within a family and between the family and their environment. A system therapeutic perspective can be understood as an approach that focuses on the multidimensional transactional interaction between children, their parents and their environment (Boszormenyi-Nagy 1987; Bronfenbrenner, 1994, Belsky, 1993, Minuchin & Fishman, 1983). An individual is seen as part of a larger system with several subsystems, each with unique structures, communication types and rules (Hanna, 2019). Problems in these systems can be understood as an interaction in which issues arise and continue to exist. As a result, each family member has a role in the emergence of problems, the continuation of problems and even the prevention of problems. CPWs are mostly focused on changing parental behaviour, because it is understood that parents are the primary cause of a lack of safety (Alink et al., 2012; Belsky, 1993; Jaffee et al., 2004). In addition, modern families come in a variety of constellations, for instance two biological parents with their kids, two single separated parents with their kids, and family constellations in which the parents' new partners and their children also play a role. There is similar variety in terms of the wider environment, i.e. the presence of grandparents, family, friends and neighbours. In order to better understand each family structure and their communication style, we decided to embrace two system therapeutic perspectives for the purposes of this study: a structuralist perspective and a communication-oriented perspective. The structuralist system therapeutic perspective analyses the interactional structure of families and their networks to identify dominant substructures and decision-making processes (de Wolf & ten Hove, 2020). This strategy can help CPWs to understand adaptive and maladaptive substructures and strengthen the parent-child relationship. The communication-oriented perspectives identify adaptive and maladaptive communication strategies in order to understand how families argue and how they deal with conflicts (Watzlawick et al., 2009).

These two theoretical perspectives inform the deductive understanding of child protection that in turn informed our inductive understanding of the empirical data. During our analyses, we remained sensitive to the epistemological background underlying each perspective and the challenge of finding a balance between a positivist and a social constructivist approach.

2. Method

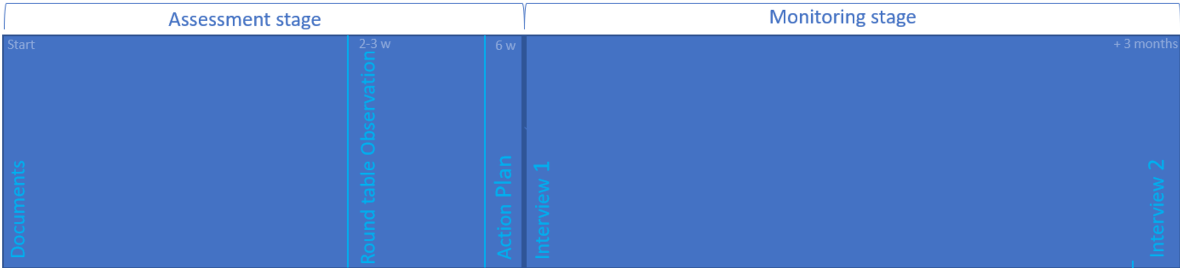
2.1 Design

We used a qualitative, multiple-case, multiple-method design to attain an in-depth empirical understanding of the challenges CPWs face. We followed four cases from one child protection service in the first five months of their trajectory, conducting document analyses, observations and semi-structured interviews with CPWs and parents. To increase the validity and credibility of the results, we triangulated the data sources. Erasmus University Medical Centre's Medical Ethics Committee approved all parts of the research procedure (MEC-2-14-020).

2.2 Research setting

The study was conducted within one child protection service (CPS) in the Netherlands. A CPS is responsible for coercive case management after juvenile court has issued a one-year family supervision court order (Dutch Ministry of Safety and Justice, 2014). Dutch youth care explicitly separates the justice and care components of child protection. CPWs are supportive case managers and do not provide primary care.

Figure 1. Timeline of case management trajectory and research



In the Netherlands, case management starts with a six-week assessment of the family's problem situation and competencies followed by the setting of goals (see Figure 1). After consultation with the family, members of the family's formal/informal networks are invited to a roundtable conference (RTC) to discuss the problems and solutions. The assessment and RTC lead to an Action Plan that outlines the family's problems and competencies and the required network support. Then the CPW refers the family to formal specialist care. The family will work on their problems with their network, as outlined in the Action Plan. The CPW monitors progress during the year, evaluates the Action Plan with the family and finally submits an advisory report to the juvenile court which in turn makes follow-up decisions. Our study focused on the first five months of CPW involvement.

2.3 Data collection

Case selection

Four senior CPWs (i.e. with more than five years of experience) participated with informed consent and invited new cases between March and May 2015 to participate in the study. Case inclusion criteria were: children aged 4–12 residing in Rotterdam, parents with a good command of the Dutch language, normal child protection problems (i.e. no crises) and a request for court-ordered family supervision. The researchers called the parents who had expressed interest to invite them to participate and discuss the details of the study. Four families, each with their own CPW, agreed to participate and gave informed consent.

Document analyses

We created an overview of the family problems at play based on several analyses: the referral form, the Dutch 'LIRIK' checklist that measures child safety (in Dutch: *Licht Instrument Risicotaxatie inzake Kindveiligheid*) and other questionnaires aimed at identifying psychological issues on the part of parents (SCP-90) and children (CBCL) as well as family problems (GVL) and the existing level of empowerment (EMPO). See Appendix 1 for more details about these questionnaires.

Participative observation

During RTCs, two researchers observed the behaviour, interactions and effects on all participants, focusing on CPWs' empowering behaviour and the effect on parents' autonomy, problem-solving abilities and the involvement of their subsystems. The researchers compared their observations and discussed any differences to reach consensus. RTC recordings were used for further analysis and to validate the interview findings.

Interviews

Both CPWs and parents were interviewed separately at the end of the assessment stage as well as three months later, after the Action Plan was formalized. A list of topics for the interviews was developed with questions relating to autonomy, competence and the CPW's behaviour surrounding connectedness. Additional questions were asked in the interview to further explore the context. The duration of the interviews was approximately one hour. All interviews were recorded, transcribed verbatim and coded by one researcher (BR) and checked by a second researcher (MS).

2.4 Participants

Table 1 provides a brief description of each case.

Table 1. Overview of case characteristics

	Case 1	Case 2	Case 3	Case 4
Family situation	• Moroccan married couple • both parents have custody • 5 children living at home	• divorced couple • mother has custody • father is involved • 2 children living at mother's place	• mother • mother has custody • 1 child living at mother's place • no siblings	• mother • 2 children living at mother's place
Reason referral to CPS	mothers' complaints on domestic violence of father at local police office	domestic violence, externalizing problems of the 6-year old boy, internalizing and externalizing problems of mother, aggression regulation and severe social economic problems of father	physical abuse and domestic violence	emotional neglect and abuse
Developmental threat	10-year old son	6-year old son	6-year old son	10-year old daughter
Risk factors	couple's relationship issues, physical absence, problematic partner, one-parent family/stepfamily, many conflict, domestic violence, financial problems	problematic relationship, one parent family and major life event.	denying, maltreatment, physical absence, problematic parent relationship, behavioral and developmental problems in the boy	emotional and physical, absence, previous use of violence, financial problems, daughter has burdened history and behavioral or developmental problems
Protective factors	positive image, ask for support, willing to change, large informal network	mother and child: reliable relation for the child, feeling competent, willingness to change and both had involved (in)formal network.	mother feeling competent, managing child experiences, willingness to change, supportive network	willingness to change, supportive network, mother feeling competent
Round table conference	4 professionals and 4 informal network members present, mainly from Mosque and neighbours	3 professionals and mother of the child's mother was present	4 professionals and 1 friend of the mother	5 professionals and two friends of the mother
CPW	30-year old women, 8 years experience, trained in regular Delta-training	51 year old woman, 20 years of experience, trained in Delta training.	54-year old man, 14 years of experience, trained in Delta and Signs of Safety	60-year old woman, 8 years of experience, trained in Delta and Signs of Safety
Coding	C1M=mother C1F=father C1P=professional	C2M=mother C2F=father C2P=professional	C3M=mother C3F=father C3P=professional	C4M=mother C4F=father C4P=professional

2.5 Data analysis

First we deductively coded all interview transcripts using the concepts of autonomy, competence and connectedness, distinguishing between CPW and parental responses and synthesising them in a spreadsheet for each case that described the relevant results in terms of the three concepts. BR and MS discussed and finetuned these spreadsheets.

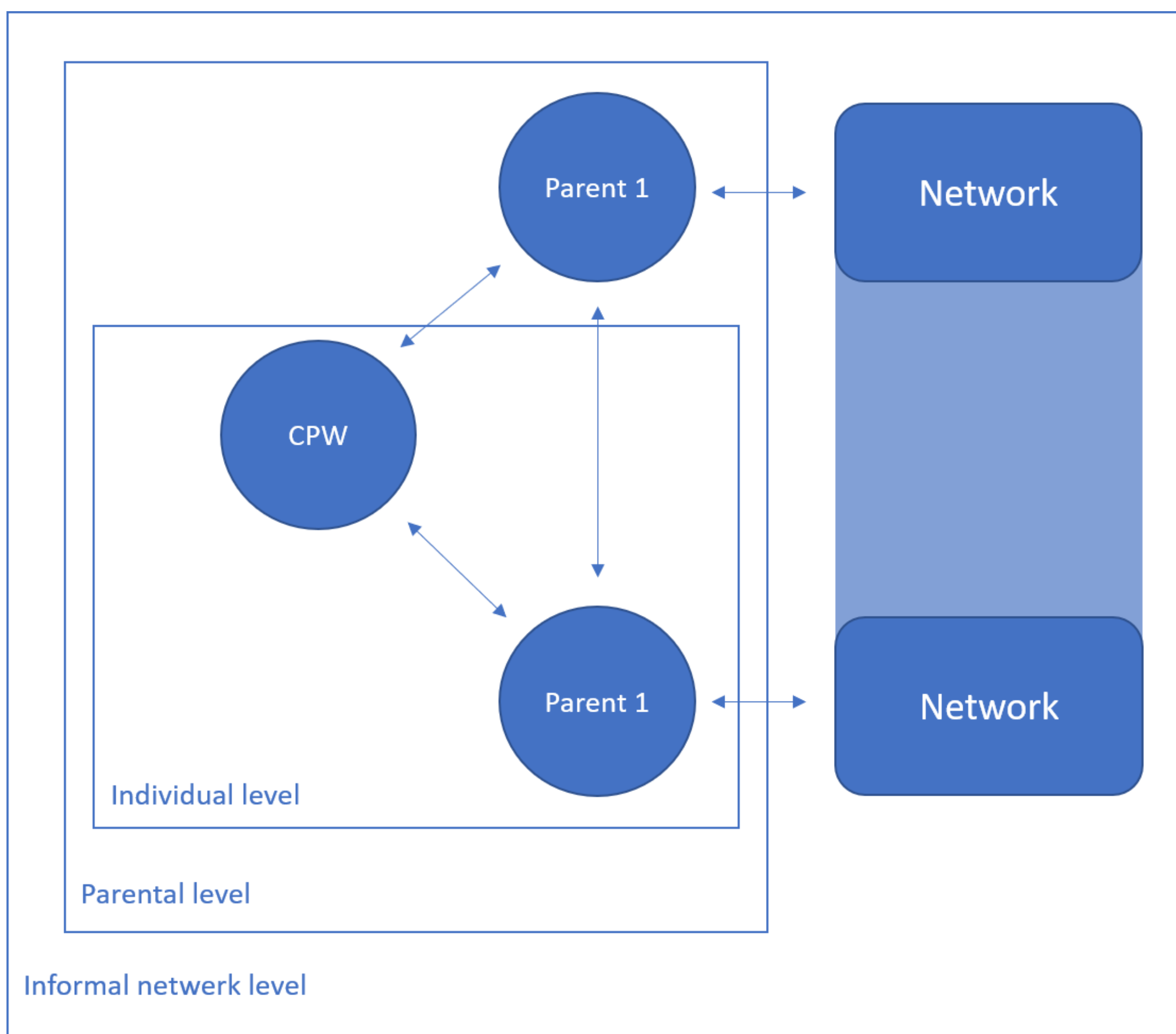
Secondly, we inductively analysed for each individual case how the three concepts influence each other, combining and comparing the perspectives of CPWs and parents. The results were entered as comments in the transcripts by BR and discussed with MS.

Thirdly, we used the preliminary results of stage 1 and 2 as focal points for the RTC. These observations were used to further understand the relations between the concepts and their underlying mechanisms. Comparable codes were grouped into one larger theme. BR and MS discussed the results of this step.

Finally, we grouped the results into the following categories: 1) the individual level, i.e. the challenges a CPW faces in their individual interactions with a parent; 2) the parental level, i.e. the dynamics within the triangle of parent 1, parent 2 and the CPW; and 3) the systemic level, i.e. the dynamics that the members of the informal network bring into the situation (see Figure 2).

To enhance reflexivity, BR kept a journal exploring the theoretical lens, the assumptions and preconceptions of the researchers, and how these might affect the analysis. The entire research team frequently discussed the results.

Figure 2. Stages of the analyses



3. Results

We studied SFA-informed change-promoting behaviour on the part of CWPs by analysing to what extent they promote parental autonomy, competence and network involvement. Here we focus on individual parents, then the parental subsystem, and finally their informal network.

3.1 Individual level

Promoting autonomy

As a result of the family court order, all parents experience a serious loss of autonomy. They feel scared that “child protection will keep them from seeing their child” [Case 2 Mother, C2M] or angry because they are “unhappy with the coercive involvement of the CPW” [C4M]. The CPWs acknowledged this and were enthusiastic about the potential of SFA. “It is important that parents feel in control despite my mandated involvement” [Case 1 Professional, C1P].

To promote autonomy, the CPWs mostly used passive participation strategies such as informing parents, inviting them to share their opinion and stimulating their ability to find their own solutions (Arnstein, 1969). The CPWs made parents aware of their role in supporting the family and their specific mandates. They are “here to help parents seek solutions for their problems” [C1M]. Most parents felt sufficiently informed about the CPW’s role and responsibilities. “The CPW says her role is mainly to manage things so that we can go on by ourselves” [C2M]. “The CPW tells us about the next steps and what we can expect from her” [Case 1 Father, C1F]. The CPWs tried to invite parents to share their perspectives and ideas about viable solutions. The CPWs referred to this as standing beside the parents: “I try to listen to the perspectives of all parents so that they feel heard and respected” [C1P]. Most parents felt “heard” [C1F, C2M] and felt that “the CPW is open to their point of view” [C3M]. In addition, the CPWs encouraged parents to find their own solutions. “The CPW often invites me to talk about the potential solutions we see.” [C1F]

Less frequently, CPWs supported active participation, such as co-creation and shared decision-making. This was apparent in the assessment process that led to the Action Plan covering all the problems, goals and solutions and steps needed to end the family court order. The CPWs first drafted an Action Plan based on the information included in the family court order. Then they added information provided by the parents, the network and in some cases the RTC outcomes. This draft was then presented to the parents, who only had a couple of days to respond. However, not all parents read the Action Plan or provided feedback. “I know I’m supposed to read it, but I’ve only glanced at it” [C2M]. The CPWs could not help parents respond to the Action Plan because of the

narrow time frame. They acknowledged that this had a significant impact on parental participation, resulting in parents having less control over their Action Plan.

The interviews also showed that parents' feedback did not necessarily lead to revisions to the Action Plan. CPWs argued that the Action Plan is essentially non-negotiable because it contains details stipulated in the referral and the family court order. Specifically, the criteria described in the family court order and the information specified in the referral cannot be adjusted, even when parents disagree. Changes can only be made if they do not contest these criteria or the interpretation of the referral. Parents felt they were not being heard or represented well in the official documents. "I sent [them] an email with accurate information about our situation. Somehow this was not included [...] so that every document opens with old information. That feels really strange. And though the CPW explained why she is unable to correct it, it really annoys me that every document describes situations that are not that important to me" [C2M]. This suggests that the paper trail for child protection is inflexible and insufficiently sensitive to situational changes over time. The CPWs argued that the narrow time frame in which the Action Plan needs to be completed (within six weeks) left no room for parents to provide proper feedback. They were unable to discuss the draft with parents. In other words, although CPWs wanted to invest in participative feedback, they felt limited by the procedures they are required to follow.

Promoting competence

Families in child protection often have fragile confidence in their ability to solve their problems. In addition, a family court order seems to confirm their doubts about their parenting skills. This has a major impact on parents. "I must have done terrible things, because child protection is involved now" [C4M]. Therefore, SFA focuses on promoting their sense of competence – firstly, by pointing out the strengths that exist within the family. "It is important to identify strengths in families because it improves their sense of competence and promotes a focus on the good instead of the bad. [...] It creates a learning space" [C3P]. Our study showed that this approach has a direct positive effect on parents. "My CPW focuses on positive signs in my family and that gives me a chance to think about the future" [C3M].

Next, CPWs promote a sense of competence by explicitly complimenting parents on their achievements. "My CPW gives me small compliments and I really like that" [C2M]. "I feel she sees our intention to do better. She's really happy about our progress and that makes me feel she's connected to us" [C1F]. Lastly, CPWs promote competence by referring parents to specific courses, for example emotion regulation training for the father in Case 2.

Nevertheless, it remains unclear to what extent the Action Plan utilises the family's strengths, especially in goal-setting and in the change process. "I do not explicitly integrate the strengths into the Action Plan. I should do that more" [C1P].

Involving networks

A family court order may lead to parents isolating themselves or being isolated from their social network. "I feel ashamed that a CPW is in my home. […] I hesitate to involve my personal network" [C1F]. As SFA emphasises the role of the supporting network in promoting change, "it's so important to identify the network. That's why it's standard procedure" [C4P]. Some CPWs "analyse the social network by drawing a graph of those involved that identifies the strengths of the various relationships" [C3P].

After identifying the network, the CPWs encouraged parents to invite their network to a RTC to discuss the concerns, goals and potential support and draft the Action Plan. "Most parents want to ask their network, but some parents are hesitant" [C4P]. Some parents were afraid to involve others. For instance, "The father didn't want to ask his social worker because he was afraid she would say terrible things. I pointed out that his network could support him at the RTC. Eventually he decided not to bring anybody. He was too scared" [C2P]. Other parents were afraid of the RTC because they did not know what it was going to be like. "I wasn't sure what to expect" [C2M]. Although parents were told about the goals of the RTC, the CPWs tended not to work with a meeting agenda. "I keep my information simple because I don't want to overcomplicate things" [C1P]. Other CPWs used an independent chair, which is common in the Dutch version of the Family Group Conference. Finally, some parents were worried about the systemic dynamics at the RTC. "I was scared my mum and my ex would get into a fight, and they did" [C2M].

The CPWs acknowledged the importance of involving the network but found this challenging to achieve due to the narrow time frame they had to organize an RTC (two weeks). "I can't get everyone involved properly within the current time frame" [C2P]. Some felt that the time frame conflicted with the goal of involving the network. "It takes time to connect parents to the relevant network. I'd rather slow things down to support them" [C3P].

Aids and challenges to the SFA

Parents and CPWs mentioned factors that had a positive impact on the SFA. Both parties acknowledged the positive impact of a good relationship characterised by mutual openness, availability, accountability, trust and respect. Parents emphasised a "warm, human approach" [C1F, C2M]. A relationship takes time to build. "We gradually got to know each other so that we could

easily understand each other"[C1F]. And: "She knows me better now and that deepens our working relationship" [C2M].

However, there are also challenges. Parents who have had negative experiences with healthcare are less open to participating in a CPW process: "I've seen so many unhelpful healthcare professionals. Most CPWs were involved for a little while and then referred us to other healthcare professionals. […] I'm not really investing in her" [C4M]. Parents accused of maltreatment were also reluctant to participate. "I only tell them things concerning my child's welfare because any information can be used against me. I keep my distance from the CPW" [C3M]. Other parents feared that previous behaviour would result in restrictions being placed on their contact with their child. Feeling judged, these parents shared little information or were reluctant to connect with a CPW. "Everyone is against me because I can get aggressive. They stop me from seeing my son" [C2F]. The CPWs emphasised that parental participation can be impeded by challenging factors such as actual or assumed cognitive ability, language barriers or emotion regulation, trauma and attachment issues.

These challenges reveal the need for discretionary space. Enabling CPWs to work with SFA requires flexibility, creativity and the time to connect with parents and their specific needs. Case 2 illustrates how this could work. Initially, the father was defensive and angry at the CPW but he gained trust over time. "He needed to understand my intentions, that I wanted him to see his son. So I didn't respond to his aggression. I chose to let him see his son alone, despite having agreed with the mother that he could only see him under supervision. When I let him see his son alone, I showed him that his wishes and role as a father are as important to me as the mother's role. It paid off immediately. He was more open with me in the follow-up appointment" [C2P].

3.2 Systemic level

The systemic context is a strong predictor for behavioural change. Parental change requires both individual change and interactional change. An environment that supports change increases the chances of a successful outcome. Therefore, we analysed the SFA behaviour of CPWs on the parental/systemic and network levels.

Parental subsystem

Changing parental behaviour is more likely to succeed when both parents feel in control, competent and connected. Therefore, CPWs should promote strength behaviour in both parents as well as in their interactions. However, our study shows that CPWs faced many challenges in achieving this.

Firstly, modern family constellations contain a variety of members and dynamics, all requiring a different approach. For instance, only Case 1 had a traditional nuclear family with two biological

parents and their children. The three other cases had single, divorced biological parents. Here, the CPW dealt with two separate families, who remain connected through visitation rights. According to CPWs this is especially difficult in contentious divorce proceedings. “In such cases each parent tries to bring you around to their point of view and get you on their side. I always have to be careful not to get sucked into their conflict” [C4P]. In such cases, the parental subsystem is dominated by problem-based conflict. Parents tend to focus on the individual conflict instead of on their parental responsibility and the need to cooperate with each other to benefit their child.

Secondly, the sense of control felt by the parents is highly dependent on the custody arrangement. In three of our cases only the mother had custody. This made the father highly dependent on her willingness to let him see the children, which made him feel less in control and led to strain in the relationship. The CPW needs a specific approach to deal with this.

Thirdly, promoting strength in one parent can undermine the strength of the other. In Case 2, the father was afraid that he would not be allowed to see his son. The mother “gave permission to let the father see his son under the CPW’s supervision” [C2M]. However, the father interpreted this as a motion of incompetence. “No one lets me see my son alone. I just want us to have coffee somewhere in public.” This put the CPW in an awkward position, torn between complying with the mother’s instructions and promoting autonomy on the part of the father. The CPW opted to let the father have a coffee with his son while she stayed back. This intervention strengthened her relationship with the father and increased his sense of control. However, the mother felt betrayed and unhappy with “a decision made behind my back” [C2M]. The CPW’s well-intended gesture towards the father actually undermined the mother. She decided for the mother and did not give either parent the opportunity to make a decision together. Thus, her intervention did not strengthen the parental level. It diminished the mother’s strength and led to tension between the parents.

In other cases we saw that CPWs tended to under-stimulate interaction between the parents and joint decision-making, focusing primarily on individual parents. This ended up unintentionally undermining one of the parents, resulting in conflict and friction in the relationship with the CPW.

Network

According to SFA, change is more likely to be successful when the parents are in an environment that facilitates change. The CPWs use the RTC to connect the family with their formal/informal networks, resulting in various constellations of participants (see Table 2).

Our study showed that involving the informal network in these meetings did not necessarily promote change. In Case 2, for instance, the mother was willing to work with the father because she felt it was important for her child. Her own mother (the grandmother, or GM), however, was angry about the father’s violence and wanted to protect and help her daughter. Thus, GM was a change

promoter for the mother but not for the father: “He should not be trusted because he is always aggressive” [C2GM]. The father, who chose to come to the meeting alone, responded angrily, calling her “a racist” [C2F]. The CPW took a neutral stance and tried to de-escalate the situation: “We’re not getting into that now” [C2P]. But the damage had been done, and the father felt isolated: “Everyone is against me seeing my son” [CF2]. The CPW felt bad. “It was a shame because both parents were wanting to work together despite everything that had happened” [C2P]. It seems the GM’s presence was harmful to both parents. She hurt her daughter because she unintentionally undermined her daughter’s chances of connecting to the father in a new, healthier way. Moreover, she undermined the father’s sense of control and competence and damaged the relationships between the father, the mother and the CPW that had been so carefully built. As a result, the CPW had to take new actions to contain the damage and repair the relationships.

Involving the formal network, such as healthcare professionals or school staff, also does not always promote change. In the RTC, many professionals tend to focus on concerns rather than on strengths. “Sure, I’d like to focus on strengths, but I want to address my concerns about the mother first” [C3P]. Another professional mentioned her concerns about the son during the RTC. The father took great offense and felt humiliated in front of his informal network: “Who are you to be so judgmental about my son? I don’t even know you. […] Criticising me in front of my friends and family is really disgraceful” [C1F]. Afterwards, the CPW had to mediate between the parent and this professional. In Case 2, the aggressive father was ordered by the child protection board to have his urine checked to monitor drug use. In the CPW’s opinion, this was “unnecessary because there was no sign of drug abuse having a detrimental effect on the father’s behaviour towards his son.” This monitoring undermined the father’s sense of competence and control and affected his willingness to cooperate.

Scheduling constraints can also hinder CPWs in establishing a change-supporting network at the RTC. “Ideally, I’d like to prepare parents properly” [C4P]. But “there’s no way I can arrange an RTC, inform all relevant people and prepare the parents in just two weeks” [C1P]. However, the findings also seem to suggest that professionals lacked the systemic knowledge and skills to encourage change-promoting dynamics in the network.

4. Discussion

Families with a family court order face the daunting task of trying to change quickly while dealing with many severe problems. The stress of a court order can end up being piled onto existing stress and increasing the natural fight, flight or freeze reflex (Siegel, 2012). To stimulate change in these kinds of circumstances requires specific skills. Insights from the self-determination theory show that

change can be facilitated when three basic psychological needs are met: autonomy, a sense of competence and a sense of being connected to one's environment (Ryan &Deci, 2017). We believe that this theory is in line with the solution-focused perspective (SFP) that provides professionals with the necessary motivational tools (Berg & Kelly, 2000). As found elsewhere, the CPWs in our study were enthusiastic about SFP but faced multiple challenges and tricky balancing acts to manage (Caffrey, L & Browne, F, 2022; Oliver, 2017; Stams et al., 2010; Sheenan et al, 2018; Turnell & Murruphy, 2018; Wheeler & Hogg et al., 2012; Wolff & Vink, 2012).
We observed how CPWs invest in promoting the sense of autonomy and competence of individual family members. The CPWs point out the available strengths within a family, give compliments and stimulate family members' sense of competence. However, family strengths are not explicitly utilised in goal setting and during the change process. Furthermore, CPWs promote autonomy by using participation strategies such as informing parents, inviting parents to give their opinion and stimulating their ability to find their own solutions. However, more active forms of participation, such as co-creation of the Action Plan and shared decision-making, were used less frequently.
Furthermore, we saw how the CPWs struggled with working on a contextual level. They found it difficult to promote adaptive parenting behaviours on the part of both parents and in their working relationship. The CPWs tend to focus on an individual parent and unintentionally undermined the working relationship between the parents, especially when the parents were divorced. Involving the – formal and informal – network also did not necessarily promote change, as participants sometimes undermined the parents' sense of competence and control or had a negative impact on the relationship between the parents.

These observations are related to several challenges and balancing acts that the CPWs were dealing with. Firstly, CPWs needed to balance the stipulations of a court order and the need to promote self-determination (Schuytvlot, 1999). All cases start with a mandatory intervention stipulated by court order, which parents experience as undermining their authority. The coercive nature of the court order is at odds with SFP and decreases self-determination, and could also add to parental stress (Ryan & Deci, 2017; Berg & Kelly, 2000). As a result, CPWs could start one–nil down, i.e. with the parents distrusting them and having to find a way to restore the parents' sense of self-determination before being able to help increase it. Although the CPWs were keen to improve the parents' self-determination, our study reveals there is room for improvement here. For instance, they could let parents participate *actively* in drafting their Action Plan, which is currently done by the CPWs on their own. A working relationship based on mutual openness, trust and respect promotes self-determination. In contrast, self-determination is challenged when parents feel accused of maltreating their child, have had bad experiences in a healthcare setting or suffer from severe psychological problems, substance abuse issues or trauma. These findings suggest that parents

experience a child protection intervention from a social constructivist perspective rather than a positivist perspective whereby they feel encouraged to change as a result of a coercive intervention.

Secondly, the CPWs struggled to find a balance between an approach focused on the parents as individuals and a systemic approach. Ideally, CPWs encourage parents to change and encourage the parents' network to be a change-supporting environment in which the parents feel able to achieve their goals. In practice, existing systems can frustrate change. Currently CPWs focus too much on individuals instead of promoting the system, such as the parenting subsystem in which the parents share responsibilities. This can easily lead to situations where self-determination is promoted in one parent but frustrated in the other, resulting in unintended conflict between parents or in the relationship between the parents and the CPW. In addition, the network does not always support change. The CPWs underestimated the complex systemic dynamics that occur when the network gets involved. Network members are often unfamiliar with SFP or do not act in accordance with it. These findings suggest that CPWs can benefit from more system therapeutic awareness and skills in order to better understand malfunctioning families and how to encourage functional family dynamics. However, in this study we only embraced a structure and communication system therapeutic perspective in order to understand the dynamics that get in the way of change. The epistemological background of these perspectives tends to be positivist, though, which suggests that it is possible to analyse a family's structure and communication within one model. A social constructivist perspective, on the other hand, emphasises the different individual perspectives on the family situation, suggesting that there is no such thing as one single truth or one true version of the family story. It is recommended that a narrative systemic perspective be further explored. This perspective holds that each family member has their own experience that needs to be heard and understood before a future perspective can be created for the family (Habekotté & Reijmers, 2020). This requires the CPW to value each individual story equally and take a neutral approach to each of them.

Thirdly, CPWs needed to balance between requirements of flexibility in the practical complexity of their daily practice and the inflexible linear implementation strategies used by organisations (Oliver, 2017; Sheenan, 2018). The CPWs felt especially limited by fixed processes and narrow time frames (see also Rijbroek et al., 2017; Stams et al., 2010; Sheenan, 2018; Wheeler & Hogg, 2012; Wolff & Vink, 2012), including when trying to involve family's networks. Some argued that governments introduce these kinds of linear processes in an attempt to control child protection and enhance its efficiency and quality (Berg, 2000). In addition, this positivist approach seems to underestimate the complex and dynamic nature of child protection work and the demands of the paradoxical role of protecting children while encouraging change. The effect is that CPWs often find they lack the discretionary space necessary to support the unique, complex needs of families (Montfoort, 2013).

Promoting change in families involved in child protection cases requires intelligent, compassionate and clear practice that integrates the skilful use of authority with strong engagement and relational skills grounded in clear communication about the child protection concerns that exist. It is required for CPWs to be satisfied when the child's safety and well-being is secure. It also requires a child protection system which allows CPWs to intervene through family support and statutory solutions (see Berg, 2000; Connolly & Katz, 2020; Quick, 2012; Sheenan et al, 2018). A child protection system as such requires a social constructivist perspective on family problems that emphasises the complex nature of child protection cases which can never be understood in terms of true or false, only in terms of different experiences in which people are naturally willing and able to adapt (Berg & Kelly, 2000; Connolly & Katz, 2020; Gibson, 2015).

Our findings should take a few limitations into account. Firstly, we conducted in-depth multi-method analyses based on a relatively small sample, which limits the extent to which the findings can be generalised, although they are in line with the existing literature. However, the study emphasises the bottom-up experience of CPWs' practice on a micro level, which is only rarely pointed out in the literature (Gordon, 2018). Secondly, we focused on the parents' perspective, mainly since one of our inclusion criteria was that the children had to be between the ages of 4 and 12. In the search for better child protection, we recommend including the child's perspective in future research.

This study showed that CPWs successfully use several SFP techniques but need to improve their strategies in order to enhance parental self-determination. They should promote active participation more, promote the parental subsystem, utilise the family's strengths and be more considered and better prepared when involving the formal/informal network. However, they also need more professional freedom and procedures that facilitate adaptation and flexibility. We believe that child protection services should focus more on the empowerment of families and their CPWs than on repression and control.

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Appendix 1: Overview of instruments used for document analyses

Light Tool for the Assessment of Risks to Child Safety (LIRIK, in Dutch: Licht Instrument Risico Indicatie Kindveiligheid).

LIRIK assesses the current and future safety situation. LIRIK is a checklist which assesses the possible threats to the safety of children between 0 and 18 (Ten Berge, 2008). It is based on signals, risks and protective factors found in research and CPS practice. The items are clustered into two parts. The first part focuses on the child's situation in the current moment. The second part focuses on the probability of child abuse in the future (Ten Berge & Eijgenraam, 2009). Based on the results for both parts, professionals can arrive at an explicit and substantiated conclusion about the level of the child's current and future safety. Assessments conducted using this instrument are comparable to non-structured interviews and other risk assessment tools. The reliability and validity have not been studied. Because of the lack of validity, the LIRIK is seen as a checklist.

Symptom Checklist (SCL-90)

The SCL-90 is a brief self-report that measures physical and psychological problems in adults (Arrindell & Ettema, 2003). It consists of 90 items, with the parent indicating on a five-point Likert scale to what extent they experienced each specific item during the previous week. There are eight subscales: agoraphobia, anxiety, depression, somatic symptoms, insufficiency of thought and action, distrust and interpersonal sensitivity, hostility and sleep problems (Arindell & Ettema, 2003). In 2004 the overall quality was reviewed positively by the Dutch Committee on Tests and Testing (COTAN). Arrindell et al. (2004) reported a reliability of α = .73-.97 in their study. For the interpretation we used the P2O program. This program calculates your scores on the subscale and compares them with the norm scores.

Child Behavioural Checklist (CBCL)

The Dutch version of the Child Behavioural Checklist (CBCL) is a standardized instrument that measures behavioural and emotional problems and skills in children between 6 and 18 (Achenbach, 2001). It consists of 120 items that have to be rated on a three-point Likert scale. The CBCL consist of 3 subscales: internalising behaviour, externalising behaviour and competence. In their study which included the CBCL for children aged 6-18, Achenbach et al. (2008) reported an average reliability of α = .94 for the total problem scores, α = .87 for internalising and externalising behaviour, α = .74 for the problems scales and α = .74 for the DSM scales (Achenbach et al., 2008).

Family Questionnaire (GVL, 'gezinsvragenlijst' in Dutch)

The GVL measures the quality of the family environment for children between the ages of 4 and 18 (Van der Ploeg & Scholte, 2008). It is based on findings about the impact of the family environment on behavioural and emotional child development. It consists of 45 items and is scored on a five-point Likert scale. Family functioning can be divided into five subscales: responsiveness, communication, organisation, partner relationship and social network. Based on research into the psychometric properties of the GVL, the developers find that GVL is sufficiently able to map the family aspects (Van der Ploeg & Scholte, 2008). The internal consistency of the subscales ranges from satisfactory (.79) to good (.95), with a Cronbach's alpha of .97 for the total score. For both the subscales and the total score, the interrater reliability is fairly good (α = .64-.74) (Van der Ploeg & Scholte, 2008).

Empowerment Questionnaire (EMPO)

The EMPO measures the degree of empowerment of the parents. The EMPO 2.0 (Damen & Veerman, 2005) is based on the EMPO developed by Praktikon in 2011. It was developed for parents who receive youth care support or have received youth care support in the past (Damen & Veerman, 2005). It consists of 27 statements which represent three factors: perceived competence as a person, perceived competence as a caregiver and competence utilisation. It is scored on a five-point Likert scale. The internal consistency is very high for each of the four subscales (α = .93-.97) (Damen & Veerman, 2005).

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Chapter 6

Implementation of a solution based approach for child protection: a professionals' perspective

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Abstract

A child protection system is not just about minimizing child abuse but also maximizing welfare (Munro, 2008). Therefore, the new Youth Act in the Netherlands promotes empowerment in child protection (Ministry of Health, Welfare and Sport & Ministry of Security and Justice, 2014). The last decade, empowering child protection services was dominated by the Signs of Safety (SoS) approach of Andrew Turnell and Steve Edwards (1999), a strength-based method with a strong client focused perspective.

The current study evaluates a multilevel implementation process of a SoS approach within a Child Protection Service (CPS) in the Netherlands as perceived by professionals. Since 2014, the CPS is implementing its own SoS-version called Safe Together Step by Step (STSS). The study comprised a cross-sectional survey (n=138) with an experimental and control group and was part of a larger evaluation study on the STSS approach.

We analysed a multilevel approach, using Cretin's chain of action, dividing professional level, team level, organizational level and contextual level determinants of implementation. Results show that the implementation of STSS within current CPS is still in an early adoption stage. The study provides some support for a multilevel implementation strategy with 38% explained variance. However the professional level is the largest contributor (25%) to the use of STSS, especially knowledge necessary for implementation and influences of important others (subjective norm), contribute to the use of STSS.

A multilevel implementation strategy should include activities on all levels in order to improve the determinants. With an integrated multilevel strategy chances for implementation success increases. In addition, the multilevel strategy should include a long term process with continues feedback on the implementation and adjustments in implementation strategies if needed. Moreover, knowledge from literature and practical experience should meet to further develop the implementation strategy for SoS approach in order to improve empowerment based working within child protection services.

1. Introduction

Child maltreatment is a universal phenomenon causing harm to millions of children all over the world (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2014). In the United Nation's Convention on the Rights of the Child (1989) 194 countries explicitly stated that they will take all measures in order to protect children from maltreatment. The aim of a child protection system like that is not just about minimizing child abuse but also maximizing welfare (Munro, 2008). Therefore, the new Youth Act in the Netherlands promotes empowerment in child protection (Ministry of Health, Welfare and Sport & Ministry of Security and Justice, 2014). Research shows that empowerment makes child protection services more efficient and decreases the need for specialized care (Bosscher, 2014). Moreover, empowered families are less likely to be involved in maltreatment (Browne & Winkelman 2007). Empowerment gives control to individuals and their lives and helps families to deal with problems (Rappaport, 1987). It reinforces the ability to solve future problems, which makes them less dependent on care agencies (Graves & Shelton, 2007; Jones & Meleis, 1993; Resendez, Quist, & Matshazi, 2000). Therefore, improving empowerment is a central ambition in the new youth care system in the Netherlands (Bosscher, 2014; Hilverdink, 2013).

During the last decade, empowering child protection services was dominated by the Signs of Safety (SoS) approach of Andrew Turnell and Steve Edwards (1999), a strength-based method with a strong client focused perspective. The approach assumes that families are able to change. In addition, it strongly focuses on collaboration between child protection workers and families (Bartelink, 2013). Some research shows promising results and states that professionals and scientists are generally positive about the development of the SoS approach (De Wolff & Vink, 2012). However, studies to the effectiveness are still missing.

Implementation of the SoS approach is not easy and a clear implementation protocol is lacking (Bartelink, 2010). In addition, no research to a successful implementation strategy for the SoS approach was found. However, some research shows that the implementation of SoS is a long-term process (Anthonijsz et al., 2014; De Wolff & Vink, 2012) and should be seen as an 'organisational journey' (Turnell, 2010). Several characteristics, such as the organisation, its teams and professionals, seem to influence the implementation process (De Wolff & Vink, 2012; Salveron et al., 2015; Turnell, 2010).

These findings are in line with implementation models that point out the importance of a multilevel approach in which individual, team, organisational and contextual success factors are integrated (Cretin, Shortell, & Keeler, 2004; Fleuren, Wiefferink, & Paulussen, 2004;). Although, some theories about multilevel implementation are available, most studies focus on only one level of the implementation strategy (Proctor et al., 2011). In addition, potential interactions between these

determinants on different levels have not been analysed yet (Grol et al., 2007). Therefore, determinants on each level should be derived from theories about single determinants and need to be tested.

To gain deeper understanding of a multilevel implementation strategy for SoS more research is needed to investigate success determinants and the interaction of all determinants on all levels. The current study tries to contribute to this knowledge gap by evaluating a multilevel implementation process of a SoS approach within a Child Protection Service in the Netherlands as perceived by professionals. The first aim is to analyse the multilevel implementation process. The second aim is to gain understanding of the direct effect of each determinant on the implementation and thirdly to explore the relations between determinants to find their indirect effects.

Case setting

This study took place in one out of fourteen Child Protection Services (CPS) in the Netherlands. According to the CPS characteristics, provided by the CPS, the organisation gave supervision to 11,540 children and employed about 400 child protection workers in 2014. Since 2014, the CPS is implementing their own SoS-version called Safe Together Step by Step (STSS), as Turnell obtained the intellectual property rights on SoS in 2013 (Resolutions Consultancy, 2015). The implementation of STSS aimed to improve empowerment based working within child protection workers.

An implementation manager was appointed in 2014 and an implementation plan was made. The implementation started with constructing a concept guideline, developed by a selected group of professionals, who were previously trained in the original SoS approach. Although SoS offers no specific guideline it does offer practical instruments (Bartelink, 2010). The current STSS guideline included the following instruments: a tool guided conversation with the child(ren), drawing a genogram, a round table conference with formal and informal network and a safety plan designed with parents.

Next, implementation took place in several stages starting with four teams out of sixteen. These were appointed as experimental teams for current study. All members of these four teams were trained in STSS during late 2014 and early 2015. The STSS training consisted of three days, two incompany days focussing on theory and practise and one day focussing on professionals' experiences with STSS. Further, four consultation sessions each year were provided by the internal experts who also developed the guideline.

In addition to the experimental teams, four teams were appointed as the control condition in which no STSS training or implementation took place during the measurement of this study. However, in the beginning of 2015 the transition led to major changes within the CPS. A

reorganisation allocated many professionals from one team to another. This resulted in untrained professionals in the experimental teams and trained professionals in the control team by the time of measurement in April 2015.

1.2 Theory

Implementing an intervention is often difficult in practice (Greenhalgh et al. 2004; Grimshaw et al. 2004; Breuk et al., 2006). Mostly because an implementation process is influenced by determinants on several levels (Cretin et al., 2004; Fleuren et al., 2004; Grol & Wensing, 2011; Van Everdingen, J. J. E, Assendelft, W. J. J, & Burgers, J., 2004). Further, a successful implementation of a SoS approach requires a multicomponent implementation approach (Wheeler & Hogg, 2011). Cretin et al. (2004) offers a model that outlines several levels, called the chain of action, stating that the contextual, organisational and team level factors influence professionals' behaviour and therefore influence healthcare process. Grol and Wensing (2011) confirm that an implementation process should include each level in order to complete a successful implementation. The implementation model by Fleuren et al. (2004) includes socio-political context, organisational and professional determinants, and innovation characteristics.

The current study uses the multilevel approach of Cretin et al. (2004) and conceptualises the levels of Fleuren et al. (2004) shown in figure 1. However, this study centralises the position of the individual professional because the SoS approach strongly depends on the collaboration between client and professional (Turnell & Edwards, 1999). Therefore, the conceptual model starts with the professionals' abilities and explores the surrounding of the professionals in their teams, organisation and contextual determinants in order to fully adopt the SoS approach. The arrows symbolise the direct effects determinants have on the outcome, but also the indirect effect that they have on each other.

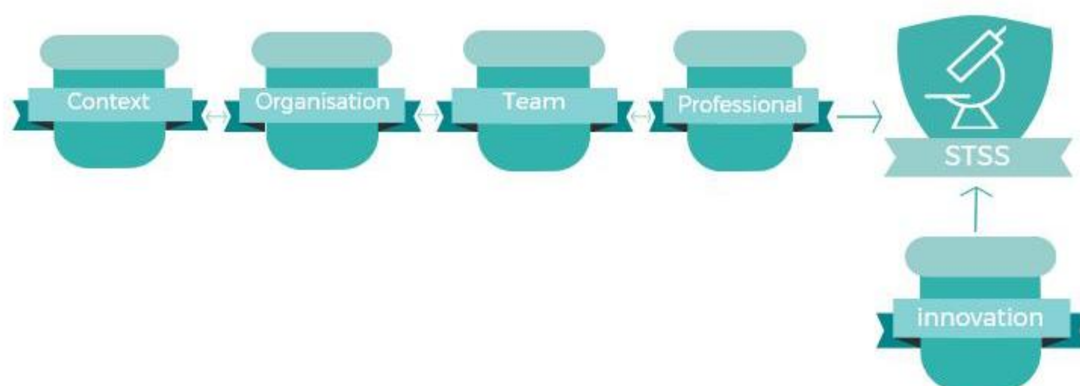

Figure 1: multilevel implementation model for STSS

Professional determinants

The individual level determinants describe the characteristics of professionals that give insight in the ability to adopt a SoS approach (Fleuren et al., 2004). Professionals are able to adopt when they are capable and willing to use it (Stals et al., 2008). The current study, therefore, includes competences and willingness to change as individual determinants.

Competences of professionals strongly influence the success of implementation (Astroth, Garza, & Taylor, 2004; Mildon & Shlonsky, 2011; Stals et al., 2008). Competences can be defined as "distinct sets of behaviours applied to reliably complete a critical task that is directly linked to a critical outcome" (Ricciardi, 2005). Skills and knowledge about a new intervention are crucial for a successful implementation (Oosterlaken, 2015; Smith, 2011; Stals et al., 2008). Van Rossum, Ten Berge, and Anthonijsz (2008) defined specific competences for child protection with knowledge, skills and attitudes on several levels, distinguishing signalling, acting, cooperating, evaluating and attitude (Van Rossum et al., 2008). Moreover, SoS describes several competences in detail, like looking for exceptions to the abuse, identifying family strengths and resources, and scaling levels of safety, willingness, capacity and confidence (Turnell & Edwards, 1997). A professional should be open and honest about their power, authority and work process (Turnell, 2004).

Next to competence, the willingness to change facilitates a successful implementation (Armenakis, Harris, & Mossholder, 1993; Holt, Helfrich, Hall, & Weiner, 2010; Jones, Jimmieson, & Griffiths, 2005; Metselaar 2011). Reflective professionals are more willing to initiate and support a change (Shaw et al., 2013; Weiner, Amick, & Lee, 2008). Research found strong relations between individual and organisation levels of willingness to change which confirms the need for a multilevel approach (Madsen, Cameron, & Miller, 2006; Smith, 2005). In addition, the SoS approach is strongly depending on reflective professionals who are open to new experiences (Bartelink, 2013; Quick, 2011; Turnell, 2008; Turnell & Edwards, 1999; Wheeler & Hogg, 2011).

Team determinants

Individual child protection workers often work alone in complex situations and are therefore in need of support from their teams. Effective teams have a certain extent of team reflexivity (Schippers et al., 2007), depending on how group members reflect upon their work, strategies and processes and how they adapt to changing circumstances (West, Garrod & Carletta, 1997). Research shows that reflective teams stimulate decision-making processes (Schippers, Den Hartog, & Koopman, 2005) and improve possible change (Cretin et al., 2004; Lemieux-Charles & McGuire, 2006). In addition, research confirms that providing feedback, creating learning and emotional support can improve quality of care (Buljac-Samardzic, Van Woerkom, & Van Wijngaarden, 2013). The solution focused

and safety-grounded way of working requires working in a safe and cohesive team that is reflective and supportive (Buljac-Samardzic, 2012; De Wolff & Vink, 2012; Turnell, 2010). This study includes team reflexivity as a success team determinant for the implementation of SoS.

Organisational determinants

Successful implementation requires support by the organisation and leadership (Fleuren et al., 2004; De Wolff & Vink, 2012; Smith, 2011; Stals et al., 2008; Stals, 2012; Turnell, 2010). Supportive organisations create a general desire to change (Chong, White, & Prybutok, 2001). An organisation can support an implementation by management support, and practical facilitation like capacity, financial resources, time, materials like guidelines and tools and information (Fleuren et al., 2012). A supportive organisation influences professionals' commitment and improves their work attitude and performance (Laschinger, Purdy, Cho, & Almost, 2006; Rhoades & Eisenberger, 2002). This suggests that an implementation of SoS heavily depends on the support by the organisation.

In addition to management support, leadership appears to be of great importance for implementation (Grol et al., 2007; Øvretveit, 2005; Salveron et al., 2015). Effective leaders provide adequate structure and minimize resistance (Grol et al., 2007; Grol & Wensing, 2011; Øvretveit, 2005; Van den Nieuwenhof, 2013). Research shows that transformational leaders support implementation and change (Øvretveit, 2005; Schmid, 2008). They are people-oriented (Schmid, 2008), build relations and help an organisation to be flexible or to adapt to change (Øvretveit, 2005). A transformational leader generates change through bottom-up efforts, which fits the strengthening approach of SoS. Therefore, the current study includes transformational leadership as a success factor of the implementation of a SoS approach.

Contextual determinants

An implementation is often more complicated because the setting of the innovation, otherwise referred to as contextual determinants, influences a process (Fleuren et al., 2014; Grol et al., 2007). However, these determinants are often hard to change (Grol et al., 2007). According to contextual theories the wider environment could influence the innovation by setting regulations, systems and markets (Grol et al., 2007). For instance, Fleuren et al. (2014) includes the social and political context, referring to laws and legislations. The new Youth Act encourages the implementation of SoS because it explicitly calls for more empowerment based working in youth health care (Ministry of Health, Welfare and Sport & Ministry of Security and Justice, 2014).

Next to laws, partner organisations could influence the implementation (Grol et al., 2007). Research shows that professionals find it easier to adopt SoS if partner organisations work with the

same approach (De Wolff & Vink, 2012). Therefore, the current study includes laws and partners as contextual success factors.

2. Methods

2.1 Research design

The study comprised a cross-sectional survey with an experimental and control group and was part of a larger evaluation study on the STSS approach. The larger study consisted of an effect evaluation of the STSS approach and an explorative study to the problem- and protective factors of the child protection population, financed by The Netherlands Organisation for Health Research and Development (ZonMw). The Medical Ethics Committee of Erasmus University Medical Centre, Rotterdam has approved the research protocol (MEC-2-14-020).

2.2 Data collection procedure

Eight CPS teams were selected for this study. 157 child protection workers were approached and 138 filled in a questionnaire. In total 19 were not returned, due to holiday, maternity leave, illness or refusal to participate (n=3). The response rate for the experimental group was 86.5% and for the control condition 89%. Participants received a questionnaire in March and April, 2015. The data were collected in team meetings, set up by the team manager. One researcher introduced the study and explained the details of the research and questionnaire. The questionnaire consisted of four parts that were introduced by the researcher, followed by a timeframe and a small break. To fill in an individual questionnaire took on average 60 to 70 minutes. In between questions were addressed to the researchers and replied. Completed questionnaires were checked for missing data and if needed returned to respondents. Few missing data were found. During and after the session small presents were handed out. If respondents were not able to join a team group meeting they were asked to join another team and if needed were asked to fill in the questionnaire by e-mail. In total, 22 members filled in their questionnaire by e-mail. All respondents participated with passive consent because the CPS board argues that participating in research is part of developing your profession.

2.3 Participants

Four experimental teams (n=64) implemented STSS and four control teams participated (n=74). No cases were excluded. The average age of participants was 40.6 years (SD=10.9), 79% were female and 97% were Dutch. Most professionals were employed full time (85.4%) and had an average of 10.0 years (SD=5.8) experience in youth health care work. Most participants had a Bachelor’s or Master’s

degree in social science or law (96.4%). No group differences were found (tables available on request). Significant differences with respect to training were found in both groups (χ^2=25.8, p<0.00) with 71.4% trained professionals in the experimental teams and 26.9% in the control teams.

2.4 Measurements

Below, the instruments are described.

2.4.1 Measurement of Determinants for Innovation

The Measurement of Determinants for Innovation (MIDI) investigates determinants for the use of an innovation (Fleuren et al., 2014). It reflects on an implementation processes and therefore helps to optimise innovation strategies (Fleuren et al., 2014). It distinguishes four levels: the innovation characteristics, the professional level, the organisational level and socio-political context. Researchers, policy advisors and implementation managers can use the MIDI before and after implementation by creating their own questionnaire based on the determinants (Fleuren et al., 2014). In this study, 23 determinants of the MIDI are examined with 69 questions namely 'determinants of the innovation' (6 items; α=0.79), determinants of the 'user of the innovation' (39 items; α=0.93), determinants of 'the organisation of the innovation' (23 items; α=0.70) and determinants of the 'social-political context of the innovation' (1 item). The MIDI has not yet been validated, however research suggests that determinants retrieved from a literature review and a Delphi study are good (Fleuren et al., 2014).

2.4.2 Measurements for additional determinants

This study measured additional single determinants on individual, team, organisational and contextual level.

Professional determinants

The professional determinants were measured with competences and willingness to change. The self-report competence instrument examined child protection workers' competences and was developed for the current study. The questionnaire consists of 80 items divided into 5 subscales based on the competency model for child protection workers by Van Rossum et al. (2008) namely (1) 'professional attitude' assesses a child protection worker's attitude and perspective on a child, (2) 'signalling' assesses the ability to detect signs of child abuse, (3) 'acting' evaluates reporting and procedural skills, (4) 'cooperating' reflects on the worker's ability to share information with others, taking rules and regulations into account, and the ability to cooperate with other professionals, (5)

‘evaluating’ assesses the worker’s ability to reflect on own actions or those of others. A total score named ‘general child protection competence’ was conducted by adding all subscales (α = 0.95). One additional scale was conducted namely ‘Signs of Safety’ (15 items; α=0.85) which was based on Signs of Safety competences described by Turnell (2010), Bartelink (2010), and Wheeler and Hogg (2011).

Willingness to change was measured with the DINAMO instrument by Metselaar and Cozijnsen (1997). It consists of 44 items with a 3-point Likert scale. Four sub-scales were distinguished: ‘wanting to change’ (16 items; α=0.82), ‘needing to change’ (4 items; α=0.71), ‘being able to change’ (20 items; α=0.86) and ‘willingness to change’ (4 items; α=0.71).

Team determinants

Team reflexivity was measured with a Dutch questionnaire developed by Schippers et al. (2005). The questionnaire consists of 49 items with a 5-point Likert scale and measures team reflexivity and team functioning. Total scores were conducted by adding all items into a scale ‘total team reflexivity’ (α=0.93).

Organisational determinants

Leadership was measured using the Human System Audit Transformational Leadership Short Scale (HAS-TFL) by Berger and Zwikker (2010). This single-factor questionnaire with 8 items on a 5-point Likert scale was based on the validated Multifactor Leadership Questionnaire and measures participants’ perceptions of their supervisors’ transformational leadership (α=0.89).

Contextual determinants

Contextual questions focused on direct colleagues of a child protection worker from other institutes. Two questions were asked about partners; 1) “Do you think partners are involved in the implementation of STSS?” and 2) “Do you experience that partners are using STSS?” (inter-item Pearson correlation =0.43, p=0.01).

2.4.3 Outcome

The dependent variable was measured with one question namely “In how many cases do you use STSS?”. A five point Likert scale was used separating ‘none’, ‘seldom’, ‘half’, ‘almost always’, and ‘always’. For the analysis a four point answer category variable was computed combining ‘almost always’ and ‘always’.

2.5 Analyses

The data were analysed with SPSS version 24. Analyses of the determinants started with descriptive statistics identifying frequencies, means, standard deviations and distributions. Independent variables were interpreted as low for mean scores between 1-3, medium for scores between 3-4 and high for scores of 4 or higher. One exception was made for willingness to change as (Metselaar & Cozijnsen (1997) suggest scores below 2 can be seen as behaviour that does not promote innovation and scores above 2 as implementation supporting behaviour. Next, group differences were analysed with Independent t-test for all ratio variables like total and sub-scale scores of instruments and χ^2 for the ordinal outcome variable. Correlation analyses were executed to identify relationships between outcome and independent variables using a one-tail Spearmen's rho. Cohen's effect size was used to interpret the strength of the relationships and effects (1997).

To analyse the multilevel strategy of the implementation regression analyses were executed. Since we have nested data for professionals (lowest level) within teams (higher level) we first tested the amount of variance in the outcome variables that can be attributed to the team level. Of the total variance in 'the use of STSS' 9.01% can be attributed to the team level and the remaining variance is attributed to the individual level. For this reason no multilevel regression techniques have to be used and ordinary linear regression analysis is sufficient. Due to the moderate sample size and due to the theoretical model we used a stepwise approach for entering the independent variables in the regression. MIDI's subscale 'innovation characteristics' was excluded as correlations show overlap with 'user of innovation'.

Linear regression analyses were conducted in two rounds, to find both direct and indirect effects of determinants on outcome. In the first round, the direct relations between outcome and determinants have been analysed in four steps (regression A). Based on the previous correlational analyses, only significant correlating variables were included and corrected for training (yes/no) and group (experimental/control). The second step adds the individual determinant, the third the organisational determinants and the fourth the contextual determinants.

To obtain deeper understanding of the direct effects of the determinants that were found significant on the outcome, these determinants were subdivided into their underlying subscales. Again only subscales that significantly correlated with the outcome variable were than included as independent variables in the second round of analyses (regression B), correcting for training and group in the first step again.

Finally, indirect effects were analyses by exploring the effects of determinants on the contributing determinants that were found in regression B. The Pearson correlation first analysed relations and

included all determinants with correlations of 0.2 or higher. Linear regression analyses were conducted using the stepwise approach as described above.

3. Results

Following the three aims of this study the results are presented in three stages.

3.1 Multilevel implementation with descriptives and group differences

The first aim of this study is to gain understanding of the multilevel implementation of STSS. Therefore, the descriptives of the determinants were investigated and differences with respect to determinants were examined between the experiment and control group. With respect to the determinants measured by the MIDI, results show a medium degree of 'user of implementation' (see table 1). According to professionals, the organisational and socio-political context of implementation are low. More specifically, within the 'organisation of implementation' low scores are found on items about time, coordination, information and feedback. Using interdependent samples t-tests, group differences are found for 'user of implementation' only, with higher scores for the experimental group (mean 3.17 vs 2.92 for the control group). Analyses on subscale level of this determinant 'user of implementation' reveal more social support, colleagues using it, effect for themselves, knowledge and information about STSS in the experimental group.

Table 1: Descriptive statistics, alphas and group differences of determinants (N=138)

Determinants	*M (SD)*	Group diff. t
Innovation characteristics (MIDI)	3.55 (0.57)	0.73
Individual level		
User of implementation (MIDI)	3.04 (0.54)	2.79**
General child protection competences	3.92 (0.29)	-0.36
Signs of Safety	4.07 (0.35)	-0.37
Willingness to change		
Wanting	2.24 (0.35)	0.06
Need	2.35 (0.42)	-1.94
Being able	1.81 (0.36)	-1.33
Willingness	3.62 (0.53)	-2.32*
Team level		
Team reflexivity total score	3.34 (0.39)	-0.95
Organisational level		
Organisation of implementation (MIDI)	2.63 (0.54)	0.73
Transformational Leadership total score	3.50 (0.64)	0.13

Contextual level		
Social-political context of implementation (MIDI)	3.04 (0.54)	2.79**
Partners	2.52 (0.71)	1.20

**p<0.05; **p<0.01.*

The current study added single determinants on all levels of the multilevel model. The individual level shows medium degrees on 'general child protection competences' and high degrees on 'Signs of Safety' with no group differences. According to cut-off values established by Metselaar et al. (1997) wanting to change, needing to change and willingness to change can be interpreted as sufficient. Being able to change is low. Group differences are found for the subscale 'willingness to change' with significantly higher scores for the control group (3.72 vs 3.50 for experimental group). In addition, team level determinants show a medium degree on 'team reflexivity' with no group differences. The organizational determinant 'transformational leadership' shows a medium degree with no group differences and the contextual level shows a low degree on 'partners' in both groups.

Outcome measure descriptives and group differences

The outcome measure 'extent of STSS use' was analysed (see table 2). Both groups show that one in five professionals use STSS half or (almost) always. Nearly 80% of the teams use STSS seldom or not at all. No significant group differences are found. Further analyses of group differences between trained and untrained professionals show significant more STSS use for professionals who were trained in STSS (χ^2=16.16, Cohen's d was .73 and indicates a large effect size).

Table 2: Descriptive statistics of ordinal outcome measures (N=138)

Extent of STSS use	Exp. (n=63)	Contr. (n=74)	Trained (n=63)	Untrained (n= 67)
Mean	1.86 (SD=0.86)	1.70 (SD=0.89)	2.01 (SD=0.90)	1.52 (SD=0.77)
1. None	39.7%	54.1%	28.62.7	72.7
2. Seldom	39.7%	25.7%	42.9	23.9.3
3. Half	15.9%	16.2%	20.6	11.9
4. (Almost) always	4.8%	4.1%	7.9	1.5
χ^2	3.60, *p*=0.31		16.16, *p*<0.00	

Note: Exp. = experimental group; Contr. = control group

In sum, in line with the multilevel implementation strategy of the STSS approach, most determinants are present at moderate level except for 'being able to change', 'organisation of implementation' and 'partners'. No major group differences were found.

3.2 Analysing direct relations between outcome and determinants

Further analyses are executed to gain understanding of the direct effects of the determinants on the outcome. First, relations between the outcome and determinants are measured with a one-tailed Spearman's rho (see Appendix 1). According to the results the 'extent of STSS use' relates significantly to 'user of implementation' (r=0.60), 'organisation of implementation' (r=0.30) and 'context of implementation' (r=0.18). In addition, significant correlations are found between the 'extent of STSS use' and individual level determinants 'general child protection competences' (r=0.27), 'Signs of Safety' (r=0.16) and willingness to change subscales 'wanting' (r=0.16), 'being able' (r=0.15) and 'willingness' (r=0.21) to change. On organizational level significant correlations are found for 'transformational leadership' (r=0.18) and on contextual level for 'partners' (r=0.16). No further significant correlations are found. Following Cohen's guidelines correlations between .10 and .30 indicate small effect size, correlations between .30 and .50 moderate and above .50 large. In sum, only a few significant correlations had a medium or large effect size.

Analysing direct relations with multivariate regressions

For the linear regression only determinants that correlate significantly with the 'extent of STSS use' are included (see table 3). The regression model is found to be significant and explains 37.9% of the total variance. The first model corrects for STSS training and experimental or control group. It explains 11.8% of the model with a significant effect for STSS training. The second step adds the individual level determinants 'user of implementation', 'general competences', 'Signs of Safety', 'wanting', 'being able' and 'willingness' to change. These determinants increase the variance by 24.6% with a significant regression coefficient for 'user of implementation' only.

The third step adds the organisational determinant 'organisation of implementation' and 'leadership'; this increases the variance significantly with 0.8% with no significant determinants. The last step adds contextual determinant 'social and political context' and increases the variance with only 0.7%.

Additionally, to gain deeper understanding of the specific effects of the 'user of implementation' we performed linear regression analyses with the outcome as dependent variable and the subscales of 'user of implementation' as independent variables. The model only included significantly correlating subscales with the outcome measure namely benefits (r=0.17), task interpretation (r=0.23), social support (r=0.46), observed colleagues' behaviour (r=0.18), subjective norm (r=0.45), expected effect (r=0.48), knowledge (r=0.63) and information (r=0.62) (see Appendix 2). The model explains 42.7% of total variance (see Appendix 3, regression B). Significant effects are found for 'subjective norm' (β=0.21) and 'knowledge' (β=0.34) explaining 32.2% of the total variance which can

be interpreted as a medium to large effect size. ‘Knowledge’ stands for knowledge necessary for implementation and ‘subjective norm’ for influence of important others.

Table 3: Linear regression with hierarchical model for outcome ‘extent of STSS use’ (regression A)

Model	Model 1	Model 2	Model 3	Model 4
	β	β	β	β
STSS training	.37**	.22*	.22*	.21
Experimental/control group	.10	.14	.14	.15
General child protection competences		.04	.05	.03
Signs of Safety		.09	.06	.06
Wanting to change		-.17	-.18	-.19
Being able to change		.15	.13	.15
Willingness to change		.05	.07	.07
User of implementation (MIDI)		.48**	.51**	.54**
Organisation of implementation (MIDI)			-.09	-.09
Leadership			.06	.07
Social and political context (MIDI)				.06
Partners				-.07
R^2	.118	.364	.372	.379
F (df1, df2)	7.503	7.584	6.168	5.179
	(2, 112)**	(8, 106)**	(10, 104)**	(12, 102)**

**p<0.05; **p<0.01.*

In sum, the direct relation between the use of STSS and the implementation determinants can be explained by the individual level determinants only and in specific by knowledge and subjective norm. However, as mentioned in the theory section, the use of STSS could have been influenced indirectly by other determinants. Therefore, the following paragraph explores the potential indirect effects from determinants on the contributing determinants knowledge and subjective norm.

3.3 Analysing indirect relations between outcome and determinants with multivariate regressions

For knowledge positive correlations are found with MIDI’s ‘innovation of characteristics’, ’organisation of implementation’ and ‘social and political context of innovation’. Also positive correlations are found for ‘general child protection competences’, ‘Signs of Safety’, ‘wanting to change’, ‘willingness to change’, ‘transformational leadership’ and ‘partners’. Linear regression (see table 4) using the stepwise approach shows that 63% could be explained with significant effects for training (β=0.65, p<0.00)

Table 4: Linear regression with hierarchical model for 'knowledge' and 'subjective norm' (regression C)

**p<0.05; **p<0.01.*

	Knowledge				Subjective Norm			
Model	Model 1	Model 2	Model 3	Model 4	Model 1	Model 2	Model 3	Model 4
	Β	β	Β	Β	β	β	β	β
STSS training	0.65**	0.66**	0.65**	0.65**	0.03	0.13	0.12	0.12
Experimental/control group	0.05	-0.05	-0.05	-0.04	-0.14	-0.14	-0.14	-0.13
General child protection competences		0.31**	0.24*	0.24		0.23*	0.11	0.12
Signs of Safety		-0.05	0.00	0.00		0.03	0.12	0.12
Wanting to change		0.14	0.01	0.01		-0.12	-0.12	-0.12
Willingness to change		0.01	0.05	0.05		0.07	0.07	0.07
Organisation of implementation (MIDI)			0.16*	0.12			0.28**	0.25*
Transformational Leadership			0.15*	0.13			0.23*	0.21*
Social en political context (MIDI)				0.06				
Partners				0.08				0.10
R^2	0.45	0.58	0.62	0.63	0.05	0.15	0.26	0.27
F (df1, df2)	45.43 (2, 112)**	24.81 (6, 108)**	21.40 (8, 106)**	17.48 (10, 104)**	3.01 (2, 107)	3.00 (6, 103)*	4.34 (8, 101)**	4.01 (9, 100)**

For subjective norm correlations were found with MIDI's 'innovation characteristics' and 'organisation of implementation'. Also positive correlations were found for additional determinants 'general competences', 'Signs of Safety', 'wanting to change', 'willingness to change', 'transformational leadership' and 'partners'. Linear regression using the stepwise approach shows that 26.5% could be explained. Significant effects of MIDI 'organisation of innovation' (β=0.25, *p*=0.01) and 'transformational leadership' (β=0.21, *p*=0.04) were found.

4. Discussion

The current study evaluates a multilevel implementation process of a SoS approach within a Child Protection Service in the Netherlands as perceived by professionals. Since 2014, the CPS is implementing their own SoS-version called Safe Together Step by Step (STSS). The study comprised a cross-sectional survey with an experimental and control group and was part of a larger evaluation study on the STSS approach.

The study shows that the implementation of STSS within this CPS is still in an early adoption stage. The study provides some support for a multilevel implementation strategy. However the professional

level is the largest contributor to the use of STSS. The study first analysed the multilevel implementation process and has found moderate scores for most determinants in both groups except for 'being able to change' on professional level, 'organisation of innovation' on organisational level and 'partners' on contextual levels. This indicates that most determinants on all levels are available and therefore could influence the implementation. Second, direct effects between outcome and the multilevel determinants model are analysed. 38% of the variance could be explained by the model with significant influence of the professional level determinants (25%), especially knowledge necessary for implementation and influences of important others (subjective norm). Final analyses examine the indirect effects of other determinants on knowledge and the subjective norm. Knowledge was indirectly effected by training only and the subjective norm was effected by the organisation of the implementation and leadership.

The findings suggest that the implementation of STSS is in an early stage with only 20% of professionals using STSS. According to the diffusion of innovation theory of Rogers (2003), a 20% adoption rate indicates that an implementation has reached the so-called early-adaptors level. This signals that the implementation is already spreading out but is not finished yet. This is in line with the implementation theories that view an implementation as a time taking process than (Greenhalgh et al., 2004; Grol et al., 2007; Van Everdingen et al., J., 2004) and confirms earlier SoS implementation experiences validate that it takes time (Turnell, 2010; Wolff, 2012).

The professional level is the largest contributor to the use of STSS, confirming this study's assumption that professionals have a central position in the implementation. In particular trained professionals use STSS, which is in line with theories that state knowledge is a large contributor to implementation success (Greenhalgh et al., 2004; Fleuren et al., 2004). Trained professionals can be seen as experts and can therefore fulfil a local missionary role (Roger, 2003). According to earlier SoS implementation studies, the professionals claim that working in an environment with trained professionals increases the use of the approach (Wolff, 2012).

A multilevel implementation strategy was not found and therefore Cretin´s chain of action cannot be confirmed. However, many studies indicate that a multilevel strategy is required and takes changes in the system, organisation and individual (Grimshaw et al., 2004). In this study the team level did not correlate with the use of STSS although the team reflexivity was moderate. According to the implementation plan no specific attention to team feedback was made and results show that feedback and information are low. This could have influenced the relation between the team level and the use of STSS as Schipper et al. (2007) argue that team reflexivity increases participation. In addition, the organisational facilitation was low which could hamper the implementation as theories state that the facilitation of an implementation is a major success factor (Greenhalgh et al., 2004; Grimshaw et al., 2004). Moreover, in a previous SoS implementation evaluation professionals

confirmed the importance of organisational support (Wolff et al., 2007). Finally, on contextual level laws can stimulate certain implementations (Grol et al. 2011; Fleuren et al., 2014). The new Youth Act promotes the use of SoS, however the current study found no impact on the use of STSS in this CPS. Moreover, the partner organisations seem to have very small influence on the use of STSS while according to Greenhalgh et al. (2004) horizontal peer, like other professionals in partner organisations, could gain implementation success.

Limitations

Our study had certain limitations to consider. Firstly, the cross-sectional design limited our ability to draw causal conclusions. Causal assumptions in our cross-sectional study were based on Cretin's chain of action (2004) and operationalized with success determinants based on literature findings. We used a controlled design which gave insight in the influence of the determinants on the implementation. However, a before and after design could give more insight in the actual effect of the determinants on the use of STSS. Further research could benefit from a RCT design although research shows that a design like that is hard to accomplish as many factors are changing during an implementation process (Cretin et al., 2004).

Secondly, for this study used validated questionnaires with sufficient reliability. One exception was made for the competences instrument as no validated questionnaire was available. Therefore a questionnaire was composed using a theoretical model. Although self-constructed questionnaires may have limited validity (Holmback & Devine, 2006), factor analyses and reliability analyses showed that the instrument has good psychometric properties.

Thirdly, the sample itself has limitations. The response rate was sufficient but distortions occurred due to the allocation of professionals. This resulted in 20% STSS trained professionals in the control group. However, corrections took place on both training and group. Further research could benefit from collecting data from several CPSs.

Finally, we only collected data of professionals because they have a major role in implementing. To improve the response rate the study collected data within the team meetings. Further, to avoid socially desirable answers and to guarantee anonymity team managers were not present during the session. However, including different stakeholders' perspective may strengthen the findings. Therefore, the results of this study must be regarded with some reservation. However, to the best of our knowledge, there is no other research that has focused on the perspective of professionals.

Practical impact

This study points out the importance of a multilevel implementation strategy for the implementation of a SoS approach. It is important to acknowledge the complexity of implementation processes and

to include a carefully designed multistakeholder approach with a longer timeframe. The individual level should focus on training all professionals, use already trained professionals as missionaries and support the implementation with peer consultation or consultation and team feedback. Especially, the organisational level determinants could be improved with better organisational facilitation, like time, capacity and materials (Fleuren et al., 2012). In addition, an organisation can increase the implementation success by providing information and feedback. Further, support from management and proper coordination of the implementation is needed. A project leader can coordinate the process properly by support, practical sources and protection against internal and/or external turbulence. In addition, a transformational leader can stimulate the participation of professionals through building trust, promoting empowerment and giving supports when needed. Furthermore, closer cooperation between partner organisations and the CPS improves connection between work processes which can stimulate the use of SoS. Finally, supporting laws and legislation, like the new Youth Act, can stimulate the need for change within an organisation and their professionals.

A multilevel implementation strategy should improve all determinants and connect them to the implementation purpose, the use of a SoS approach. In addition, the multilevel strategy should include a long term process with continues feedback on the implementation and adjustments in implementation strategies if needed. Moreover, knowledge from literature and practical experience should meet to further develop the SoS approach in order to improves empowerment based working within child protection services.

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Appendices

Appendix 1: Spearman's Rho correlations between outcome and determinants

Determinants	*Use of STSS*
Individual level	
User of implementation (MIDI)	0.56**
General child protection competences	0.27**
Signs of Safety	0.16*
Willingness to change	
Wanting	0.16*
Need	-0.04
Being able	0.15*
Willingness	0.21**
Team level	
Team reflexivity total score	0.08
Organisational level	
Organisation of implementation (MIDI)	0.30**
Transformational Leadership total score	0.18
Contextual level	
Social-political context of implementation (MIDI)	0.18*
Partners	0.16*

**p* < .05. ***p* < .01.

Appendix 2: Spearman's Rho correlations between outcome and ´user of innovation´

Determinants	*Use of STSS*
Benefits for user	0.17*
Results for user	0.12
Task interpretation	0.23
Satisfaction professional	0.11
Social support	0.46**
Descriptive norm	0.18*
Subjective norm	0.45**
Expected effect of oneself	0.48
Knowledge about implementation	0.63**
Information about implementation	0.62**

**p* < .05. ***p* < .01.

Appendix 3: Linear regression for outcome 'extent of STSS use' (Regression B)

Model	Model 1 β	Model 2 β
STSS training	.36**	.04
Experimental/control group	.09	.11
Benefits		.01
Task interpretation		.11
Social support		.05
Observed colleagues behaviour		-.10
Subjective norm		.21*
Expected effect		.03
Knowledge		.34*
Information		.12
R^2	.109	.427
F (df1, df2)	7.161 (2, 117)**	8.118 (10, 109)**

**p < .05. **p < .01.*

Appendix 4: Correlations between explaining variables and other determinants

Model	Subjective norm R	Knowledge R
Innovation characteristics	.41**	.40**
General competences	.39**	.32**
Signs of Safety	.25**	.28**
Wanting to change	.23**	.25**
Needing to change	-.05	.08
Being able to change	.11	.16*
Willingness to change	.21**	.21**
Team functioning	.01	.17*
Organisation of implementation (MIDI)	.40**	.32**
Leadership	.20**	.32**
Social en political context (MIDI)	.24**	.12
Partners	.23**	.26**

**p < .05. **p < .01.*

Chapter 7

Conclusions and discussions

1. General conclusions

This dissertation aims to contribute to a better understanding of the complexity of empowerment-based child protection craftsmanship (CPC) and to address the challenges that child protection workers (CPWs) encounter when attempting to integrate empowerment-based working into their daily practice. With our ecological system model, we try to get a better idea of what child protection workers need and what support they require from child protection services (CPS) and the child protection system as a whole. Therefore, the central question of this thesis is:

How do child protection workers integrate empowerment-based working in their daily practice and what challenges do they face in interactions with families, their child protection service and the broader child protection system?

A multi-method design incorporating five quantitative and qualitative studies was used to explore this main research question, and the findings are presented below.

1. *To what extent can subgroups be distinguished based on the prevalence of risk and protective factors in order to facilitate tailor-made case management that fits the subgroups' specific needs? (Chapter 2)*

This sub-question aimed to better understand the healthcare needs of child protection families in order to better deploy child protection craftsmanship in the service of each family's healthcare needs. Using the ecological model of risk and protective factors developed by Belsky, we collected risk and protective factors for 250 new incoming cases.

Firstly, we analyzed the risk factors and were able to distinguish five meaningful clusters of parental problems. The largest cluster was the multi-problem subgroup (31% more present in age group 0-12 years), characterized by problematic partnership, major life events, domestic violence, conflicts and socio-economic problems. The second cluster contained families suffering from major life events (16% more present in the age group 13-21 years) such as death, divorce or migration, and this cluster often faces conflicts. The third cluster contained cases with socio-economic problems (13%) such as housing, unemployment and financial problems. The fourth cluster was characterized by poor parenting skills (12%) including parental absence and de-emphasizing the effect of maltreatment on a child. The remaining 28% of the sample fell into a no risk factors cluster. Interpretation of this cluster suffered under a lack of clarity because it could mean either that a family had no risk factors, CPWs had not (yet) observed risk factors or had not (yet) registered them.

Secondly, the study analyzed protective factors and was able to identify three ordinal protective clusters and one cluster with no protective factors. One in four parents (28%) displayed basic protective factors such as feeling competent and asking for help. Another quarter (23%) of the parents had access to multiple protective factors such as positive self-image, emotional availability, a supportive spouse and willingness to change, while they had lacked positive youth experience themselves. The last multiple protective cluster (16%) represented parents with positive youth experiences. This adds up to 39% of the parents having access to multiple protective factors that had been registered by CPWs and therefore could be utilized for the purpose of family change. The final cluster contained no protective factors (32%) but, similarly to risk factors, the reason for this remained unclear.

Thirdly, the study analyzed the relationship between the risk and protective clusters in order to understand the vulnerabilities and potential among child protection families. The analyses revealed that the vulnerability faced by the multi-risk cluster in which parents more often had younger children was more likely to involve social isolation, with only 39% of this cluster having access to multiple protective factors. Another vulnerable cluster is the socio-economic cluster, as these parents suffer from problems that depend greatly on social economic opportunities and have the least access to multiple protective factors of all of the clusters.

2. *To what extent are families' strengths as observed by CPWs leveraged in the formulation of goals? (Chapter 3)*

This quantitative study (n=177) aimed to increase our understanding of the extent to which families' strengths are being addressed and called upon by CPWs, i.e. the extent to which autonomy and competencies are promoted, and formal and informal networks are used as resources. The study showed that CPWs addressed competencies and encouraged autonomy in less than half of cases (40.1% and 48.6% respectively). This did not differ between types of risk clusters nor types of protective factors, suggesting that even when it came to those families whom CPWs had identified as having multiple strengths, they were able to address these strengths in the goals in only half of their cases. This seems in contrast to the assumption that CPWs would be able to utilize strengths more in families who have access to more strengths. Consequently, the study concluded that integrating the encouragement of autonomy and strengths is still under development and needs further improvement. In addition, we found that in three-quarters of the cases, formal networks were used in goal formulation, however almost no informal networks were used in goal formulation. We would like to emphasize that this is in contrast to the expectations of the previous study. The study showed that 61% of the families have access to informal networks such as social networks (21 %), family

networks (17%) and peer networks (16%). In conclusion, this suggests that CPWs do register the available informal networks but are not utilizing these resources for family change.

3. Can the safety measure provide insights into the effect of child protection involvement? (Chapter 4)

Our third quantitative study (n=105) explored the use of the safety measure as an outcome measure for child protection involvement. We hypothesized that the safety measure could identify an improvement in safety during child protection involvement. We therefore analyzed the perceived safety measure filled out by CPWs at the beginning – the baseline – and the end of their involvement. Analysis showed that this safety measure improved over time in more than four out of five cases (83%), from insufficient at baseline (5 or lower) to sufficient at the end (6 or higher). A stable low group of 16% were unsafe at baseline and remained unsafe at the end. This makes this group especially vulnerable. By contrast, a small group (7%) had a sufficient safety level both at baseline and the end of CPW involvement.

Moreover, the study was able to identify differences in improvement for several family characteristics. For instance, we found differences relating to the age cohort of the children. The safety measure showed the largest improvement in families with children at primary school age (6-12 years). This suggests that this age cohort benefits most from CPW involvement. Families with preschool-aged children showed the smallest improvement, suggesting that they are especially vulnerable. Regarding risk clusters, the least benefit was seen for children of parents with socio-economic problems. Strikingly, our in-depth analyses showed a shorter throughput time in these cases, suggesting that the CPW is present for these families for the shortest period, making them vulnerable. By contrast, the multi-problem cluster showed identical changes in safety to the major life events, parental cluster and no risk clusters. This suggests that multi-problem families tend to improve as much as the less vulnerable clusters.

4. How do CPWs apply a solution-focused approach whereby they balance their protective and supportive roles, and what challenges can be identified? (Chapter 5)

This fourth qualitative multi-method, in-depth case study (n=4) aims to better understand the challenges that CPWs face during their attempts to integrate empowerment-based strategies in their craftsmanship. By means of interviews and observations, the study focused on encouraging CPWs' behavior with respect to matters such as improving autonomy and competence and involving support networks. We found that CPWs used empowerment based child protection to some extent

but often felt frustrated by poor support of the CPS, especially due to mandatory obligation within the work process and time frames. In addition, empowerment based CPC was found to be challenged in several other ways.

We observed the specific character of the start of child protection involvement. This is a stage during which CPWs try to create a working relationship, while facilitating child safety as soon as possible. We observed that parents differ in their motivation to commit and connect to CPWs. In our study we tried to understand these differences in terms of motivation for change. Feelings of self-determination such as autonomy, competence and relatedness are known to be important for motivation for change (Deci & Ryan). However, in our study we found that the coercive nature of the court order is at odds with self-determination and can leave parents with feelings of being judged, incompetent and left out. In these cases, CPWs start on the back foot, with parents distrusting them from the outset. This challenges empowerment-based child protection craftsmanship in a specific way during the first stage of CPWs involvement. CPWs have to find a way to restore the parents' sense of self-determination in order to ne being able to build a working relationship. Our study showed that CPWs were successful in restoring a sense of self-determination in parents, for instance by taking the time to identify the parents' needs and acknowledge the importance of their parental role. Consequently, they were able to establish a working relationship with these parents. These findings emphasize the specific nature of the start of child protection involvement. It entails a delicate process in which flexibility, creativity and time are necessary resources for child protection craftsmanship. However, our participants pointed out that the way they are currently facilitated easily frustrates their attempts to empower families due to time limitations and mandatory procedural steps.

In addition, the study found that CPWs were able to encourage competencies, for instance by pointing out family strengths and giving compliments. They also promoted autonomy by using participation strategies such as informing the parents, inviting the parents to give their opinions and stimulating their ability to find their own solutions. However, during the formulation of the change plan, known as the Action Plan, CPWs were unlikely to encourage or utilize available competencies and autonomy. With respect to this, CPWs mostly blamed limited time and rigid work processes that prevented them from maintaining their empowerment-based approach during the Action Plan process.

Furthermore, we saw how the CPWs struggled with encouraging empowerment at a system level, either within the family or within the contextual environment of the family. We have already pointed out that CPWs were likely to empower parents on an individual level and were successful in doing so to some extent. However, this often resulted in one parent being empowered while the other parent was unintentionally undermined. This was especially the case in blended families, but also occurred

when CPWs tried to involve formal and informal networks. Our study revealed that these networks were generally not familiar with empowerment-based working and therefore tended to focus predominantly on problems and concerns and overruled the parental position. This left parents with increased feelings of incompetence, loss of control and feelings of not being supported by their network. The empowerment-based attempts of CPWs were therefore easily frustrated when the system level became involved, because this level tended to undermine the intention of empowering parents and complicated child protection craftsmanship due to the increased number of people involved and their interactions with the family. This often led to conflicts that needed to be healed before the work is able to continue. The study suggests that child protection craftsmanship should be enriched with system therapeutic knowledge and tools in order to improve CPWs' attempts to empower the family system and their environment.

5. *What are the success and failure factors for the implementation of a solution-focused approach in child protection services? (Chapter 6)*

Based on the chain of change model proposed by Cretin (2004), a quantitative cross-sectional study (n=138) was conducted to analyze the perceived implementation by CPWs. The study found that one in five CPWs reported using empowerment-based strategies in at least half of their cases. CPWs expected one out of three colleagues to use it and there were no differences between CPWs who received additional training for an empowerment-based approach and those who did not. Analysis showed that the use of the empowerment-based approach could be explained in 38% by the characteristics of the CPWs. CPWs were aware of the meaning of the implementation, felt moderately competent in working with the approach, were willing to change and experienced a sense of responsibility and energy motivating them to do so. However, they felt insufficiently facilitated by their organization to properly execute empowerment-based child protection. Further analysis showed little support was perceived with respect to implementation strategies, learning teams, leadership and organizational culture (contribution of 0%, 3%, 0% and 4% respectively). CPWs felt moderately connected to the transformation of the child protection system at large. In conclusion, the use of empowerment-based child protection strategies mostly depended on the individual CPWs.

General conclusion and answer to the research question in summary

Finally, we arrive at the core conclusion as the answer to the main research question:

How do child protection workers integrate empowerment-based working in their daily practice and what challenges do they face in interacting with families, their child protection service and the broader child protection system?

Empowerment-based child protection craftsmanship is still in its infancy and needs to be improved at all levels of the whole child protection system. One out of five CPWs used empowerment-based strategies, and we observed that around half of the CPWs integrated empowerment-based craftsmanship into their practice to some extent. This strongly depended on the persistence of the CPWs themselves, who tended to be enthusiastic and felt competent in integrating empowerment-based craftsmanship. However, even motivated CPWs felt discouraged by the procedural obligations that come from both sides of justice and care and the lack of supporting facilities from instrumental, managerial and political levels, as well as being further hampered by a lack of interdisciplinary reflection. In others words, the ecological system approach in this study clearly signals the urgency for a more systemic vision, design and governance for child protection work.

Our study has shown that the balancing act between the ethics of justice and the ethics of care is one of the core challenges of CPC. As front-line workers, CPWs operate across boundaries with the challenging task of connecting all kinds of parties in an ever-changing and dynamic multilevel system. CPC as a daily practice is a balancing act between protecting a child and encouraging change in a family. The involvement of CPWs starts with a mandatory family court order that emphasizes the urgent need to protect the child. Parents often experience this type of family court order as undermining and a loss of parental autonomy. This start by the ethics of justice side does not help the CPW to initiate the dual task stemming from the ethics of care. It is the daunting task of CPWs to balance the societal expectation for successfully protecting the child while they need to encourage parents to participate in a change process of recovery and empowerment. In attempting to maintain a balance between the ethics of justice and the ethics of care, CPWs often deal with complex families who are limited in their ability to change and are highly unpredictable because of the nature of the family dynamics. On top of that they feel poorly supported by their CPS and the child protection system as a whole. Although the legal perspective was not one of the departing perspectives of this thesis since our focus was on the craftmanship of CPWs, our results do raise questions on the impact that the legal context have on the way CPWs can operate from an empowerment based approach.

This leaves an image of a lonely but engaged CPWs who balance between their willingness to integrate empowerment-based craftsmanship while they are challenged by complex and dynamic families, lack of support from their CPSs and the larger child protection system and piled by ever-increasing political pressure and societal expectations.

2. Theoretical reflections and considerations

With respect to interpreting the main findings of this dissertation we would like to address a few theoretical and methodological considerations in the following paragraphs.

2.1 Theoretical reflections

This dissertation attempts to gain a better understanding of the complexity of empowerment-based child protection craftsmanship in the context of an ecological system model consisting of strong interdependency between families and CPWs (micro level), the child protection services (meso level) and the larger child protection system (macro level). We have predominantly taken the perspective of the CPWs in order to better understand their experience of integrating empowerment-based craftsmanship and the challenges that they face.

Tensions in the balancing act

One of the challenges that we addressed in our study was CPWs' experience with families who have a limited capacity for change. In our model, we tried to clarify the complexity by examining the family problems and associate risk and protective factors, based on the model proposed by Belsky (1993). This enabled us to identify the predominant risk factors but also gave unique insights into the protective factors to which families have access. By means of our interactional analyses, we were able to identify specific vulnerabilities and protections among subgroups.

In addition, our study confirmed that parents can experience different levels of motivation, and that the coercive nature of child protection involvement can decrease their motivation for change. We tried to better understand family motivation through the lens of self-determination theory, which suggests that encouraging a family's feeling of autonomy, competencies and relatedness increases their motivation for change and their success (Ryan & Deci, 2017). It is our understanding that encouraging self-determination closely relates to the main focus of the empowerment-based strategies such as encouraging participation and believing in the ability of people to utilize available strengths for change (De Shazer & Berg, 1992). We therefore believe that self-determination can be of value to empowerment-based child protection craftsmanship. However, in our interviews with CPWs, we came across other possible explanations for the limitations that families can experience during their change process. We would like to address three theoretical reflections.

Firstly, families in the child protection system may suffer from stress due to the severity of their problems (Cicchetti & Rogosch,2009) and could experience additional stress as a result of the coercive involvement of child protection (Gibson, 2015). According to stress theories, severe stress activates the physical survival mechanism of flight, fight and freeze that limits the human ability to

learn (Siegel, 2012). Moreover, in cases of severe or long-term stress, a traumatic bodily response can occur that holds humans in a permanent state of survival (Kolk van der, 2014). In line with this reasoning, families in the child protection families might be limited in their ability to change due to this type of physical survival response, especially at the beginning of child protection involvement when stress could be provoked by the coercive nature of a child protection measure. The results of this study raise questions about the extent to which the CPC includes an awareness of these preexisting stress patterns and wonders the competencies CPWs have to help families regulate their feelings of stress.

Secondly, individual family members may suffer from psychological complaints that limit their ability to change. There is ample evidence in the literature that psychological complaints can (temporarily) affect parents' learning ability and parental skills (Keren & Tyano, 2015; Lambregtse-van den Berg et al., 2018). However, there is a variety of psychological complaints such as limited cognitive abilities, substance use, psychological or psychiatric complaints. They all have their own consequences for parental skills and learning abilities (Lambregtse-van den Berg et al., 2018). In this study, we were unable to address these psychological complaints, mainly because CPWs are not allowed to register psychological complaints unless they are officially diagnosed, which is often not the case. As a result, we were not able to incorporate these psychological complaints in our data and could not analyze the specific associated requirements with respect to CPC. This study therefore questions how aware CPWs are of the limitations that psychological complaints may impose, how well they are able to address these, and how effectively they can provide special healthcare to support these specific needs.

Thirdly, in addition to the individual characteristics of the family members, the family system dynamics can challenge empowerment-based CPC as well. We found that many families suffer from conflicts within the family, sometimes including violence or complicated divorce, and observed how difficult it is to properly involve supportive informal networks. These dynamics can prevent families from undergoing effective change. In our theoretical model, we tried to understand the dynamics from a system therapeutic perspective. However, we acknowledge that we were only able to touch upon the most basic assumptions of system therapeutic work, while it contains a rich variety of system therapeutic theories. For instance, family dynamics can be approached from a solution-focused perspective in which the family's functioning is encouraged with empowerment-based strategies (Wolf de & Ten Hove de, 2020). Alternatively, the family dynamics can be approached from the perspective of the relationship between the parent and the child, in which attachment is emphasized (Hughes, 2004). System therapy offers many different perspectives with respect to family functioning. The findings of this study show that CPWs tend to underestimate the dynamics within families and highlight their poor preparation for systemic interventions. We pointed out that

this may lead to unnecessary frustration or conflict within the family and the support network. This study questions how effectively CPWs are able to utilize the available theoretical knowledge and practices of system therapy in order to improve their support strategies for families in change.

These individual and interactional limitations may discourage change and may intensify the balancing act within the empowerment based CPC. On one hand, it intensifies the ethics of justice in which legal obligations require change. On the other hand, it intensifies the ethics of care because it limits the ability to encourage change. This raises the fundamental question of how to support families who are facing natural limitations to change while protecting their children from developmental threats. Our reflection on our findings emphasizes the interdependent nature of this question, in the sense that the success of CPC depends on the ability to change, but that it also depends on the ability of the child protection system as a whole to provide specialist healthcare to families who are limited in their capacity for change. We believe that this tension in the already existing balancing act needs to be further explored from an ecological system perspective.

Boundary work in child protection craftsmanship

The success of empowerment-based CPC not only depends on the relationship with the family but also on the relationship with the broader child protection system within which interprofessional collaboration take place (Foo et al.2022; Schot et al., 2020). Literature points out that the interdependent nature of CPC has increased during the last decades (Schot et al, 2020; Spierts, 2014). Other studies confirm that multi-problem families are often supported by a formal network consisting of a multitude of professionals (Tierolf et al., 2014). Within these formal networks, CPWs have an intermediate case management position. This health care coordinating role is not necessarily a health care providing role. Consequently, CPWs have a central position in the forming of an integrated change plan for families but are highly depending on the execution of this plan by other health care providers.

Our observation of the round table conferences -in which the family, the informal-and formal networks come together - revealed how challenging such interdisciplinary work is. We observed the differences between stakeholders' approach to families, how families responded to these differences and how CPWs struggled to control the process during the meeting. This often led to negative impact on families' empowerment and even led to conflicts. These findings emphasize the need to address the complexity of collaborative work for CPC.

The ambition of empowerment-based CPC to establish an integrated health care plan for families, increases the necessity for all involved stakeholders to collaborate. But in child protection, these professionals all have their own perspective on child protection - either legal or care oriented - and

come from among different organizations, such as youth healthcare providers, adult healthcare providers, legal and social services. In order to bridge these differences, additional competencies are required, such as the ability to discuss the subjectivity of each perspective and the ability to bridge between them (Kislov et al., 2021; Schot et al., 2020). Such boundary work may benefit from close social and physical connection between stakeholders (Kislov et al., 2021; Schot et al., 2020).

However, the complicated nature of child protection may put extra pressure on boundary work. The complex and dynamic family problems often results in larger additional (in)formal involved networks, that increases the dynamics of the complex family system. Concerns about child safety will further pressure the balancing act between protection and care. These tensions may lead to extra pressure on the boundary work because it requires urgent, flexible and collaborative formal networks that are able to provide specific support to the family. This increased the appeal on the willingness and ability to cross professional boundaries. Literature emphasize that such networks are highly instable, and continuously seek for a fine balance between stability of mutual understanding and acceptance of the differences (Kislov et al., 2021). Such highly complex instable networks may even be stretched to a point that it can no longer hold.

This line of reasoning, may suggest that there are two types of boundary works. Firstly, boundary work that appeals on professionals' willingness and ability to cross their boundaries. Such boundary work can be better understood in terms of ecological system networks (Foo et al., 2022) and can be improved with additional professional competencies and organizational facilitation (Schot et al., 2020). Secondly, boundary work that stretches the professionals boundaries even further appeals to wicked networks systems in which the normal boundaries of professionals and organization are being overstretched. In such cases the formal network can no longer find solutions within the system and requires out of the box solutions. This study beliefs that this requires different forms of collaboration. Both types of boundary work needs to be further explored.

Challenges in the child protection system

The balance between CPC and the collaborative formal networks is in turn influenced by developments within the system. This study has focused on the Dutch child protection system and the implementation of the Youth Act 2015. This law influenced developments throughout the entire youth healthcare sector, including the child protection system. This study has predominantly focused on the ambition to improve youth healthcare by means of empowerment-based work and integrated care. However, the implementation of the Youth Act 2015 also entailed a large governmental change, namely the decentralization of the governmental structure from regional to local government. The following paragraphs reflect upon the influence of these national changes on the improvement of empowerment-based CPC.

Decentralization has changed the structure of youth healthcare, including the child protection system, in many ways. One of the major changes was devolving the governmental responsibility from the province to the local counties. As a result, the financial structure for CPS became dependent upon multiple local counties, each with its own unique administrative rules (Rijksoverheid, 2022). In addition, decentralization came with a 15% budget cut which reduced the financial resources available for CPS and youth healthcare network partners nationwide (Spigt, 2018). These developments have complicated the financial stability of CPS and may have influenced the improvement of empowerment-based CPC.

The financial circumstances of the CPS have affected CPC due to increased caseloads for CPWs (Inspectie gezondheidszorg en jeugd, 2022; Nies de, 2022), with CPWs having to supervise more families in the same amount of time. As a result, CPWs have little time to connect with the families they are working with, which may have increased the tension between empowerment-based CPC and the balancing act described above. In addition, the financial circumstances in the broader youth healthcare system have hampered the options for referring families for adequate healthcare, simply due to long waiting lists or decreased healthcare interventions (Bruning et al., 2022). This may have posed even more of a challenge for the empowerment based approach by making it more difficult to find the healthcare that families need in order to achieve necessary changes. This may place extra tension on the balancing act between protection and care, and could hamper CPWs' intentions with respect to taking an empowerment-based approach. The increased pressure on CPWs could explain the increased incidence of sick leave and the growing numbers of CPWs leaving the sector (Branche organisatie Zorg, 2022; Nies de, 2022; NOS, 2021). Unfortunately, this destabilization of available expertise may have further increased pressure on the remaining CPWs and undermined their ability to perform the balancing act between families and the formal networks. In line with these reflections, this study questions whether the aim to improve empowerment-based CPC is being served by the decentralization.

Furthermore, this study questions how effectively the empowerment-based goal aligns with the current child protection system. The ecological system model used in this study emphasizes the importance of consistency throughout the model in order to achieve change (Cretin et al., 2004). The model proposed by Connolly and Katz (2017) reflects on child protection systems and divides them into two dimensions, namely the informal vs formal domain and the individual vs collective method. The formal vs informal dimension represents the intent to formalize healthcare with legal measures or provision of voluntary healthcare. The individual vs collective dimension represents the extent to which family problems are seen as an individual or a social matter. The current Dutch child protection system is predominantly formal and individual, like the system in the UK, USA and Canada for instance. It can be characterized by risk avoidance, a tendency to easily take legal action, and a

tendency to control the system with linear monitoring measures. These tendencies seem in contrast to the empowerment ambition, because empowerment-based work requires professionals who are non-judgmental, stand alongside families and encourage families to find their own solutions for their problems (Berg & Kelly, 2000). Moreover, the controlling tendency of the current child protection system may frustrate the flexibility that CPWs need in their daily practice. Our study has shown that CPWs experience limitations in their attempts to integrate empowerment-based work, due to administrative obligations. This study questions whether the current child protection system effectively facilitates the ambition to improve empowerment-based CPC. Further exploration is needed into how the broader child protection system can improve its support for this ambition.

2.2 Methodological reflections

This study is the first to thoroughly analyze the Dutch aim to improve empowerment-based child protection craftsmanship by means of a multi-level approach. The ecological system model that we created for this study enables us to evaluate empowerment-based craftsmanship at the level of the CPWs, the CPS and the child protection system as a whole. The study first started out with a case-control design in which we wanted to compare empowerment-based trained CPWs with regularly trained CPWs. In attempting to include family cases, we had difficulty encouraging families to participate in our study – we approached 80 families but in the end we were only able to include four families because most parents weren't willing to participate. As a result we were forced to change our research design, and it became the interesting multi-level mixed methods evaluation study presented in this dissertation.

Our study consisted of a mixed method design incorporating both quantitative and qualitative studies to achieve data triangulation. The quantitative studies enabled us to understand the state of empowerment-based working in CPWs and the perceived support with implementation along the way. The qualitative study enriched our findings with comprehensive views on the challenges that CPWs face in their interactions with families and with their CPS. With these findings, as well as our rich theoretical ecological system model containing several theoretical perspectives for theoretical triangulation, we were able to analyze the state of empowerment-based child protection craftsmanship in the Netherlands. Bearing these strengths in mind, we would like to address a few limitations that should be taken into account while interpreting the results.

The data of this study was collected within one of the largest child protection services in the Netherlands. This study arose from an initiative by the policy department of the CPS involved. The CPS aimed to improve the use of empowerment-based strategies by its CPWs. This provided a unique opportunity to evaluate the attempt by the CPS to implement empowerment strategies in the daily

practices of CPWs and investigate the process and outcomes of this implementation. The study was therefore conducted from within the CPS and was designed in close cooperation with CPWs, managers and the board, and under academic supervision by the Erasmus University. The result was our applied research design that enabled us to collect in-depth data from client files, professional surveys, interviews and observations of round-table conferences. By focusing on one CPS, we were able to closely evaluate the attempt to improve empowerment-based CPC from a multi-level perspective in which the interaction between the CPWs, the CPS and the context could be explored. This resulted in the multi-level, in-depth analyses presented in this dissertation.

During our study we took validation measures in order to overcome generalizability limitations. For instance, we participated in local and national networks consisting of policymakers, managers and scientists with whom we reflected on our findings. We provided conference workshops in which we discussed our findings with CPWs from other CPSs. In addition, we periodically shared our findings with a regional management team of youth healthcare providers. The research team also provided a continuous reflective loop with the internal management team, the behavioral scientist team and CPWs. The fact that we conducted this study within one of the largest CPSs in the Netherlands (1 out of 17), which shared the same ambition to improve empowerment-based CPC, as well as the findings in the international literature, give us the impression that our findings on CPC and the associated challenges are commonly shared among CPWs and CPSs nationwide.

We also faced a number of challenges with respect to data collection. For example, during our study we discovered that the quality of the client data in the files depends greatly on the consistency with which CPWs register it. This meant that we had to exclude many cases from our mother database due to a lack of inconsistent registration by CPWs (we started with 330 cases and ended up with 250). In addition to this, some of our variables depended on interpretation by our researchers before being entered into the database. For instance, researchers had to interpret the extent to which empowerment-based goals were formulated. In order to achieve consistency in this process, we developed a research protocol to support researchers in their interpretations with respect to autonomy, competencies and relatedness. In order to measure the consistency of our researchers we conducted a inter-rater reliability test, which demonstrated reasonable inter-rater reliability.

Finally, in the introduction we addressed how difficult research in child protection systems can be. This study likes to confirm the complexity of establishing research in child protection services. It is our experience that the complex and interdependent nature of child protection has affected this research project in similar ways as it affects CPC.

The study started from practical challenges and the ambition to contribute to a better understand of these challenges from an interdisciplinary perspective. Consequently, the research team had to build networks with CPWs, managers, policy makers and researchers on local and national level. We

started to collaborate with several applied universities from different departments such as psychology, pedagogy, law and management and policy. In order to achieve such collaboration, boundary work was necessary.

In addition, the study's budget was limited and therefore we created opportunities for students from different faculties and different universities to participate in our study. This resulted in many different obligations that needed to be combined with the obligations of the initial study of this dissertation. This resulted in a research team that was constantly bridging different disciplines within a highly dynamic team that constantly changed in its formation.

Moreover, the research team was poorly facilitated because it was the CPS' first attempt to initiate research. Consequently, there were no research facilities and the surplus value of research for improving CPC was often debated. As a result the research team needed to innovate with a persistence that in our opinion could have never hold without external facilitation such as financial fundings and close collaboration with (applied) universities.

Thus, we belief that the success of this research project was established by creating a strong interdependency that forced boundary work with the aim to better understand the complex nature of CPC. Therefore, we belief that, despite the limitations described above, this study has a unique contribution to the ongoing process of improving empowerment based CPC.

3. Recommendations

The findings of this study give rise to a number of recommendations for future research, as well as practical recommendations for CPWs, teams, CPSs, municipalities, formal networks, the national child protection system and society as a whole.

3.1 Future research

The ecological system model described in this dissertation enabled us to explore empowerment-based CPC as a multilayered phenomenon with strong interdependent relationships. It focused on the frontline position of CPWs in the context of the child protection system as a whole. Using this approach, we were able to address several challenges that need to be further explored.

The scale of child abuse and neglect, the social importance of protecting these children and the complexity of child protection families and the child protection system, give rise to the recommendation that future research be combined within a larger national research program to take place over longer periods of time. This research program should address the complexity of the family, the tension between legal and care issues, and the tension arising from the necessary boundary work. The program should also approach child protection from an ecological system perspective that

enables interdisciplinary exchange between legal and care stakeholders to take place. It should integrate the different perspective of the families, CPWs, management, policymakers, scientists and the expectations of society. The research program must approach the child protection system as a whole and help with the further development of specific expertise in order to continuously improve the quality of support provided to vulnerable children and their families.

The complex and dynamic nature of child protection emphasizes the need for applied research, close consultation with the family and the involvement of the legal workers and care providers around them. In this dissertation, we observed the importance of a multi-method approach that includes quantitative and qualitative studies. The quantitative studies enabled us to explore tendencies across larger samples, and the qualitative studies helped us to gain an in-depth understanding of the narratives around the challenges that are being faced. In order to continue both the broader and the in-depth explorations, the research program should incorporate applied study designs such as action research and take a multi-method approach.

The findings of this study have given rise to address a few topics that can be utilized for the agenda of the national research program. Firstly, this study found that empowerment-based CPC needs to be further improved upon. In our experience, academic monitoring studies can have an encouraging effect on the process of improvement. Research can help to strengthen the change process with theoretical insights and can help to objectify the evaluation of the change process. Therefore, we recommend supporting the implementation of empowerment-based CPC with follow-up academic monitoring studies.

Secondly, future studies can deepen the empowerment-based CPC in several ways. This study has shown that CPC is challenged by families’ capacity for change, either due to motivation issues, psychological complaints or complex family dynamics. We recommend increasing CPC with motivational, psychological and system therapeutical knowledge and skills. Future research can help in this enrichment by means of action studies in which an interdisciplinary team explores the challenges with knowledge and innovative skills that can be integrated into empowerment-based CPC. These studies combine the best of theoretical knowledge and skills with practical knowledge and skills and families’ experiences.

Thirdly, this dissertation showed that some groups are specifically vulnerable and require specialist attention, such as young children, and families with multiple problems, socio-economic problems, psychological limitations and complex (conflicting) family dynamics. We recommend future studies to further explore vulnerable groups, in order to better understand their health care needs. Once again, this type of research benefits from an ecological system approach with an applied multi-method research design aimed at further examining vulnerable groups by means of quantitative data and the in-depth qualitative experiences of CPWs and their formal networks. In

addition, potential solutions can be explored in an innovative follow-up study in which matching health care can be designed in consultation with families. Moreover, in our study we showed that these vulnerable groups require challenging interdisciplinary work. We therefore recommend paying special attention to the additional effort required in interdisciplinary boundary work as a result of the specific health care demands of vulnerable families.

Fourthly, the main challenges in the balancing act between legal and care activities, and the consequent tension in boundary work, need to be further explored. The main question here is: how fundamentally different are the legal and care perspectives on child protection? And how can the child protection system overcome these differences most effectively? This should start with a philosophical exploration aimed at better understanding the epistemological backgrounds of each area. It is also a social issue grounded in feelings of solidarity towards children who need protection, parenthood that desires autonomy, and the social willingness to provide formal and informal care. In addition, given the applied nature of our recommended research program, we believe it should also be enriched with practical experiences. This study shows that each family is unique in their complexity and dynamics, and the balancing act required in each case is therefore also unique. Action research can help to explore the balancing act in individual cases and help to better understanding the required boundary work. In addition, by collecting the experiences of multiple cases, and carrying out in-depth reflection on the fundamental challenges that may underlie the balancing act, we believe that this research can provide better insights into the ways a child protection system can deal with the main challenges posed by the balancing act in each individual case.

3.2 Recommendations for practice

Empowerment-based child protection craftsmanship is still it its infancy and can be improved by CPWs, child protection services and the larger child protection system in several ways.

Improving child protection craftsmanship

Firstly, this study shows that CPWs already possess empowerment-based craftsmanship and use it to some extent. Quick wins can be achieved by utilizing their existing empowerment-based competencies. We therefore recommend that CPWs reflect daily on their own empowerment-based strategies and what they can improve next time. Significant improvement is needed when it comes to involving the informal networks around families. This study shows that CPWs are not likely to involve such networks even though families have access to them. Consequently, CPWs can do more to involve informal networks in their daily practice.

Secondly, empowerment-based CPC can be enriched with motivation and system therapeutic theories and skills. Our study shows that empowerment-based CPC is challenged in terms of families' motivation towards change and their response to the coercive nature of child protection measures. In addition, this study showed that CPWs tend to underestimate family dynamics. CPWs can increase their awareness of both motivation and system dynamic issues by improving their knowledge and skills and by initiating discussions about these challenges.

Thirdly, one of the main challenges inherent in empowerment-based CPC is the balancing act between legal and care obligations. This study shows that the balancing act in child protection families is unique in each case, constantly changing and easily pressured. The ambition to improve empowerment-based CPC helps to shift the balance away from the ethics of justice and towards the ethics of care. However, in daily practice, children face developmental threats and as a result there is pressure on both sides of the balance. Finding a balance between the ethics of justice and care in these cases is one of the fundamental challenges involved in empowerment-based CPC. In this study we revealed that this tension has been under-addressed by CPWs. This study therefore recommends that CPWs explicitly discuss the unique balancing act in order to increase awareness of this tension in CPC.

Fourthly, this research shows that the balancing act is more prominent in vulnerable families, especially those families that are limited in their ability to change as a result of individual problems and social dynamics. We addressed a few vulnerable groups such as young children, multi-problem families, socio-economic issues, psychological complaints and complex (conflicting) family dynamics. These problems require specialist knowledge and skills. CPWs are advised to deepen their craftsmanship in these specialist topics, for instance by committing themselves to one topic of interest, increasing their knowledge and skills in this topic, and actively seeking formal networks that can help to deepen their understanding. This last competence in particular requires boundary work, the willingness of the CPW to cross their own professional boundary in order to achieve the best health care for families.

Lastly, in order to encourage ongoing learning in CPC, CPWs are advised to actively seek additional reading, training and supervision. Actively exchanging knowledge and skills with other disciplines, especially for vulnerable groups, is also highly recommended.

Teams

In the ecological system model of this study, we emphasized how empowerment-based CPC depends on the encouragement provided by CPWs' direct and indirect environment. The primary and most direct environmental influence comes from their team and their leaders. This study points out that reflective teams and transformational leaders are known to encourage continuous learning most

effectively. However, our data showed that the contribution of the teams and their managers to the extent of empowerment based work was nihil. Consequently, this study advises to encourage teams reflectivity through ongoing peer-to-peer discussions and supervision meetings. During these meetings, CPC can be discussed in terms of empowerment-based, family-based and motivationally based work. In addition, the challenges of the balancing act between the legal and care aspects and the extensive boundary work need to be addressed. Further, shared team responsibility can be encouraged through emphasizing the subjectivity of each CPW, and therefore acknowledging the importance of shared responsibility for cases on team level rather than operating as individual CPWs in a case.

Transformational leaders can further emphasize the importance of this shared responsibility by making it a common theme in their teams. Moreover, leaders are advised to improve the learning process of the team and the individual CPWs by establishing a learning culture in which it is common to reflect continuously on best practice. We also recommend establishing teams with sufficient knowledge and skills in empowerment-, family- and motivation-based approaches. Some members should also be specialized in the challenges associated with vulnerable groups, the balancing act and boundary work. Balancing out these specific areas of craftsmanship and encouraging the exchange of knowledge and skills with each other is recommended.

Facilitating child protection services

Teams and CPWs are influenced by the facilitation provided by their CPS. This study points out that CPWs feel poorly facilitated by CPSs in their attempt to integrate empowerment-based work in their craftsmanship. We have formulated several recommendations aimed at improving the facilitation provided by CPSs.

Firstly, CPWs point out that current work processes prevent them from using empowerment-based strategies. This study therefore recommends a fundamental evaluation of current work processes based on the principles of empowerment-based work , i.e. encouraging feelings of autonomy, competence and relatedness, and redesigning work processes where necessary. For instance, how are families commonly approached for the first meeting? Do they receive a letter with a date and time, or are they being called on the telephone to discuss a suitable time for the families? In particular, work processes in the first three months need to be redesigned, with more time explicitly allocated to establishing a working relationship and greater awareness of the motivational challenges that families may experience at the start.

In addition, our study shows that CPWs generally underestimate the dynamic nature of child protection families. We therefore recommend thoroughly redesigning work processes by enriching them with system therapeutic strategies. This redesign should encourage CPWs to involve the

family's informal network, while bearing in mind that including additional informal networks leads to additional dynamics. With respect to this, we advise including sufficient time for CPWs to prepare the informal networks and involve them in a way that actually supports change within a family.

Secondly, this study emphasizes the unpredictable nature of child protection and the necessity for creating flexible work processes. In this study, CPWs experienced the mandatory work processes and fixed time frames as conflicting with empowerment based work and preventing them from achieving an integrated family plan. Therefore, we recommend to evaluate current work process from the perspective of flexibility and if necessary redesign them.

Thirdly, empowerment-based CPC requires sufficient time to establish a solid working relationship with a family, to create a change plan with the family and to monitor their progress. This study showed that the caseload norms and hours assigned for each case do not accurately reflect the actual work necessary to realize empowerment-based working. As a result, CPW workload is increasing, their job satisfaction is decreasing, and the success of their cases may decrease too. This study recommends re-evaluating the current caseload norms in terms of number of cases per CPW. We believe that empowerment-based CPC requires more time per case because it takes time to establish and maintain a strong working relationship with the family. Extra time is required, dependent on the specific motivational, psychological and system dynamic challenges of a family. Additional time should also be assigned for coordination and boundary work with the external stakeholders involved, in order to establish a single integrated plan for a family and to reflect upon the progress of the plan.

Fourthly, a human resources department can support CPWs by offering a program that helps to improve CPC with in-depth knowledge and skills on empowerment-based, system therapeutic and motivation-based work. Additional programming is recommended in order to help CPWs gain specialist craftsmanship skills for working with vulnerable groups. This specialist training should be created in close consultation with legal and care specialists. As well as the internal supervision and peer-to-peer discussion structure, we recommend encouraging interdisciplinary case discussions in which both internal and external legal and care professionals reflect on the balance between the two aspects. These discussions may encourage an interdisciplinary exchange and may encourage boundary work within the formal networks around families.

These recommendations can only be achieved with the support of local stakeholders such as the municipalities, and by means of collaboration between legal and care stakeholders. Therefore, some recommendations for these parties are suggested below.

Municipalities

The Youth Act 2015 made the municipalities responsible for coordinating and financing child protection. In our study we addressed the financial instability that this caused and the negative effect it may have had on CPW caseloads. As a result of these negative consequences, a national evaluation is currently taking place in which the effects of the decentralization of child protection are being discussed and future scenarios are being designed. One of the discussions is about recentralizing child protection budgets to larger regions again. Taking this new debate into account, we would like to propose a few recommendations for the future.

Firstly, stability of regulations and finance is necessary for the maturation and stability of the child protection system. We recommend establishing child protection budgets for longer periods of time, instead of annually, in order to achieve ongoing development in the child protection system that leads to an improved quality of care.

Secondly, family-based work implies an integrated plan. This suggests that the financial budget for child protection families should be approached from an integrated perspective, with one family budget for one plan. This budget should include both legal and care requirements and should be flexible in order to match the unique nature of each family. With such family-based budgets, child protection providers – in both the legal and care fields – should be stimulated to develop flexible interventions that match the family's needs.

Thirdly, this study pointed out that the current governance of the child protection system often reflects on parts of the system rather than the child protection system as a whole. We recommend promoting evaluation from an ecological system perspective in order to analyze the quality of care and the interdependent challenges that the system may face. Special attention can be devoted to the boundary work within and between the different layers. In line with this integrated perspective, a shift to a value-based performance and payment system is recommended, in order to maximize the value of child protection for families and to develop a reasonable budget for the child protection system as a whole.

Local legal and care stakeholders

The quality of an integrated family plan strongly depends on the quality and cooperation of the formal networks around a family. These integrated family plans require a match between a family's health care needs and the support provided by legal and care services. Because each family is unique, there is no one-size-fits-all integrated plan; instead, they should be based on a customized collaboration between different legal and care providers.

This study shows that such collaboration can be difficult, especially when family problems are complex and dynamic and/or when formal networks are complex. Theoretically, successful

collaboration depends on a fine balance between being alike enough but different enough. This requires boundary work in which professionals are willing and able to cross their own professional boundaries in order to meet other perspectives. For child protection, this is even more challenging because each member of the formal networks has a different orientation towards the family; either a legal or caring orientation. These orientations may involve fundamental differences that place pressure on the fine balance between understanding each other and being too different.

In regular child protection cases this is already challenging, but with good boundary work it should be manageable. Formal networks that are willing and able to cross professional boundaries may achieve a functional collaboration in order to support the family. We recommend further improving boundary work by means of competencies for professionals and facilitation from agencies. Awareness should also be increased about the difficulties that boundary work entails by continuously reflecting on this in regional networks consisting of legal and care professionals. Further exploration of theories such as ecological networks theories and theories about boundary work may encourage the ongoing learning process within these networks.

By contrast, complex child protection cases tend to be more dynamic and may easily disrupt the integrated formal networks. This increases the pressure on the balancing act and the formal networks often expand to accommodate a multitude of involved professionals. This increase in complexity and dynamics may in turn increase the necessity for professionals to cross their boundaries even further, possibly even stretching the boundary work to an extent that it no longer holds. In these cases, the system may shift into "wicked problems" in which there is neither a single solution to the problem and nor can a best solution be pointed out. Wicked networks become more disorganized, leading to uncertainty about responsibility. The solution no longer lies in the interdisciplinary boundary work that is facilitated in the regular child protection system, and out-of-the-box solutions are required instead. This may imply different forms of collaboration and different boundary professional competencies and organizational facilitation. This study recommends the further exploration of these out-of-the-box solutions.

National child protection system

In this study, we discussed the relevance of an empowerment-based child protection system that supports CPWs to integrate empowerment-based work. In cases of severe developmental threats, the current child protection system tends to respond in a formal way, dominated by the ethics of justice, risk prevention and control. This seems to be in contrast to the empowerment-based and family-oriented ideology that is desired. In order to achieve a child protection system that does support empowerment-based child protection, we recommend shifting the perspective of the child protection system as a whole towards an informal child protection system in which the ethics of care

is dominant. This type of child protection system is more aware of the unpredictable nature of child protection families and endorses the idea that child protection is a matter of a child protection system as a whole. Practical measures are advised in order to achieve this shift. For instance, future scenarios can be evaluated through the lens of the empowerment-based notion of encouraging the autonomy of families, their competencies and encouraging their relatedness to a change-supporting environment. In addition, awareness of the challenges of the complex dynamics in the family, the balancing act and necessary interdisciplinary boundary can be addressed.

In addition, the current child protection system is predominantly directed by the Ministry of Justice and Security which enters into collaborations with the Ministry of Health, Welfare and Sport. By contrast, the empowerment-based perspective shifts the balancing act towards the ethics of care, suggesting a stronger position for the Ministry of Health, Welfare and Sport. Consequently, this study recommends evaluating the current cooperation between the two ministries in order to find a new balance in favor of the ethics of care. This evidently implies different balances between the ministries and therefore different boundary work on both sides.

In order for the child protection system to engage in an ongoing learning process that enables continue improvement of child protection, this study recommends a shift in the performance evaluation of inspectors and the Dutch Healthcare Authority (*Nederlandse Zorgautoriteit*, NZa). We strongly recommend that the evaluation be shifted towards an ecological system approach in which child protection is assessed as a whole. Further, we advise addressing the unpredictable nature of child protection, the balancing act and the boundary work in the evaluations. In evaluating these challenges, we believe that performance measures need to shift towards value-based measures that reflect the nature of empowerment-based child protection. We suggest not to take outcome measures such as the safety measure studied in our research as a reliable quantifiable measure for purposes of accountability or reimbursement. Such a positivistic linear perspective assumes linear, causal explanations between simple, interdependent factors. On the contrary, we suggest that a complex system-theoretical perspective could be valuable in the context of child protection since this assumes the multiple and interrelating components that are playing a role and the non-linear nature of child protection. In line with complex system theories practice, policy and science should constantly seek to attain a better understanding of a phenomenon. The process of finding proper monitoring measures is an ongoing process where practise, policy and science have to try and retry in order to find proper measures that justify the outcome for patients and reflects on guidelines and policy (Wilson, 2009; Rossi et al., 2004; Hood, 2019). This requires a learning space in which a dialogue between clients, practise, policy and scientists could occur about the meaning of the outcome measures. When assessed by multiple stakeholders

(children, parents and child protection workers) and used to reflect together in an open dialogue on the child protection management strategy the safety measure studied in this research can be one of the indicators of a larger quality monitoring system.

In addition, in order to achieve further development within the child protection system, child protection professionals may benefit from establishing a professional association that facilitates connections among the interdisciplinary child protection profession. This could encourage a common understanding of what child protection craftsmanship is and an appreciation of each other's role in it. It could also encourage the exchange of different perspectives and expertise and stimulate boundary work within the formal networks. A professional association may also help to improve the curricula of universities, including universities of applied sciences, in order to encourage improved empowerment-based CPC in the new generation professionals.

Empowering societies

In the introduction of this dissertation, we described the enormous scale at which children are facing abuse and neglect. This has severe consequences for their development and mental well-being throughout their lives. Child protection is therefore one of the major social issues of our time. Naturally, society expects a child protection system to adequately care for these children and is critical of any failures. However, this study has demonstrated how difficult child protection is, and that any improvement requires a shift in the approach to child protection systems. Specifically, it requires an ecological system perspective in which the ethics of care is promoted over the ethics of justice. However, since many parts of the child protection system are dominated by the ethics of justice, any development towards an empowerment-based child protection system is hindered.

These conflicting forces can also be recognized in society. For instance, society wants children to be protected from developmental threats but at the same time it demands autonomy of parenthood. Similarly, society wants child protection to facilitate suitable health care, but the willingness to offer informal support or facilitate formal support with financial resources is limited. Thus, shifting child protection towards an empowerment-based approach raises fundamental questions about what society expects from child protection. How tolerant is society towards families and what does it expect formal child protection networks to achieve? We therefore believe that child protection needs to be discussed in the social arena. We recommend discussing the unpredictable nature of child protection and increasing awareness about the fact that we are all of us, together, the child protection system, and that we are all challenged by limited resources and the lack of a single best solution.

4. Final words

This dissertation aims to contribute to raising awareness about the fact that child protection is a matter for us all. It starts with you, a neighbor or friend of a troubled family, and your willingness to step in to offer support. The ability of local health care agencies to provide health care that matches the family's needs quickly and for as long as needed. The ability to intensify care with social services and specialist health care embedded in an integrated plan. And when needed, sufficient legal measures to help a care team protect children from developmental threats. And the care team needs to continuously balance the legal and care measures and cross professional boundaries in order to tailor a health care plan that matches a family's (changing) needs. In this child protection system, the child protection worker occupies a unique front-line position in which they feel the tension in the balancing act between legal and care the most. This tension may be increased by the complex and dynamic nature of child protection families and can be further stretched by the extensive boundary work that they have to do in order to achieve an integrated plan.

It goes without saying that child protection workers face one of the most difficult challenges in public health care. We therefore believe that these CPWs deserve to be acknowledged for their specialist child protection craftsmanship. They also deserve to be properly facilitated by a child protection system at large in order to improve the way they work to benefit the abused and neglected children being brought up in complex families.

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Summary

Summary

Growing up is not always easy. Some children have big, difficult stories of neglect and abuse to overcome before reaching maturity. Their problems rarely stand alone; they tend to be amplified by environmental factors in all sorts of unfortunate ways. Healthcare providers such as child protection workers (CPWs) are faced with the challenging and often complex task of improving the lot of these children on behalf of society.

CPWs can be understood as the frontline workers of the child protection system. The nature of this daunting task is to cope with unpredictable, complex families who are dependent on the support of a complex child protection system. A complex child protection system that is obligated to combine two seemingly contradicting roles of protecting children – on the one hand based on the ethics of justice, while on the other hand based on the ethics of care. These contradicting roles need to be balanced in every unique case that even tends to change all the time. Finding proper balance in such cases requires profound craftsmanship.

Since the ’80s, child protection craftsmanship was internationally developed by the introduction of positive psychology, in this study referred to as the empowerment based approach. Empowerment is a way of providing help whereby the potential strengths within a family are promoted so that family members can become better problem solvers themselves (Bandura, 1977). This new approach changed the perspective on mental health care professions, and by extension on child protection craftsmanship. It shifted from an “expert knows best” approach to a “standing by families” approach. An approach that believes in peoples’ natural ability to change and that promotes strengths within families while encouraging a strong change supporting environment. Based upon these assumptions several child protection approaches have been developed, among which Signs of Safety by Turnell, and Edwards had major influence on the development of empowerment based child protection in the Netherlands.

This development resulted in a worldwide debate of improving child protection craftsmanship with increased attention for strength based strategies and encouraging involvement of a supporting environment. As a result, the balance between protection and care needed to be re-evaluated. CPWs are stimulated to create a working alliance with a family, to encourage them to participate in their own health care trajectory, and to involve their social environment in order to achieve the desired change (Berg et al., 2000). But over the last decades research shows the difficulty of integrating this approach into child protection craftsmanship. Although many studies focused on implementation

issues, few studies focused on the development of empowerment based child protection craftsmanship from the perspective of the CPWs themselves.

This dissertation aims to contribute to improving the empowerment-based craftsmanship of CPWs. It aims to achieve a better understanding of the complexity of this craftsmanship by examining the challenges that CPWs encounter during their attempts to integrate an empowerment-based approach into their daily practice. We will try to get a better picture of what CPWs need and what support they need from the child protection system. The central question of this thesis is as follows:

How do child protection workers integrate an empowerment-based approach into their daily practice and what challenges do they face in their interaction with families, their child protection agency and the broader child protection system?

In order to answer this main research question, five sub-questions were formulated, following the natural input-throughput-output structure that is common in healthcare interventions evaluation (Rossi et al., 2004). The first research question focuses on the characteristics of the family (input), the second on the interventions of CPWs (throughput) and the third on the result for the family (output). The fourth sub-question evaluates the perceived challenges that CPWs face in their attempts to do empowerment-based work with families. The fifth sub-question focuses on the support that CPWs experience from their environment.

This dissertation embraces the ecological system perspective as the theoretical foundation of child protection craftsmanship on the part of CPWs, whose coercive involvement is justified by threats to child development, and aims to protect and restore normal development.
The main focus of this study is on the interactions between complex families and the coercive involvement of the CPW (the micro-level), but we also explore the influence of the child protection service on the CPWs (meso-level) and the indirect influence of the larger child protection system (macro-level).

Chapter 1 provides an introduction of this study, its theoretical background and methodological design. The method of this study consists of a multi-level evaluation based on the theoretical understanding of our designed ecological system model. Theoretical deduction resulted in a theoretical framework that integrates several theoretical perspectives (see Introduction). The empirical part of the study uses a multi-method design consisting of five quantitative and one qualitative studies. In order to enable data triangulation, we collected data from multiple

participants, especially parents and child protection workers. We used and triangulated several data sources, including client files, interviews and observations in order to enrich our understanding.

In **Chapter 2** we explored poorly known characteristics of the CPS population in order to better understand actual health care needs. Such in depth understanding can help CPWs craftsmanship to further develop expertise that better fit family's health care needs. This was the first study in the Netherlands to analyze detailed information of the CPS population in terms of risk and protective factors. And as a result we were able to distinguish meaningful subgroups for the first time.

To contribute to the search for effective tailor made child protection interventions we analyzed the risk and protective factors of 250 Dutch CPS cases. We were able to distinguish five subgroups of risk factors in the CPS population, namely families with multiple problems (31%), major life events (16%), socio-economic problems (13%) and poor parenting skills (13%). Surprisingly, the fifth subgroup was characterized by no parental factors (28%) which seems counter-intuitive. Although the study was not able to clarify the reason of this subgroup to occur, it is likely that one of the reasons is under-registration in case files.

In addition, we were able to distinguish subgroups of protective factors namely families having access to basic protective factors (28%), multiple protective factors with or without positive youth experiences (respectively 16% and 23% sums up to 39% in total). These findings confirm the theoretical understanding that each family has access to protective factors to some extent. However, we also found no protective factors registered in 32% of the families. Again, this study was not able to interpret the reason of the no protective factors subgroup. Under-registration is likely to have influenced it, however other possibilities may be at hand such as a lack of focus on protective factors by CPWs or because families have no access to protective factors at all.

Building on the interplay between risk and protective factors we were able to identify vulnerability. Families who suffer from socio-economic problems (13%), multiple problems (31%), and families with young children are more vulnerable in the sense that they are more likely to have severe problems while have access to only limited protective factors.

This chapter shows that studying client files can help to better understand the healthcare needs of the CPS population. Follow up studies are required in order to further analyze the population and to start a dialogue between science, policy and practice in order to embed the results of such studies in daily practice.

Chapter 3 studies to what extent CPWs draw on families' strengths. In order to enable us to analyse CPWs behaviour we integrated the self-determination theory into our model. This theory holds that people are more able and willing to learn and change if they experience autonomy, feel competent

and connected to others (Ryan et al., 2017), especially in an environment that explicitly promotes change. This quantitative study analysed the goals formulated by CPWs for 177 families within one Dutch child protection service, as stated in their client files. The findings show that half of the CPWs had integrated a strengths-based approach in their daily practice to some extent. 48.6% of CPWs prioritize promoting families' autonomy in goal formulation. With regard to competencies, only 40.1% of the goals refer to the families' competencies. In addition, the support system that the goals call upon tends to be dominated by formal rather than informal networks (in 71.2% of cases). While it is true that serious child protection cases can benefit from the support of a formal networks, CPWs overwhelmingly failed to encourage support from existing informal networks (in 95.5% of cases). Surprisingly, there was no relation between these percentages and the nature of the family problems nor to what extent the CPWs identified family's strengths earlier in the client file. This suggest that even though CPWs were able to identify strengths they did not necessarily integrate them in the goals. Improvements are needed in order to more successfully encourage families to change. It is highly advisable that CPWs improve their focus on promoting autonomy, competencies and the use of support networks in order to increase motivation for change. Strength-based practice requires discretionary space and the explicit facilitation of a strengths-based approach throughout the whole child protection system.

In **Chapter 4** the objective was to explore the potential of the safety rating scale. The safety measure is a practical measure that reflects on the current state of safety within a family according to professionals and can be used on several occasions during case management. This study evaluated the surplus value of this measure for outcome evaluation by comparing pre and post measures and the relation with family background characteristics and case management characteristics (N=105). The findings showed that professionals reported improvement in child safety in most cases (nearly four out of five cases). On average perceived safety increased from an insufficient level to sufficient level. However, 16% of the cases were unsafe at baseline and remained unsafe over time (stable low group). Significant regression coefficients showed larger changes for primary school children (6-12 years) and lower changes for children within the 'socio economic problems cluster' and preschool children. The results revealed the vulnerability of these subgroups due to limited improvement. According to this study the perceived safety measure can be of value to outcome monitoring. In addition, on aggregated level pre and post measures can be analysed for quality management purpose. However, due to the subjectiveness of the measurement results should be considered with caution and can only be of value in dialogue about in depth experiences of families, professionals and policy.

Chapter 5 aims to better understand the challenges that CPWs face while integrating an empowerment based approach in which they balance their protecting and supporting roles. The study comprises a qualitative multi-method, in-depth case study (n=4). We followed four cases from one child protection service in the first five months of their trajectory, conducting document analyses, observations and semi-structured interviews with CPWs and parents. The study focused on CPWs' behavior on improving autonomy, competence and involving support networks of children and families in their care as emphasized be the self-determination theory of Ryan and Deci (2017). We found that CPWs used empowerment based child protection to some extent but often felt frustrated by poor support of child protection craftsmanship, especially due to obligations within the work process and time frames. In addition, empowerment based CPC was found to be challenged in three ways.

Firstly, empowerment-based child protection craftsmanship is challenging during the first stage of CPWs involvement. In our study we found that the coercive nature of the court order is at odds with self-determination and can leave parents with feelings of being judged, incompetence and being left out. In these cases, CPWs start on the back foot, with parents distrusting them. CPWs have to find a way first to restore the parents' sense of self-determination in order to be able to build a working relationship. Our study showed that CPWs were successful in restoring a sense of self-determination in parents and were able to establish a working relationship with these parents. However, our participants pointed out that the way they are currently facilitated easily frustrates their attempts to empower families due to time limitations and mandatory procedural steps.

Secondly, the study found that CPWs were able to encourage competencies and autonomy, for instance by pointing out family strengths and giving compliments, inviting the parents to give their opinions, and stimulating their ability to find their own solutions. However, during the formulation of the change plan, known as the Action Plan, CPWs were unlikely to encourage available competencies and autonomy. With respect to this, CPWs mostly blamed limited time and rigid work processes that prevented them from maintaining their empowerment-based approach during the Action Plan process.

Thirdly, we saw how CPWs struggled with encouraging empowerment at a system level, either within the family or within the broader informal social environment of the family. We have already pointed out that CPWs were likely to empower parents on an individual level and were successful in doing so to some extent. However, this often resulted in one parent being empowered while the other parent was unintentionally undermined. In addition, our study revealed that both informal and formal networks were generally not familiar with empowerment-based working and therefore tended to focus predominantly on problems and concerns and overruled the parental position. This left parents with increased feelings of incompetence, loss of control, and feelings of not being

supported by their network, especially during round table conferences. The empowerment-based attempts of CPWs were therefore easily frustrated and often led to conflicts that needed to be healed before being able to continue. Consequently, the study suggests that child protection craftsmanship should be enriched with system therapeutic knowledge and tools in order to improve CPWs' attempts to empower the family system and their environment.

Chapter 6 evaluates a multilevel implementation process of a strength based approach within a Child Protection Service (CPS) in the Netherlands as perceived by professionals. We analyzed this by using Cretin's chain of action, dividing professional level, team level, organizational level, and contextual level determinants of implementation. Results show that the implementation of a strength based approach within current CPS is still in an early adoption stage, with one out of five CPWs using it in at least half of their cases. Analysis showed that the use of the empowerment-based approach could be explained in 38% of the cases by the characteristics of the CPWs. CPWs were aware of the meaning of the implementation, felt moderately competent in working with the approach, were willing to change and experienced a sense of responsibility and energy motivating them to do so. However, they felt insufficiently facilitated by their organization to properly execute empowerment-based child protection. Further analysis showed that CPWs perceived little support with respect to implementation strategies, learning teams, leadership and organizational culture (contribution of 0%, 3%, 0% and 4% respectively). A multilevel implementation strategy should include activities on all levels in order to improve the implementation success. In addition, the multilevel strategy should include a long term process with continuous feedback on the implementation and adjustments in implementation strategies if needed. Therefore, a follow up implementation strategy containing of a multilevel approach is highly recommended.

The general discussion of this theses, **Chapter 7,** presents the main findings and considers theoretical, methodological and practical reflections.

Empowerment-based child protection craftsmanship is still in its infancy and needs to be improved at all levels of the whole child protection system. One out of five CPWs used empowerment-based strategies, and we observed that around half of the CPWs integrated empowerment-based craftsmanship into their practice to some extent. This strongly depended on the enthusiasm and feelings of competence of the CPWs themselves. However, even motivated CPWs felt discouraged by the procedural obligations and the lack of supporting facilities from instrumental, managerial and political levels, as well as being further hampered by a lack of interdisciplinary reflection. This study pointed out several challenges that CPWs face.

Firstly, our study has shown that the balancing act between the ethics of justice and the ethics of care is one of the core challenges of child protection craftsmanship. The involvement of CPWs starts with a mandatory family court order that emphasizes the urgent need to protect the child. Parents often experience this type of family court order as undermining and a loss of parental autonomy. This onset does not help the CPW to initiate an empowerment based relationship stemming from the ethics of care. Although the legal perspective was not one of the departing perspectives of this thesis since our focus was on the craftmanship of CPWs, our results do raise questions on the impact that the legal context has on the empowerment based approach that CPWs try to embrace.

The second challenge is that the success of child protection craftsmanship depends on family's ability to change. We addressed a few vulnerable groups such as young children, multi-problem families, socio-economic issues, psychological complaints and complex (conflicting) family dynamics. These problems require specialist experience in psychopathology, stress theories, self-determination and system therapy. CPWs are advised to deepen their craftsmanship in these topics and in system therapeutic approaches in specific.

Thirdly, CPWs have a central coordinating position in the forming of an integrated change plan for families but are highly depending on the execution of this plan by other health care providers. Bridging the different perspectives of all stakeholders can be understood as boundary work and requires professionals' willingness and ability to cross their boundaries. Such boundary work can be better understood in terms of ecological system networks (Foo et al., 2022) and can be improved with additional professional competencies and organizational facilitation (Schot et al., 2020). However, boundary work that stretches the professionals boundaries even further stress wicked networks systems in which the normal boundaries of professionals and organization are already overstretched. In such cases the formal network can no longer find solutions within the system and therefore requires out of the box solutions with different forms of collaboration. This study pointed out that the current governance of the child protection system often reflects on parts of the system rather than the child protection system as a whole. We recommend evaluation from an ecological system perspective in order to analyze the quality of care and the interdependent challenges that the system may face.

Chapter 7 also presents the following academic and practical recommendations. Future research and innovation should be combined within a larger national program to take place over longer periods of time. This program should address the complexity of the family, the tension between legal and care issues, and the tension arising from the necessary boundary work. The program should also approach child protection from an ecological system perspective that enables interdisciplinary exchange between legal and care stakeholders to take place. It should integrate the different

perspectives of the families, CPWs, management, policymakers, scientists and the expectations of society.

In the introduction we described the enormous scale at which children are facing abuse and neglect. Child protection is therefore one of the major social issues of our time. Naturally, society expects a child protection system to adequately care for these children and is critical of any failures. However, this study has demonstrated how difficult child protection is, and that any improvement requires a shift in the approach to an ecological system perspective in which the ethics of care is promoted over the ethics of justice. An ecological system perspective that starts with a neighbor or friend of a troubled family, and your willingness to step in to offer support. The ability of local health care agencies to provide health care that matches the family's needs quickly and for as long as needed. In this child protection system, child protection workers occupy a unique front-line position in which they feel the tension in the balancing act between legal and care the most. It goes without saying that child protection workers face one of the most difficult challenges in public health care. We therefore believe that these CPWs deserve to be acknowledged for their specialist child protection craftsmanship. They also deserve to be properly facilitated by a child protection system at large in order to improve the way they work to benefit the abused and neglected children being brought up in complex families.

Samenvatting

Samenvatting

Opgroeien is niet altijd gemakkelijk. Sommige kinderen hebben grote, moeilijke verhalen van verwaarlozing en misbruik te overwinnen voordat ze volwassen zijn. Hun problemen staan zelden op zichzelf; die worden vaak op allerlei ongelukkige manieren versterkt door omgevingsfactoren. Zorgverleners zoals jeugdbeschermers (in dit proefschrift beschreven als CPW's) staan voor de uitdagende taak om namens de samenleving de situatie van deze kinderen te verbeteren.

Jeugdbeschermers zijn de eerste lijn van het jeugdbeschermingsstelsel. De uitdagingen in deze taak is het omgaan met onvoorspelbare, complexe gezinnen die afhankelijk zijn van de steun van een complex jeugdbeschermingsstelsel. Het jeugdbeschermingsstelsel verplicht de jeugdbeschermers om twee schijnbaar tegenstrijdige rollen te combineren. Enerzijds de rol van beschermer van de kinderen, een rol gebaseerd op de ethiek van het civiel recht. En anderzijds de rol van helper die verandering in gezinnen begeleidt, een rol gebaseerd op de ethiek van zorg. Deze tegenstrijdige rollen moeten in evenwicht worden gebracht in uniek gezinssituaties, die ook nog eens veranderen door de tijd. Het vinden van het juiste evenwicht vereist daarom een diepgaand vakmanschap.

Sinds de jaren '80 is het denken over vakmanschap in de jeugdbescherming internationaal beïnvloedt door de introductie van de positieve psychologie, in dit onderzoek aangeduid als de *empowerment* gerichte benadering. Empowerment is een manier van hulpverlenen, die gezinsleden ondersteunt om zelf betere probleemoplossers te worden (Bandura, 1977). Deze nieuwe benadering veranderde het perspectief op beroepen in de hele geestelijke gezondheidszorg, en zo ook op het vakmanschap van de jeugdbescherming: van "de expert weet het beter" naar "naast de familie staan". Het uitgangspunt van empowerment is het vertrouwen dat mensen zelf tot verandering willen en kunnen komen. De benadering bevordert de sterke kanten binnen gezinnen, en moedigt aan om de omgeving te betrekken bij de veranderopgave. Met dit uitgangspunt zijn verschillende werkwijzen voor jeugdbescherming ontwikkeld, waaronder Signs of Safety van Turnell & Edwards, die grote invloed hebben gehad op de ontwikkelingen van de jeugdbescherming in Nederland.

Als gevolg van deze ontwikkeling moest het evenwicht tussen bescherming en zorg opnieuw worden geëvalueerd. Jeugdbeschermers werden gestimuleerd om een werkalliantie met het gezin te creëren, hen aan te moedigen deel te nemen aan hun eigen zorgtraject en hun sociale omgeving te betrekken om de gewenste verandering te bewerkstelligen (Berg et al., 2000). Onderzoek van de laatste decennia laat echter zien hoe moeilijk het is, om deze aanpak duurzaam te volgen.. Veel studies lieten

dit zien rond implementatiekwesties, maar slechts weinig studies richtten zich op het perspectief van de jeugdbeschermer zelf.

Dit proefschrift wil bijdragen aan het verbeteren van het empowerment gericht vakmanschap van jeugdbescherming. Het wil de complexiteit van dit vakmanschap beter begrijpen door de uitdagingen van jeugdbeschermers te onderzoeken tijdens hun pogingen om empowerment gericht te werken in hun dagelijkse praktijk. We stellen de vraag wat jeugdbeschermers nodig hebben, en welke steun ze nodig hebben van het jeugdbeschermingsstelsel als geheel. De centrale vraag van dit proefschrift luidt als volgt:

Hoe integreren jeugdbeschermers een empowerment gerichte benadering in hun dagelijkse praktijk en met welke uitdagingen worden zij geconfronteerd in hun interactie met gezinnen, hun jeugdbeschermingsorganisatie en het bredere jeugdbeschermingsstelsel?

Om deze hoofdvraag te beantwoorden zijn vijf deelvragen geformuleerd, volgens de natuurlijke *input-throughput-output* structuur die gebruikelijk is bij de evaluatie van zorginterventies (Rossi et al., 2004). De eerste onderzoeksvraag richt zich op de kenmerken van het gezin (input), de tweede op de interventies van jeugdbeschermers (throughput) en de derde op het resultaat voor het gezin (output). De vierde deelvraag evalueert welke uitdagingen jeugdbeschermers zelf ervaren tijdens hun poging tot empowerment gericht werken. De vijfde deelvraag richt zich op de steun die jeugdbeschermers ervaren van hun jeugdbeschermingsorganisatie en het stelsel er omheen.

Dit proefschrift omarmt een ecologisch systeem perspectief als theoretisch uitganspunt van het vakmanschap van jeugdbeschermers. Deze studie richt zich vooral op de interacties tussen complexe gezinnen en de jeugdbeschermer zelf (het microniveau), maar we onderzoeken ook de invloed van de jeugdbeschermingsorganisatie op de jeugdbeschermers (mesoniveau) en de indirecte invloed van het jeugdbeschermingsstelsel op het vakmanschap (macroniveau).

Hoofdstuk 1 bevat de inleiding van deze studie, de theoretische achtergrond en de methodologische opzet. De onderzoeksmethode bestaat uit een multi-level evaluatie studie. Daarvoor gebruikten we een ecologische systeem model waarin verschillende theoretische concepten zijn geïntegreerd (zie inleiding). Het empirische deel van de studie maakt gebruik van een multi-method design bestaande uit vijf kwantitatieve en één kwalitatieve studie. Om datatriangulatie mogelijk te maken, verzamelden we gegevens van meerdere deelnemers, met name ouders en jeugdbeschermers. De gegevens kwamen uit verschillende bronnen, waaronder cliëntendossiers, interviews en observaties, om ons begrip te verrijken.

In **hoofdstuk 2** hebben wij onderzoek gedaan naar de, tot nu toe weinig bekende, kenmerken van de jeugdbeschermingspopulatie. Doel van deze studie is om de zorgbehoefte van de doelgroep beter te begrijpen. Dit was de eerste studie in Nederland die gedetailleerde informatie van de jeugdbeschermingspopulatie analyseerde van binnenuit een jeugdbeschermingsorganisatie. Ook konden we voor het eerst betekenisvolle subgroepen onderscheiden. We onderzochten de risico- en beschermende factoren van 250 Nederlandse jeugdbeschermingszaken.

Wij konden vijf subgroepen van risicofactoren in de jeugdbeschermingspopulatie onderscheiden, namelijk gezinnen met meervoudige problemen (31%), ingrijpende levensgebeurtenissen (16%), sociaaleconomische problemen (13%) en beperkte opvoedvaardigheden (13%). Verrassend genoeg werd de vijfde subgroep gekenmerkt door geen ouderlijke factoren (28%), wat contra-intuïtief lijkt. Hoewel de studie niet kon verduidelijken waarom deze subgroep voorkomt, is het waarschijnlijk dat onder-registratie van invloed is geweest op het ontstaan.

Daarnaast konden we subgroepen van beschermende factoren onderscheiden, namelijk gezinnen die toegang hebben tot basale beschermende factoren (28%), meerdere beschermende factoren met of zonder positieve eigen jeugdervaringen (respectievelijk 16% en 23% sommen tot 39% in totaal). Deze bevindingen bevestigen de theoretische verwachting dat elk gezin beschikt over beschermende factoren. Wij vonden echter ook een subgroep met geen beschermende factoren (32%). Ook hier kon deze studie niet verhelderen waarom deze subgroep ontstond. Onder-registratie is vermoedelijk een oorzaak, maar ook gebrek aan aandacht voor beschermende factoren door jeugdbeschermers of gebrek aan beschermende factoren in het gezinnen kunnen deze subgroep verklaren.

Voortbouwend op de wisselwerking tussen risico- en beschermende factoren konden we kwetsbaarheid vaststellen. Gezinnen met sociaaleconomische problemen (13%), meervoudige problemen (31%) en gezinnen met jonge kinderen zijn kwetsbaarder in die zin dat zij meer kans hebben op ernstige problemen terwijl zij minder toegang hebben tot beschermende factoren.

Dit hoofdstuk laat zien dat het bestuderen van cliëntendossiers kan helpen om de zorgbehoeften van de jeugdbeschermingspopulatie beter te begrijpen. Vervolgstudies zijn nodig om de populatie verder te analyseren en een dialoog op gang te brengen tussen wetenschap, beleid en praktijk om de resultaten van dergelijke studies van betekenis te voorzien en te verankeren in de dagelijkse praktijk.

Hoofdstuk 3 onderzoekt in welke mate jeugdbeschermers gebruik maken van de sterke punten van gezinnen. Om het gedrag van jeugdbeschermers te analyseren hebben we de zelfdeterminatietheorie in ons model geïntegreerd. Deze theorie stelt dat mensen meer in staat en bereid zijn om te leren en te veranderen als ze autonomie ervaren, zich competent voelen en zich verbonden voelen met

anderen (Ryan et al., 2017). Als zij op positieve manier worden gesteund door hun omgeving zijn ze zelfs nog meer in staat om te veranderen.

Deze kwantitatieve studie analyseerde de door jeugdbeschermers opgestelde doelen van gezinnen in 177 clientdossiers binnen één jeugdbeschermingsorganisatie. De bevindingen laten zien dat de helft van de jeugdbeschermers geneigd zijn om een empowerment gerichte benadering te gebruiken in hun dagelijkse praktijk. 48,6% van de jeugdbeschermers geeft prioriteit aan het bevorderen van de autonomie van gezinnen in de doelformulering. In slechts 40,1% van de doelformulering waren competenties van de gezinnen terug te vinden. Bovendien betrokken jeugdbeschermer eerder het formele netwerk van het gezin dan het informele netwerk (in 71,2% van de gevallen). En hoewel gezinnen baat hebben bij formeel netwerk, benutten de jeugdbeschermers de steun van het informele netwerken bijna niet (in 95,5% van de gevallen), terwijl dit informeel netwerk wel aanwezig was. We vonden daarbij geen verband tussen de aard van de gezinsproblemen en de mate van empowerment gericht werken in de doelformulering. We vonden ook geen relatie tussen de mate waarin jeugdbeschermers zelf beschermende factoren in het gezin hadden geïdentificeerd en de mate waar in zij empowerment gebruikte in de doelformulering. Dit wijst erop dat jeugdbeschermers wel in staat waren sterke punten te identificeren, maar deze niet noodzakelijk in de doelen hebben geïntegreerd. Het is nodig om de empowerment gerichte benadering van jeugdbeschermers te verbeteren. Het is raadzaam om jeugdbeschermers te stimuleren zich meer te richten op het bevorderen van autonomie, competenties en het gebruik van ondersteunende netwerken om de motivatie voor verandering in de gezinnen te vergroten. Een op empowerment gerichte praktijk vereist discretionaire ruimte en passende ondersteunding vanuit het hele jeugdbeschermingsstelsel.

In **hoofdstuk 4** was het doel om de mogelijkheden van de veiligheidsmaat te verkennen. De veiligheidsmaat is een praktische maat die de huidige staat van veiligheid binnen een gezin weergeeft zoals professionals die observeren. Hij kan op meerdere momenten worden gebruikt. Deze studie evalueerde de meerwaarde van deze maat voor uitkomstevaluatie door voor- en nametingen met elkaar te vergelijken in relatie tot achtergrondkenmerken van het gezin en kenmerken van het casemanagement zelf (N=105). De bevindingen toonden aan dat professionals in de meeste gevallen (bijna vier op de vijf gevallen) een verbetering van de veiligheid van het kind rapporteerden. Gemiddeld steeg de ervaren veiligheid van een onvoldoende niveau naar een voldoende niveau. Echter, 16% van de gevallen was onveilig bij aanvang en bleef onveilig na verloop van tijd (stabiele lage groep). Significante regressiecoëfficiënten laten grotere veranderingen zien voor kinderen in de basisschool leeftijd (6-12 jaar) en minder grote veranderingen voor kinderen binnen de "sociaal economische subgroep " en kinderen van de voorschoolse leeftijd. Deze subgroepen kunnen daarom beschouwd worden als extra kwetsbaarheid. Volgens deze studie kan de veiligheidsmaat van waarde

zijn voor uitkomstmonitoring. Zo kunnen op geaggregeerd niveau voor- en nametingen worden geanalyseerd met het oog op kwaliteitsmanagement. Wegens de subjectiviteit van de meting moeten de resultaten echter met voorzichtigheid worden bekeken. Ze kunnen alleen betekenis krijgen in de dialoog met ervaringen van gezinnen, professionals en beleid.

Hoofdstuk 5 richt zich op het beter begrijpen van de uitdagingen waarmee jeugdbeschermers worden geconfronteerd tijdens hun poging om empowerment gericht te werken. De studie omvat een kwalitatieve multi-methodische verdiepende casestudy (n=4). We volgden vier casussen uit één jeugdbeschermingsorganisatie gedurende de eerste vijf maanden van hun traject, door middel van documentanalyses, observaties en semigestructureerde interviews met jeugdbeschermers en ouders. De studie richtte zich op het gedrag van jeugdbeschermers ten aanzien van het bevorderen van autonomie, competentie en het betrekken van ondersteunende netwerken, zoals benadrukt wordt in de zelfdeterminatietheorie van Ryan en Deci (2017). Wij vonden dat jeugdbeschermers tot op zekere hoogte gebruik maakten van empowerment gerichte jeugdbescherming, maar zich vaak gehinderd voelden door de gebrekkige ondersteuning van de jeugdbeschermingsorganisatie, vooral vanwege verplichtingen binnen het werkproces zoals doorlooptijden. Bovendien bleek empowerment gericht vakmanschap van jeugdbescherming op drie manieren te worden uitgedaagd.

Ten eerste omdat het empowerment gericht werken tijdens de eerste fase van de betrokkenheid onder spanning komt te staan. In onze studie stelden we vast dat het gedwongen karakter van een ondertoezichtstelling haaks staat op zelfbeschikking van het gezin en ouders daarmee het gevoel kunnen krijgen veroordeeld te worden, niet bekwaam te zijn en zich zelfs buitengesloten kunnen voelen. In deze gevallen begint de jeugdbeschermer op achterstand, omdat de ouders hen wantrouwen. Uit onze studie bleek dat de jeugdbeschermers erin slaagden dit gevoel van zelfbeschikking bij ouders te herstellen en een werkrelatie met ouders op te bouwen. Onze deelnemers wezen er echter wel op dat de manier waarop zij momenteel worden gefaciliteerd hen beperkt in hun mogelijkheden omdat zij door tijdspaden en andere procedurele verplichtingen worden gehinderd.

Ten tweede bleek dat jeugdbeschermers in staat zijn competenties en autonomie van gezinnen aan te moedigen. Maar tijdens het opstellen van het Plan van Aanpak bleken de jeugdbeschermers echter nauwelijks geneigd om de beschikbare competenties en autonomie van het gezin aan te moedigen. De jeugdbeschermers gaven aan dat zij zich beperkt voelden in tijd die ze kregen voor het opstellen van het Plan van Aanpak en gehinderd voelden door inflexibele werkprocessen.

Ten derde zagen we hoe jeugdbeschermers worstelden met het aanmoedigen van empowerment op systeemniveau. Dit vonden we binnen het gezin, maar ook binnen de bredere informele en formele omgeving van het gezin. Binnen gezinnen zagen we dat de jeugdbeschermer soms de ene

ouder in zijn kracht stimuleerde maar daarmee de andere ouder ondermijnde. Bovendien bleek uit ons onderzoek dat zowel de informele als de formele netwerken niet bekend waren met empowerment gericht werken en daarom de neiging hadden zich vooral te richten op problemen en zorgen waarmee ouders uit hun positie werden gehaald. Dit gaf ouders het gevoel van incompetentie, verlies van controle en het gevoel niet gesteund te worden door hun netwerk. Dit werd vooral zichtbaar tijdens de ronde tafel conferenties. Het gevolg was dat de pogingen van de jeugdbeschermers om gezinnen in hun krachten te stimuleren gefrustreerd raakten in contact met het netwerk. Vaak met als gevolg dat de ontstane conflicten eerst opgelost moesten worden voordat men verder kon. Het is daarom dat de studie de suggestie doet om het vakmanschap van de jeugdbescherming te verrijken met systeem therapeutische kennis en kunde.

Hoofdstuk 6 beschrijft een multi-level evaluatie van de implementatie van een empowerment gerichte bandering binnen een jeugdbeschermingsorganisatie. De studie bekeek daarin hoe de jeugdbeschermers de implementatie hebben ervaren. We analyseerden dit met behulp van Cretin's chain of action, waarbij een onderscheid werd gemaakt tussen determinanten van implementatie op professioneel niveau, teamniveau, organisatieniveau en contextueel niveau. De resultaten laten zien dat de implementatie nog in een vroege adaptatiefase is. Eén op de vijf jeugdbeschermers gebruikte de benadering in tenminste de helft van hun gezinnen. Uit verdiepende analyse bleek dat vooral de kenmerken van de jeugdbeschermer zelf 38% van het gebruik van de empowerment gerichte benadering verklaarde. De kenmerken waren bijvoorbeeld dat ze zich bewust waren van de implementatie, dat ze zich gemiddeld competent voelden om de werkwijzen uit te voeren, bereid waren tot verandering, zich verantwoordelijk voelden voor de uitvoer en voldoende energie ervoeren om als zodanig te gaan werken. Ze voelden zich echter onvoldoende gefaciliteerd door hun organisatie om de empowerment gerichte benadering goed uit te voeren. Uit verdere analyse bleek dat jeugdbeschermers weinig steun ervoeren van de implementatiestrategieën, de lerende teams, het leiderschap en de organisatiecultuur (bijdrage van respectievelijk 0%, 3%, 0% en 4%).

Daarom bevelen we op basis van dit onderzoek aan om een goede vervolg implementatie in te richten waarbij alle niveaus betrokken worden bij de implementatie van het empowerment gericht werken van jeugdbeschermers. Het gaat daarbij om langdurige implementatie processen waarbinnen doorlopende feedback de uitvoering in staat stelt om zich blijvend te verbeteren.

In **hoofdstuk 7,** de algemene discussie, worden de belangrijkste conclusies gepresenteerd en worden theoretische, methodologische en praktische beschouwingen gegeven.

Het empowerment gerichte vakmanschap van jeugdbescherming staat nog in de kinderschoenen en moet worden verbeterd op alle niveaus van het hele jeugdbeschermingsstelsel. Eén op de vijf

jeugdbeschermers gebruikten empowerment gerichte strategieën, en we stelden vast dat ongeveer de helft van de jeugdbeschermers tot op zekere hoogte empowerment gericht vakmanschap laat zien in hun dagelijkse praktijk. Dit hing sterk af van het enthousiasme en het gevoel van bekwaamheid van de jeugdbeschermers zelf. Maar zelfs gemotiveerde jeugdbeschermers voelden zich ontmoedigd door de procedurele verplichtingen en het gebrek aan ondersteunende faciliteiten op instrumenteel, bestuurlijk en politiek niveau, en werden verder belemmerd door een gebrek aan interdisciplinaire reflectie.

Verschillende uitdagingen voor jeugdbeschermers werden gevonden. Ten eerste toont onze studie aan dat het kernthema van de jeugdbescherming is het balanceren tussen de ethiek van het recht en de ethiek van de zorg. De jeugdbescherming begint met een ondertoezichtstelling (OTS) dat de nadruk legt op het gedwongen kader waarbinnen het kind beschermd wordt. Ouders kunnen een OTS ervaren als een rechterlijk bevel dat het ouderschap ondermijnd door de ouderlijke autonomie te verkleinen. Dit gedwongen karakter maakt het empowerment gericht werken van de jeugdbeschermer ingewikkeld omdat deze uitgaat van de ethiek van zorg. En hoewel het juridische perspectief buiten de scope van dit proefschrift valt, roepen de resultaten wel de vraag op wat de impact is van de juridische kaders op het empowerment gericht werken.

Een tweede uitdaging van het vakmanschap van jeugdbescherming is dat het succes afhankelijk is van de vermogens binnen een gezin. We hebben gezien dat er kwetsbare groepen zijn zoals jonge kinderen, multiprobleemgezinnen, sociaal-economische problemen, gezinnen met psychische klachten en complexe (conflicterende) gezinsdynamiek. Het vereist specialistische kennis en kunde over psychopathologie, stresstheorieën, motivatie theorieën en systeemtherapie die niet vanzelfsprekend aanwezig zijn in het vakmanschap van jeugdbescherming. Daarom raden wij aan dat jeugdbeschermers, naast het verder uitdiepen van empowerment gericht werken, zich verdiepen in specialistische deelgebieden en in de systeemtherapie waardoor zij hun vakmanschap kunnen verrijken.

Ten derde hebben jeugdbeschermers een coördinerende rol bij het de vorming van een integraal plan voor een gezin, waarbij zij voor de uitvoering van het plan sterkt afhankelijk zijn van andere zorgverleners. Om een plan daadwerkelijk succesvol te laten zijn dient de jeugdbeschermer dan ook bruggen te slaan tussen de verschillende perspectieven van de betrokkenen zorgverleners. Tegelijk vraagt het van alle betrokken zorgverleners om buiten de normale grenzen te acteren waardoor een integrale aanpak succesvol kan worden. Dit zogenoemde grenswerk kan beter worden begrepen vanuit het perspectief van ecologische systeemnetwerken (Foo et al., 2022). Het vergt aanvullende professionele competenties en andere soorten van organisatorische facilitering (Schot et al., 2020). In zeer complexe en dynamische gezinsproblemen wordt het grenswerk van de zorg professionals dusdanig opgerekt, dat het overbelast raakt. De samenwerking wordt dan een wicked systeem

dynamiek waarin het professionele netwerk geen oplossingen meer kan vinden. In die gevallen zullen oplossingen buiten de gevestigde paden gevonden moeten worden. Deze studie laat zien dat het huidige jeugdbeschermingsstelsel eerder oplossingen zoekt in een deel van het systeem in plaats van in het systeem als geheel. Wij adviseren dan ook om de kwaliteit van zorg te evalueren vanuit een ecologisch systeem perspectief waarbinnen de onderlinge afhankelijkheid wordt geagendeerd.

Hoofdstuk 7 beschrijft ook de volgende academische en praktische aanbevelingen. Toekomstig onderzoek en innovatie kunnen het beste worden gecombineerd in een groter nationaal programma dat over langere perioden kan doorontwikkelen. Zo'n programma dient zich te richten op de complexiteit en ongrijpbaarheid van de gezinnen, de spanning tussen de juridische-en zorg ethiek, en de spanning die voortvloeit uit het noodzakelijke grenswerk. Een ecologisch systeem perspectief waarbinnen interdisciplinaire uitwisseling tussen de juridische-en zorg professionals mogelijk wordt gemaakt. Het is aan te bevelen om daarbinnen de verschillende perspectieven van de gezinnen, jeugdbeschermers, management, beleidsmakers, wetenschappers en de verwachtingen van de samenleving te integreren waardoor de jeugdbeschermingsopgave bediscussieerd kan worden als stelselopgave als geheel.

In de inleiding hebben wij beschreven op welke enorme schaal kinderen te maken krijgen met misbruik en verwaarlozing. Jeugdbescherming is daarom een van de grote maatschappelijke vraagstukken van deze tijd. Uiteraard verwacht de samenleving dat een jeugdbeschermingsstelsel adequaat voor deze kinderen zorgt en wordt er kritisch gereageerd op signalen van tekortkomingen. Deze studie laat zien hoe ingewikkeld jeugdbescherming is. Verbetering voor dit vakmanschap vraagt om een verandering van perspectief op jeugdbescherming als geheel. Het vraagt om een ecologisch systeem perspectief waarbinnen meer gewicht komt te liggen op de ethiek van zorg en minder op de ethiek van het recht. Zo'n ecologisch systeem perspectief betreft iedereen. Het hangt soms af van de toevallige bereidheid van een buurman of vriendin om een gezin hulp te bieden als het in de problemen komt. Het vraagt om snelle en flexibele hulp van lokale zorgpartijen die tegemoet kunnen komen aan de hulpbehoefte van het gezin. In zo'n stelsel heeft de jeugdbeschermer een unieke positie als eerste lijn waarin de spanning op het balanceren tussen zorg en recht het meest tot uitdrukking komt. Het is dan ook niet overdreven om te zeggen dat jeugdbeschermers een zeer ingewikkelde publieke functie bekleden. En daarom geloven wij dat jeugdbeschermers het verdienen om erkend te worden voor hun specialistische vakmanschap en daarin voldoende gefaciliteerd dienen te worden door het jeugdbeschermingsstelsel als geheel met als doel de omstandigheden te verbeteren van kinderen voor wie opgroeien vaak niet makkelijk is.

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Curriculum Vitae
(PhD portfolio, publications & about the author)

Curriculum Vitae

PhD portfolio

Name PhD student:	Brigit Rijbroek
Department:	Erasmus School of Health Policy & Management
PhD period:	2013 – 2023
Promotors:	Prof. dr. Robbert Huijsman, MBA
Co-promotor:	Dr. Mathilde Strating

PhD training, teaching and presentations

Solution focused working	2013	2 ECTS
Presentation of research program in youth health care board collaboration in the region	2013	
Guest editor TSG Journal	2013	3.00
Prince 2 foundation	2014	2 ECTS
Systemic literature searching	2014	3 ECTS
Academic writing	2016	2 ECTS
Supervisor bachelor and master theses	2013-2017	15 ECTS
Internal Annual presentations of research outcome	2013-2017	
Conference workshop Youth in Research		
Master class Family system trauma model	2020	1 ECTS
Mindful Parenting	2021	2 ECTS
Incredible Years	2021	2 ECTS
Infant Mental Health: introduction	2022	2 ECTS
Infant Mental Health: development and pathology in parent-child relation	2022	1 ECTS
Introduction to system therapy	2022	5 ECTS
Advanced system therapy	2023	5 ECTS

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About the Author

Brigit Rijbroek is an independent psychologist in her practice Psyche & Gezin.

She graduated in Clinical Psychology at Leiden University in 2011. In the meantime, she worked as a therapeutic worker in a day care centre for anxiety disorders in The Hague, and later as a prevention worker for children raised by parents with psychiatric problems. She gave group trainings for children, trainings for parents with psychiatric problems, mother-baby interventions and family interventions.

Following her interest in organizational issues, she took up a position as policy advisor at the Child Protection Service in Rotterdam. In this position she embraced research as a tool to deepen her craft

as a practitioner and policy advisor. She designed a practice-based research program, collaborated with several (occupational) universities, and acquired external funding. The program enabled 40 students to participate in her program and produced 20 policy studies on topics such as safety management, quality management, client satisfaction, development of craftsmanship, and quality of care in family-based child protection.

From 2016 to 2021, she worked as senior advisor and project leader at the Netherlands Youth Institute, where she participated in several studies on child protection, delinquent youth, and coercive youth health care in the Netherlands. During this time, she gave birth to two daughters and learned how to balance family, work, and a SARS II pandemic lockdown.

In 2022, Brigit founded her practice Psyche & Gezin, which she runs as a systemic craftsman, and a firm believer in bridging practice, science, and policy. The practice is dedicated to the integrated care for psychological complaints individually or in the context of a family. It provides psychological treatment, organizational consulting, and academic services such as researching and teaching in this topic. At the same time, she continues her personal development through following post-master training in system therapy, and in infant mental health.