Improving family-centered care in Juvenile Justice Institutions

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Chapter 7

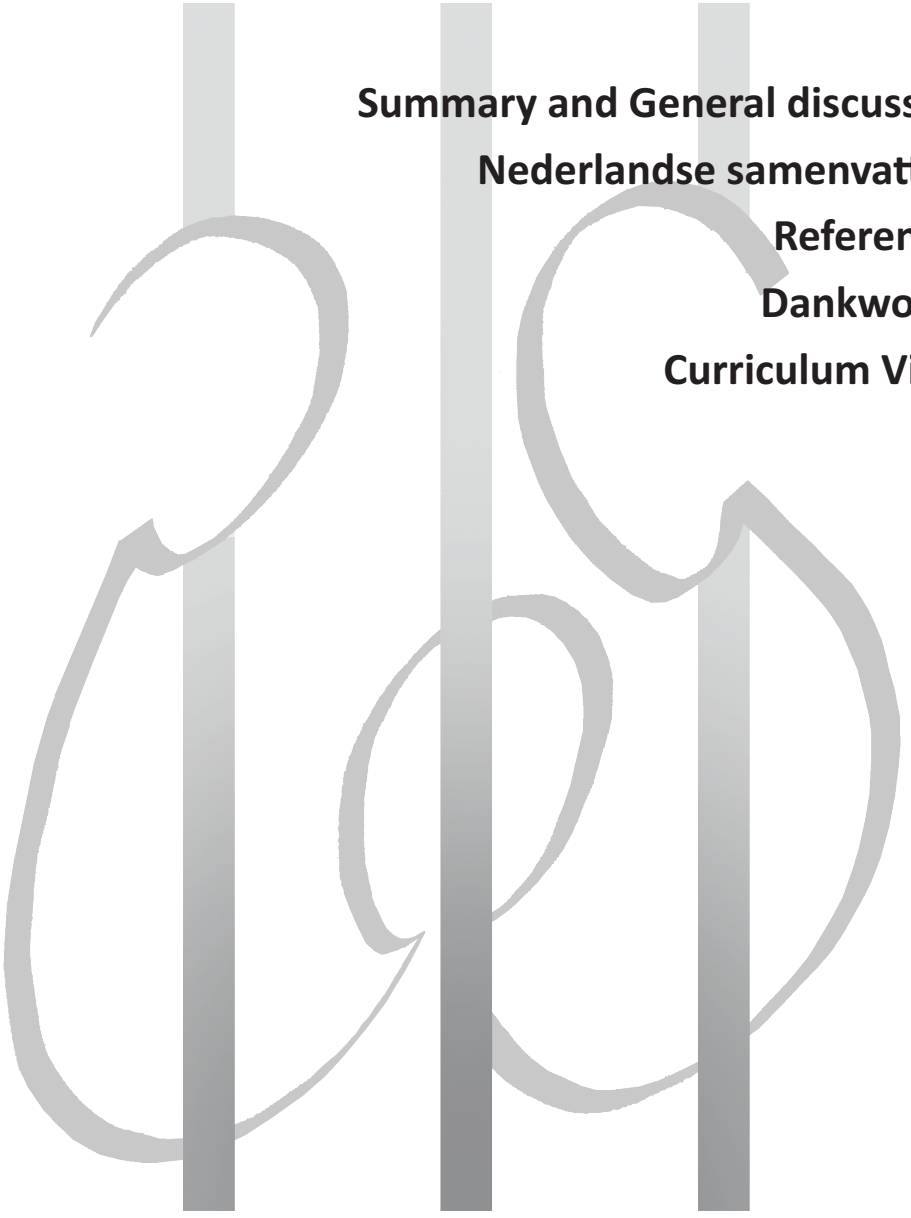
Summary and General discussion

Nederlandse samenvatting

References

Dankwoord

Curriculum Vitae



Summary and General discussion

The central focus of this thesis was on developing, implementing and studying Family-centered Care (FC) in short-term stay groups in Juvenile Justice Institutions (JJIs) in the Netherlands. Part of this research project was the bottom-up development of the FC program and the evaluation of its implementation success, for which we used quantitative and qualitative techniques.

This chapter starts with repeating the aims of this thesis, followed by a summary and general discussion of the major findings. As our study was practice-based, translation of research results into practice was crucial to our work. During our study, we used research results to provide feedback to practice, through which we aspired to boost the implementation of FC. Subsequently, this chapter will describe implications for practice and for policy. Finally, the discussion will be concluded with methodological considerations and recommendations for future research.

Aims

The overall aim of this thesis was to optimize care for detained youth by contributing to the knowledge, policy, and practice of family-centered care in JJIs. Hence, this study held five sub-aims. First, we aimed to develop a program for family-centered care, including a format for the accompanying training and coaching procedures for JJI staff. Our second aim was to study the effects of FC in practice, using a mixed methods research strategy. The third aim was examining to what extent parents participated in family activities and identifying which factors predicted parental participation. The fourth aim was to understand what parents' needs are in family-centered care, what they expect from activities, and from JJI staff members. The fifth aim of this thesis was to gain a deeper understanding of which factors parents consider to influence parental participation.

Summary and key findings

We opted for a bottom-up approach in developing a program of Family-centered Care (FC), focused on short-term stay groups. Chapter 2 describes that the FC program distinguishes four categories of parental participation: (1) informing parents, (2) parents meeting their child, (3) parents meeting staff, and (4) parents taking part in the treatment program. With regard to the latter category, the FC program offers the opportunity for families to engage in family therapy during detention. This therapy is to be continued after discharge from the JJI. Training and regular coaching of staff members are important aspects of FC, as working in a family-centered way needs a change in competence and attitude. In the one-day training therefore, staff are familiarized with the principles of FC, which helps them to adopt a systemic perspective. The training program includes bi-annual booster sessions to ensure that skills are practiced, improved, and fine-tuned. Besides the training and booster sessions, FC prescribes frequent team coaching supervised by a family therapist.

Chapter 3 describes our explanatory sequential mixed methods study protocol. This chapter discusses valuable aspects to bear in mind when setting up a study in challenging settings such as a JJI. These aspects include a practice-based design, a bottom-up approach in which staff members and researchers collaborate in workgroups to render the study feasible in practice, and the support throughout all layers of the institution. Another helpful aspect of our approach was that the PhD student worked as a clinician in one of the institutions. This ameliorated bridging the gap between research and practice.

When evaluating a new program, first order of business is to examine to what extent the program is successfully implemented. As FC aims to increase parental participation to achieve better treatment outcomes, chapter 4 describes the level of parental participation during the first two years after the launch of FC in short-term detention groups. We assessed parental participation in three activities: (a) the family meeting, (b) visiting during regular visiting hours, and (c) participation in Routine Outcome Measurements. Our results

showed that the family meeting was attended by 47% of the parents, that most adolescents (74.1%) received at least one parental visit during their stay with an average of 0.57 visits per week, and that 42% of the parents participated in measurements. Although effect sizes were small, this chapter additionally showed that the three types of parental participation each were predicted by different factors. More parenting problems predicted less parental attendance to the family meeting, having a job predicted more parental visits to their sons, and longer stays of the adolescent and Dutch ethnicity predicted higher parental participation in measurements. Other interesting findings as described in chapter 4, are that youth and parents reported low on family problems but relatively high on treatment motivation. Specifically with regard to family therapy, youths were significantly more motivated during detention compared to after detention. Parents were significantly more motivated for family therapy compared to their sons.

Chapter 5 describes parents' needs in family-centered care, their expectations from activities, and from JJI staff members. This chapter shows that all interviewed parents wanted to participate during their child's detention, but not always in the same way nor to the same extent. Three main themes emerging in parents' needs for participation were: (a) need for information about their son, the JJI, and its procedures, (b) being part of discussions about their child and their treatment, and (c) taking part in services and activities. With regard to expectations from JJI staff, parents described that they would like staff to exert basic social skills, including respect, kindness, sincerity, support, and reliability. Feeling welcomed by the entry staff was important for parents as well. As a pattern, parents expressed the wish for a two-way communication with JJI staff. Half of the parents described that they would like to have a regular contact person in the JJI, who is closely connected to their child and who is easy to reach. This regular contact person was usually the adolescent's mentor. Almost half of the parents expected the mentor to take initiative in contacting them. Some parents described the mentor as the "*spider in the web"*. This Dutch expression

reflects that parents consider the mentor to be the central contact person between them and the JJI. The mentor attends parents to JJI information of special importance to them, and connects them to colleagues if necessary. A few parents stressed the importance of continuity of care, especially by the mentor. Almost half of the parents expected JJI staff to take into account and respond to their personal circumstances such as physical illness, volunteer work, or job obligations. Finally, about half of the parents, all of non-Dutch origin, stressed that JJI staff should be sensitive to cultural issues.

After having gained a deeper understanding of parents' wishes in family-centered care, we examined why some parents participated in FC, while others did not. Chapter 6 shows that, according to parents, their participation is influenced by a variety of factors which could be categorized in the following themes: (1) practical facilitating or obstructing factors, (2) parent-related emotional and mental factors, and (3) factors concerning issues of the parent-child relationship. Each theme contains factors that are either facilitating or hindering to parental participation, or both. These factors are summarized in Figure 1.
The green lines represent facilitating factors and the red lines obstructing factors.
For example, some parents described that having a car enabled them to visit the JJI. However not having transportation or not having a driver's license, made reaching the JJI problematic for other parents. Almost all parents explained how detention of their child evoked a variety of negative emotions, including anger, shame, and disappointment. These emotions could function as a barrier to visit their child in the JJI. The love parents felt for their son, missing him, and a good parent-child relationship helped parents overcoming this barrier.

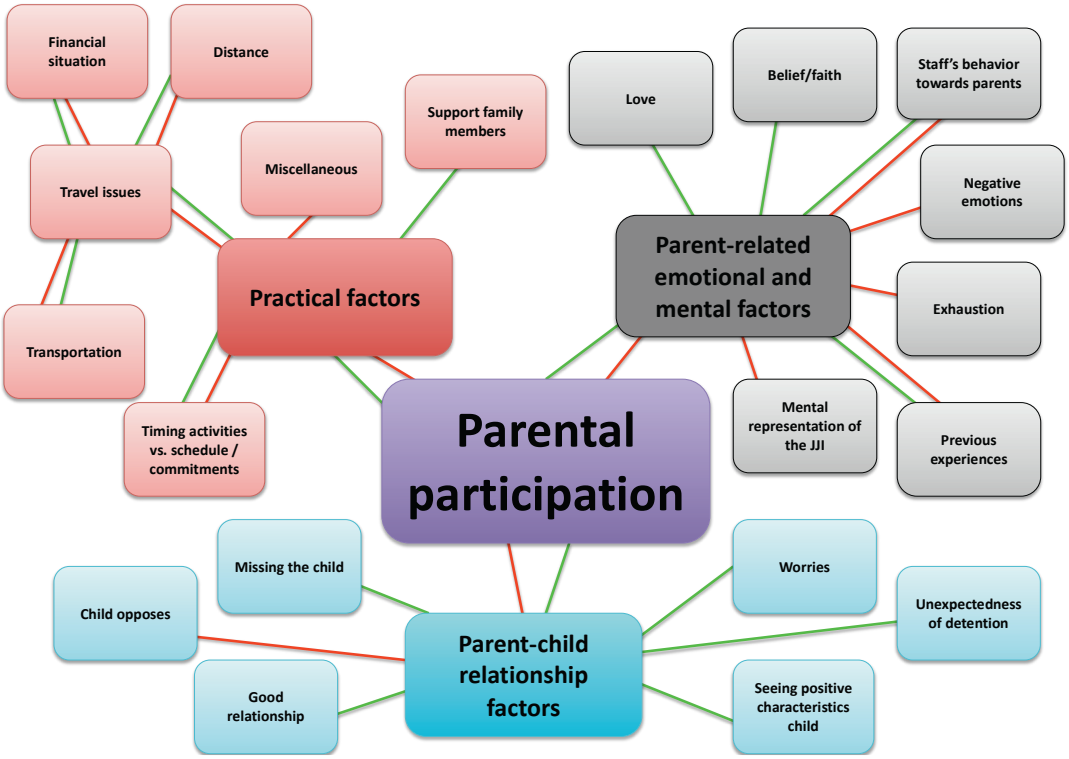


Figure 1. Factors influencing parental participation.

General discussion

We succeeded in developing a program of Family-centered Care (FC) for adolescents in short-term stay groups of JJI's. In this program, parents are actively invited to play a prominent role in their child's everyday life in detention, including in treatment. We expect FC to be successful because 1) it is based on theory and practice of two evidence-based family therapies, 2) it builds on suggestions from previous research, and 3) the program was developed together with JJI staff and supplemented with input from parents and youths. This bottom-up approach, both in developing the FC program and in carrying out practice-based research, was an important strength of our project. Close collaboration with staff

members made that the program was applicable in practice and ensured that research activities remained feasible. Bottlenecks along the course of the study could be solved in harmony after open discussions. Shared responsibility for a solid scientific study increased staff's motivation to participate in research activities.

Although our primary intention was to study the effects of FC by means of a quasi-experimental pre-post comparison of FC groups with usual care groups, several obstacles prevented us from carrying out that part of our research. First, practical issues made it impossible to gather enough data from the usual care groups. Since the management of one JJI decided not to wait with implementing FC in other groups during the course of our study, that JJI was no longer available to provide our study with a usual care group. Additionally, the usual care group in the other JJI experienced severe stagnation in youths on that group. There were few referrals to that JJI at the time of our data collection and youths were barely transferred to other living groups. These issues caused the sample size of our usual care groups to be too small to perform meaningful statistical analysis for our intended quasi-experimental comparison.

Another reason why the quasi-experimental design was not feasible at the time of data collection, is concerned with the process of implementation. Implementing a new program has previously been described as challenging, especially in the case of family-focused interventions for youth with behavioral problems (Bekkema, Wiefferink, & Mikolajczak, 2008; Stern & Smith, 1999). Our data collection took place within the first two years after launching the FC program in practice. In that period, the Dutch field of youth care was challenged with drastic transitions and the JJIs themselves were confronted with budget cuts, high rates of sickness among staff, and high staff turnover. These circumstances made implementing FC even more complicated (Barth, 2005; Bekkema et al., 2008). We realized that assessing to the level of implementation success of FC was a prerequisite for carrying

out a study on its effects. Hence, we aimed to study to which extent staff members in FC groups were able to motivate parents for participation.

Even though youths and parents reported relatively high levels of treatment motivation and all interviewed parents were motivated to participate in family-oriented activities, our study showed that more than half of the parents did not attend the family meeting and parents visited their son on average less than once a week. This implies that there is a gap between parents' motivation for participation and their actual participation level. We quantitatively assessed probable explanations for this gap, which resulted in only limited predictive factors as described in chapter 4. The qualitative study (chapter 6) showed that a diversity of factors influence parental participation, which differed largely between parents. In order target barriers for participation, JJI staff members need to tailor their interventions to individual needs of parents.

In an attempt to target barriers for parental participation, it would be useful for staff members to know if they are dealing with static or dynamic factors. Although static factors are beyond control of staff members, knowledge about their influence may be informative and useful. Specifically, taking them into account while conversing with parents might contribute to building a working alliance with them. For example in case of other ethnic backgrounds, JJI staff could assign a mentor from a similar background or make use of professional interpreters. The length of the youth's stay in the short-term detention group is also beyond staff's control as the decision to terminate detention is reserved for juvenile judges. Nevertheless, if staff expect that an adolescent will stay only for a short period, they could focus on timely and intensively involving parents in the decision-making process for aftercare. Additionally, JJI staff could quickly reach out to youth probation officers to ameliorate their working relationship with the adolescents and their parents to contribute to successful reintegration. Knowledge of dynamic factors that are eligible for interventions by JJI staff could enable them to tailor their strategies in motivating parents to visit the JJI,

which might improve parental participation. Below, we elaborate on our suggestions for practice.

Implications for practice

The results of our chapters provide several suggestions for improving parental participation rates, which is expected to contribute to achieving beneficial outcomes of care and treatment for delinquent adolescents and their families (Burke, Mulvey, Schubert, & Garbin, 2014; Latimer, 2001; Monahan, Goldweber, & Cauffman, 2011).

To optimize family-centered care, JJIs would have to opt for an outreaching approach to bridge the gap between home and the JJI. Consequently, JJIs would have to engage in intensive collaborations with the youth probation officers, as they are the professional links between the JJI and the community. Therefore, youth probation officers are of great value for detained adolescents and their families. Especially in case of short-term detention, 24% of the adolescents stayed less than two weeks and 37% stayed less than one month (Rovers, 2014). Consequently, in collaboration with youth probation officers, JJI staff need to assess for each adolescent and his family which interventions are required and which person is the best to intervene, in order to provide as much continuity in care as possible. In the Netherlands, local governments have formed so-called 'youth and family centers', or 'youth care teams' (Hilverdink, Daamen, & Vink, 2015) for voluntary or preventive care. In these teams, professionals of various disciplines in the field of youth care collaborate, e.g., professionals in the youth welfare, mental health, and social work fields. If an adolescent and his family are already involved in a youth care team before detention, the youth probation officer should consult with those professionals in the decision-making process. Continuity in care and an outreaching approach imply that in some instances, the JJI starts with therapy and continues treatment as part of after care. In other cases, therapists from outside of the JJI would start or continue treatment in detention and follow the youth

and the family after discharge from the JJI. The youth probation officer, potentially in collaboration with the youth care team, could help in linking the adolescent and the family with the desired therapist. The youth probation officer could also inform parents to which JJI their child is transported as soon as this information becomes available.

Close collaborations with the youth probation officers do not absolve the JJIs from their important tasks in building working relationships with parents to improve parental participation during their child's detention. Involving parents starts at the very beginning when an adolescent enters the JJI by contacting parents immediately. Preferably, this first phone call is made by the adolescent's mentor, who will serve as contact person for parents. If the mentor is not on shift, another group worker calls parents and transfers the information to the mentor. In this first contact, the mentor (or his colleague) introduces himself, explains his role, offers reassurance for parents, and tailors the rest of the information to parents' needs. For example, some parents would like to receive all information about procedures at once, whereas others would like to receive this information in a personal meeting.

In this first phone contact, the mentor not only provides parents with information, he rather engages in a two-way communication with parents, acknowledging them as a valuable source of information about the adolescent and to help them maintaining the parenting role. Therefore, the mentor asks parents for advice about the adolescent. Additionally, the mentor always informs parents about visiting opportunities and schedules the family meeting as soon as possible, preferably combined with parents' first visit.

While scheduling this meeting, the mentor assesses possible obstacles for parents for visiting the JJI and assists parents in overcoming them. These solutions are tailored to individual parents, as every parent might experience different obstacles. For example, parents are provided with support in dealing with negative emotions evoked by their child's detention or stimulated to overcome the fear of entering a JJI. If practical issues prevent

parents from visiting the JJI, staff support them in finding solutions. JJI staff turn to the youth probation officer for support in finding these solutions, who in turn could turn to the youth care team. For example, parents could be provided with help in activating their support network to find babysitters and/or to arrange rides to the JJI. If resistance to visiting the JJI is more deeply rooted in parents, the psychologist or family therapist tries to motivate parents to visit their child in the JJI and to participate in the family meeting. Again, the youth probation officer could also assist in motivating the parents. As part of an outreaching approach, JJI staff members could schedule family meetings at the parents' home when parents experience barriers to visit the JJI. Through home visits, JJI staff show that they value parental participation, that parents are worthy of their time and effort, and that the JJI takes initiative to collaborate with parents. When a family meeting starts at home with only the parents, it might be easier to motivate parents to continue the meeting in the JJI so that their child is able to attend as well.

In the personal family meeting, parents receive more information about family-oriented activities and the psychologist assesses protective factors within the family as well as parental problems. When indicated and after consulting with the youth probation officer, parents are offered family therapy for overcoming those problems. If parents experience other problems, e.g., related to unemployment, finances, or mental health, JJI staff direct them to the youth probation officer who is able to further assist parents in finding helpful professionals, possibly in collaboration with the youth care team.

Along the course of an adolescent's stay, family-oriented activities are tailored to parents' needs. These activities include the opportunity for parents to spend time with their child, which requires that JJIs are flexible in arranging contact moments between parents and their child. Staff also invest in motivating adolescents for family-oriented activities, preventing resistance among the youths against the idea of parental participation. Additionally, parents are continuously involved in the decision-making processes. In general,

staff members are cultural sensitive and provide parents with the opportunity to converse in their mother language or makes use of professional interpreters.

Policy implications

Based on the previous chapters in this thesis, there are also several suggestions for policy in order to improve parental participation. These are not just strategies that are suitable for individual staff members, but rather are to be decided on by the managements of the JJIs or even on national government level.

In order to successfully implement family-centered care, JJIs would have to take care of some basic conditions. First, the whole organization needs to be prepared for family-centered care (Fixen, Naoom, Blase, Friedman, & Wallace, 2005). The teams of group workers associated with a living group need to experience support for family-centered care from higher managerial layers in the institutions. All layers and disciplines of the institution need to adopt a systemic view and develop skills in working with families (Mos, Jong, Eltink, & Rigter, 2011).

FC requires that especially mentors are equipped in working with parents, as they are important for motivating parents for participation. Parents might be troubled with feelings of shame or anger, and therefore experience ambivalence towards, or even reject the idea of participation. Mentors are faced with the challenge to support parents in removing these barriers. To maintain their skills in working with parents, staff members need to receive regular coaching supervised by a family therapist, at least once per month. The managements of JJIs need to ensure that mentors have enough time to collaborate with the parents and that their tasks in family-centered care are integrated in their workload. Additionally, successful implementation of FC requires that the teams are stable with regard to staff members and that JJIs prevent staff turnover (Degner, Henriksen, & Oscarsson,

2007). More stable teams with well-trained group workers could ameliorate a therapeutic climate on living groups in the JJIs where treatment becomes the central focus.

With regard to the barriers experienced by parents for parental participation, the managements of the JJIs could assist in providing solutions. For example, administrative hassles for receiving compensation for travel costs could be minimized by providing clear instructions and reimbursing parents quickly, or JJIs could initiate discussions with the designated parties, including local governments, to make the community aware of the necessity of better connections to public transportation. In general, the managements of the JJIs could lay the groundwork for positive collaborations with youth probation officers to contribute to structural integrated care. The JJI is only a temporary station for youths and their families. To ensure that they are provided with the right care and treatment during and after detention, close collaborations with youth probation officers are required. These collaborations could provide the continuity in care that is deemed important by the parents in our study.

With regard to this continuity in care and care providers, JJIs could be more conscious when adolescents are transferred after three months in the short-term stay group to a long-term stay group. This transfer means new contact persons for youth and for parents, which means a discontinuation of care and care providers. One JJI even reformed their groups during our data collection phase by implementing a so-called 'intake group'. When adolescents entered the facility, they were placed on this group for a maximum period of three weeks before they were transferred to a short-term stay group. This means that adolescents, who stay more than three months in that JJI, are transferred to another group twice. As continuity in care is considered important (Pierpont & McGinty, 2004), this extra transfer conflicts with the principles of family-driven care. From a family-centered point of view, therefore, we suggest that JJI to regress to regular short-term and long-term stay groups. The youth probation officer could offer the desired continuity in care for youths

and their parents when they switch from a short-term to a long-term stay group. Additionally, JJIs could start organizing so-called 'warm transfer'-meetings when the adolescent moves from a short-term stay group to a long-term stay group to provide adolescents and their parents with the opportunity to become acquainted with the new staff members. Participants to this meeting are invited based on the needs and wishes of the adolescents and their parents. Importantly, the parents, the mentors and the psychologists from the short- and long-term stay groups, the youth probation officer, and other significant persons as requested by the youth or his parents are involved while preparing the adolescent for the transfer. Another possible solution for the lack of continuity in care in JJIs would be to assign one psychologist to each adolescent entering the JJI and his family, who would remain connected to them throughout the whole detention period and move along from the short-term to the long-term stay group. Even though the youth would still have to switch between the two types of groups, this would provide some form of continuity of care for the adolescent and his parents. As some psychologists in JJIs have previously suggested a similar workflow, we suggest JJIs to set up a bottom-up workgroup to further detail this process. These workgroups could exist of various disciplines within the JJI (e.g., group workers, psychologists, team leaders, and policy staff). Additionally, it would be valuable to include adolescents and parents in these workgroups. A pilot phase could be arranged in which this idea is brought into practice, and evaluated afterwards.

Over the past few years, JJIs have been subject to policy changes for JJIs specifically, and also within the transcending field of youth care in the Netherlands (Janssens, 2016). These changes resulted in a decrease of youths placed in JJIs, shorter stays, and several JJIs are closed (Ministerie van Veiligheid en Justitie, 2017; Rovers, 2014; van Alphen, Drost, & Jongebreur, 2015). In 2016, the Dutch government started experimenting with a new form of detention for youths in the so-called 'small-scale facilities'. Youth were placed in these small-scale facilities if protective factors against recidivism were present and eligible for

continuation, i.e., school or jobs, professional care givers, or other youth care team workers, and parental involvement, or if youths were transferred during their resocialization phase (Souverein et al., 2017). These facilities have lower security levels, are more embedded in the community, and regional placements are stimulated (van Alphen et al., 2015). Consequently, these facilities are better accessible for parents (Souverein et al., 2017). Although current JJIs cannot lower their security levels, they could learn from these small-scale facilities to make the facility more parent-friendly. In essence, family-oriented care does not smoothly fit with fences, bars behind windows, or metal detectors. Increasing parental participation calls for a more welcoming atmosphere, especially when realizing that some parents experience visiting the JJI as confronting and intense.

Limitations, strengths, and suggestions for future research

Although the previous chapters discussed limitations with regard to those specific parts of our study, we would like to explicitly address several limitations and suggestions for future research in the following section.

First, the prediction analyses in chapter 4 were carried out with a relatively small sample size. A larger sample size is not only necessary for detecting predictive factors; it also would serve to target heterogeneity between parents. Factors predicting whether parents are easier or harder to motivate for participation, are likely to differ substantially individually. The resulting distinguishing profiles would help JJI staff in deciding on motivational interventions for improving parental participation rates. Additionally, we suggest to additionally include other possible predicting factors such as the type of the adolescents' offenses, the family's socioeconomic status, travel distance from home to the JJI, and with more types of parental participation as distinguished by the FC program. Moreover, it would be interesting to also study parental involvement, as this includes more than only their participation. For example, parents could be very involved with their child, calling him daily

and providing him with meaningful emotional support, while being unable to physically participate with activities in the JJI. This bonding type of involvement and the dynamics between parent and their child however, are difficult to assess with quantitative measures. Assessing involvement by counting the number of activities attended by the parents is inherently limited by its post-hoc, unidimensional nature (Burke et al., 2014). Perhaps a qualitative study could shed more light on this form of parental involvement.

The second limitation concerns the risk of sampling bias in our qualitative study. Directly interviewing parents themselves was the best way to understand why some parents did not participate and how these rates could be improved. Although we strived to include a heterogeneous group of parents, we were only able to interview the parents who were willing to participate. Perhaps this group is generally more motivated for activities compared to other parents. Hence, we cannot rule out that other factors cause parents to refrain from participation in the group that we did not interview. This implies that our description of factors influencing parental participation might not be complete. Nevertheless, the suggestion to tailor motivational strategies and activities to parents' needs and circumstances, also applies for possibly less-motivated parents.

Third, related to the risk of the sampling bias, we cannot pretend that our sample is representative for all parents whose child is detained. For example, as the two JJI's in our study only housed boys, we cannot assume that parents of girls have the same wishes and expectations. Therefore, we suggest future research to include parents of detained girls.

Although parents were able to provide us with insights from a unique perspective on factors influencing their participation, a fourth limitation of this thesis is that we do not describe the perspectives of youths and staff members. There could also be barriers to parental participation among these groups. As described in our study design paper, we have also interviewed detained adolescents and staff members of FC and usual care groups. Although the data-collection is finished and coded, we still need to interpret the data. This

last phase, in which we aim to gain an even better understanding of all aspects of family-centered care, will take place beyond the scope of this thesis. We expect this increased insight to provide even more value suggestions for improving family-centered care.

Fifth, our bottom-up workgroups also developed a FC program for long-term stay groups in JJIs. Although that program was beyond the scope of this thesis, we suggest future research to study the effectiveness of FC in case of long-term detention.

Our final suggestion for future research concerns the lesson we have learned about setting up a practice-based study in a setting that is subject to a constant change of populations between and within the facilities (Rovers, 2014; van Alphen et al., 2015). This challenging setting calls for more innovative study designs as more traditional designs such as randomized controlled trials or quasi-experimental studies will not be sufficient. Studies in JJIs would benefit from a bottom-up approach and a combination of quantitative and qualitative measures. Through a continuous process of observing, reflecting, planning, and acting (McNiff & Whitehead, 2002), practice could be improved. Within a practice-based approach, policy, practice, and research collaborate closely and discuss possible changes before implementing them. Stability in policy and practice are requirements for solid research. Preferably, examining what works in practice provides insights for preparing possible changes in policy; not the other way around.