

Safety for children first

Focus on children in Intensive Family Case Management?

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Abstract

When following a systems-based approach in child protection, caution is needed to stay focused on the safety of children. However, practice-oriented knowledge on how to succeed is lacking. To explore whether professionals were able to keep focus on child safety, research was carried out into the experiences of case managers applying an innovative, systems-based methodology in child protection and youth parole services in the Netherlands, named: Intensive Family Case Management (IFCM). A representative sample of family meetings at the Youth Protection Amsterdam Area agency was monitored. Additionally, quality assurance instruments, case notes, and Family Plans filled out by case managers and their supervisors were examined on the use of children's safety and needs tools. The results show that family meetings were organised in half of the cases. In only 25% of these face-to-face contacts all the family members were present. In nearly all families, the tools for child safety (94%), children's needs (81%), and safety and risk assessment (90%) were used. Although the implementation of the IFCM methodology was still ongoing at the time of data collection, the analyses showed that case managers used the tools for almost all families. In contrast to this they had difficulties in adequately applying the systems-based approach. The results suggest that ongoing monitoring and support in daily practice is essential for working in accordance with a systems-based approach.

Keywords: child safety, systems-based approach, family meetings, programme fidelity, families with multiple problems

Introduction

Many families experiencing multiple problems are faced with child protection or youth parole measures. In the Netherlands, they are referred to an agency for child protection and youth parole, resulting in the appointment of a family supervisor. These agencies are financed by and accountable to municipalities. The family supervisors are social workers acting as case managers for children and young people aged 0 to 18 years who have been abused physically, verbally or sexually, and who lack parental authority, structure and security. In addition, young people aged 12 to 23 years who have committed a criminal offence can also be supervised, as the juvenile court can impose supervision as part of a sentence. Usually, families of both groups of children and young people face a multitude of problems in (a combination of) the areas of work, finances, housing, education, psychiatric disorders, social behaviour, addiction, (domestic) violence or crime. Usually, support is required from a number of distinct services or organisations.

Over the last few years, many Dutch child protection and youth parole agencies incorporated approaches to strengthen their work on child safety. For example, one agency incorporated 'Signs of Safety' (Turnell & Edwards, 1999) and another agency implemented the use of 'Family Group Conferencing' (Burford & Hudson, 2007). The Youth Protection Amsterdam Area (YPAA) agency took a far-reaching step by integrating child protection and youth parole services into a programme, called *Intensive Family Case Management* (IFCM; Busschers, Boendermaker, & Dinkgreve, 2015a). In this systems-based approach, the focus is on child safety. YPAA is one of the seven-

teen agencies for child protection and youth parole in the Netherlands and operates in the greater Amsterdam area (population 1.5 million; YPAA serves approximately 3,200 families every year, with some 300 case managers in charge¹).

IFCM is based on the Functional Family Parole Services (FFPS) model (Alexander, Waldron, Robbins, & Neeb, 2013), customized for intensive casework with families faced with multiple problems in the Netherlands (Busschers et al., 2015a). FFPS is an integrative case management model for engaging, motivating, assessing and working with high-risk youth and families, and is based on Functional Family Therapy (FFT; Alexander et al., 2013; Alexander & Parsons, 1982; Rowland, 2009; Sexton, Alexander, & Kopp, 2002). FFPS is the central model in IFCM; procedural and organisational elements are added to adapt the model to the Dutch child protection context (see table 1).

IFCM is characterized by ten core elements that are operationalized in distinct behaviour acts. The approach is family-oriented, while working on engagement and motivation, with a relational focus and a focus on child safety, activating and incorporating the families' network resources, and working with them to generalize the changes (Busschers et al., 2015a).

In the first phase of IFCM, case managers go on home visits to assess the risks and needs of the child and the family, motivate the family members and link them to services or programmes that fit these risks and needs. The case manager motivates the

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- 1 In Dutch: *gezinsmanagers* which refers to bachelor degree social workers working as case managers.

Table 1. Three levels of core elements and behaviour acts of Intensive Family Case Management

Level	Core elements	Number of behaviour acts
Content of method	Family-oriented	3
	Engagement and motivation	10
	Activate and incorporate network resources	4
	Relational focus	3
	Focus on child safety	10
	Generalization of change	6
Procedural level	Intensive case management	5
	Orderly and systematic process	5
	Transparency and client involvement	7
Organisational level	Work as a team	8

Note. Retrieved from Busschers, Boendermaker and Dinkgreve (2015a).

family to set goals that match the strengths and difficulties of the family and works with the family to draw up a *family-based service plan*, in terminology understandable for all family members. In the second phase, case managers monitor child safety as well as the progress of family members in engaging with the services they have been referred to. These services are offered by other professionals such as therapists, youth care workers or financial coaches. IFCM case managers co-ordinate the work of the other professionals, monitor and support the family during the interventions and, in the last phase, help family members to generalize the changes to other settings (Busschers et al., 2015a).

A systems approach for child protection and youth parole

The decision to opt for an integrated approach for child protection and youth parole services was built on research-based knowledge of the influence of risk factors on children's development. Exposure of chil-

dren to multiple risk factors predicts more severe developmental consequences than singular risk exposure (Evans, Li, & Whipple, 2013). This risk accumulation increases the risk of youth delinquency (Rutter, Tizard, & Whitmore, 1970; Van der Laan & Blom, 2006), and child maltreatment, neglect and abuse (Brown, Cohen, Johnson, & Salzinger, 1998; Denholm, Power, Thomas, & Li, 2013; Fuller-Thomson & Sawyer, 2014; Hermanns, 2011; MacKenzie, Kotch, & Lee, 2011). Also, it increases the risk for the development of severe behavioural and developmental problems in both children and young people (Appleyard, Egeland, Van Dulmen, & Sroufe, 2005; Deater-Deckard, Dodge, Bates, & Pettit, 1998; Knot-Dickscheit & Tausendfreund, 2015). Both juvenile delinquency (Loeber, Slot, & Stouthamer-Loeber, 2008) and child maltreatment (Belsky, 1993) can be explained using the bio-ecological model of Bronfenbrenner (1979), and both are influenced by overlapping risk and protective factors (Asscher, Van der Put, & Stams, 2015; Wenar & Kerig, 2005). Therefore, a systems-based approach seems appropriate for both chil-

dren and young people that face maltreatment, neglect or delinquency. On top of that, the integration of child protection and youth parole services seemed suitable to the YPAA population, as many families are confronted with more than one type of court-ordered measure. This integration of services simplified and decreased the administrative tasks.

Substantive changes for professionals

The implementation of IFCM meant a substantive change for professionals, from working with individual children or young people to working with children, young people and their families. Before the implementation of IFCM, cases were organised around a single child. Due to the systems' fragmentation, families ended up with multiple case managers when they had more than one child, or a series of case managers in case of changes in the legal context. With IFCM, one case manager is involved with the family, regardless of (changes to) the legal context. This facilitates the continuity of care, known as a 'one family – one plan – one worker' approach (Bolt & Van der Zijden, 2014).

The assumption of IFCM is that the multitude of factors that contributes to unsafety of children and young people can only be addressed when working with all family members at the same time. This means that meetings with the *whole family together* should be organised. The aim of these family meetings is to involve all family members, to build a balanced alliance with all of them, to analyse family functioning, and to create a family focus on the unsafe situation. The presence of an unsafe situation is understood from a *relational perspective* and the

family relations are the means to address the needs (Alexander et al., 2013). Case managers are relentless in their approach to organise family meetings and do whatever it takes to meet with the whole family; for example, by scheduling family meetings after school and working hours.

At the same time, the application of a systems-based approach is not easy. It may take several years to implement an intervention or approach (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Studies of systems-based approaches such as Multi-Dimensional Family Therapy (MDFT), show that it is not easy for professionals to bring all family members together in meetings (Boendermaker, Boomkens, Goense, & Steffens, 2012). An intensive *support system* is required for high quality application, especially in a community-based and routine care setting (Bond, Drake, McHugo, Peterson, Jones, & Williams, 2014; Smith-Boydston, Holtzman, & Roberts, 2014). Therefore, YPAA has put into place an intensive support system to provide case managers with the knowledge and skills necessary to apply the programme with high fidelity. Programme fidelity (also known as 'treatment integrity') refers to the extent to which an intervention is implemented as intended (Perplechikova & Kazdin, 2005). This could be a manualized training programme such as Aggression Regulation Training (ART) or Parent Management Training (PMT) as well as an intensive family or systems-based approach such as Multisystem Therapy (MST) or Functional Family Parole Services (FFPS). Programme fidelity addresses the application of the core elements of a programme. Core elements are mostly defined as those elements that are required to achieve positive outcomes (Blase & Fixsen, 2013; Wartna,

Vaandrager, Wagemakers, & Koelen, 2012) based on empirical evidence. Programme fidelity can be established and maintained by offering professionals frequent and targeted support (Goense, Boendermaker, & Van Yperen, 2015; Mikolajczak, Stals, Fleuren, De Wilde, & Paulussen, 2009; Schoenwald, Sheidow, & Chapman, 2009).

The support system of IFCM includes weekly three-hour team meetings with case consultation and group supervision to reflect on and improve programme fidelity. IFCM is a case management method and not a specific manualized programme. Therefore the fidelity instruments are built upon the core elements. The core elements are operationalized in behaviour acts of professionals such as 'Case manager meets the whole family face-to-face', 'Case manager discusses child safety with the family', 'Case manager describes clear family patterns and themes', 'Case manager arranges relevant services, corresponding to strengths and weaknesses in the family', and 'Case manager uses cognitive behavioural techniques to change meaning of family members' behaviour'. Case notes and audio-visual material are used for observation-based supervision. The supervisor uses weekly and quarterly measurements to monitor the level of programme fidelity of each team member. The measures contain items for both behaviour acts and competencies. The supervisor uses these measures to provide feedback on the case managers' implementation of the prescribed components and skills of the model (Rowland, 2009). Methods in routine care settings that ensure programmes to be implemented as intended are called *quality assurance (QA) procedures* (Bond, Becker, & Drake, 2011; Hogue, Ozechowski, Robbins, & Waldron, 2013; Schoenwald et al., 2011).

Focus on child safety

A systems-based approach appears to involve the risk of focusing on the multiple problems of the parents, thereby disregarding the needs of individual children and young people (Knot-Dickscheit & Tausendfreund, 2015). A recent study about Dutch child welfare and protection services showed that actual participation levels of children in a systems-based approach in practice fall behind (Van Bijleveld, Dedding, & Bunders-Aelen, 2014). To help case managers in focusing on *child safety* while using a systems approach, IFCM includes several tools. Most of these tools were developed *together with the case managers* of YPAA, with the aim to develop clinically meaningful and useful measurements for them.

First, the case managers apply a Dutch instrument on safety and risk assessment, called the *Light Instrument for Risk Assessment on Child Safety* (in Dutch: LIRIK; Ten Berge & Eijgenraam, 2009). The LIRIK is applied nationwide². Second, case managers monitor child safety and progress right after every meeting with the family, as well as in case of important changes in the family's situation. These so-called *Safety Line* and *Central Line* measurements are ratings on a 1 to 10 scale. A rating of 1 means that the child is very unsafe at the moment (Safety Line) and/or no progress is being made towards the central goal that needs to be reached for ending family supervision (Central Line). A 10 means the opposite. The Central Line is the overall goal of family

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- 2 In 2015, YPAA replaced the LIRIK by the Actuariel Risicotaxatie Instrument voor Jeugdbescherming (ARIJ; Van der Put, Assink, & Stams, 2015).

supervision, defined from a child's perspective as: What does this child need in order to bring the case management programme to an end? The measurements are not meant as 'exact' measurements, but as tools to discuss decisions on cases with colleagues in the team meeting (for example: What makes you giving a 4 on the Safety Line? Do we agree? What should be changed in order to grade the situation with a 6? What does the rating mean for your next meeting with the family?).

In addition to the Safety Line and Central Line, a *Family Plan* is designed to help case managers focus on child safety and the child's needs. The Family Plan starts with 1) a genogram, 2) conclusions of the safety and risk assessment, 3) agreements with the family about safety, and 4) an overview of strengths and weaknesses in the family with regard to child safety and children's needs.

During the weekly team meeting, a *dashboard* with these measures is opened on a large screen for each successive case. The case consultation follows some standard questions to keep the focus on the child's needs. These questions are: Who is this child? How is the child's safety *right now*? What does this child need? What are you, as the family's case manager, going to do at the next family meeting?

Aim

The assumption of a systems-based approach is that the multitude of factors that contribute to children's unsafety can only be addressed by working with all family members at the same time. However, research indicates that caution is needed when following a systemic approach in a child protection setting, as Knot-Dickscheit and

Tausendfreund (2015) highlighted the risk that children receive too little attention because of the major focus of professionals on the parents. At the same time, practice-oriented knowledge on how to stay focused on child safety and children's needs when using a systems-based approach is lacking. To address this knowledge gap, research was carried out into the experiences of case managers working with a systems-based approach in practice. More specifically, this study aims to explore to what extent child protection and youth parole professionals apply a systems-based approach and, at the same time, keep a focus on child safety. The main research question is: Do IFCM professionals succeed in working with a systems-based approach and do they succeed in staying focused on child safety while working with that approach?

Method

The research design consisted of examining two types of data to explore 1) to what extent case managers organise family meetings, and 2) to what extent they use the tools to stay focused on child safety and children's needs. Data were acquired through the use of quality assurance instruments and by coding of Family Plans. The collection of data took place between October 2012 and May 2014 (18 months).

Sampling

All available IFCM quality assurance measures were included in this study. It should be noted that the application of the quality assurance instruments was part of the im-

plementation process of IFCM. For this reason, fidelity ratings in this study did not yet cover all 300 case managers and the availability of ratings varied per instrument. However, multiple teams, case managers and supervisors were included (see below).

All case managers completed at least vocational education at bachelor level and were trained in the IFCM model. All case managers had at least ten months of experience with IFCM. Case managers and supervisors were mainly female (73% and 83% respectively).

Programme fidelity scores by the *Global Rating Measure* (GRM - see below) were collected regarding 115 distinct case managers (coverage: 38%), working in 21 teams. In total 170 GRMs were collected. GRMs were rated by 23 distinct supervisors. On average, these supervisors filled out the GRMs on seven case managers ($SD = 4.78$, min. 1, max. 17) over a period of 18 months.

Programme fidelity ratings measured with the *Brief Implementation Checklist* (BIC - see below) were collected from 248 distinct case managers (coverage: 83%), working in 37 teams. In total 904 BICs were collected.

Programme fidelity information from *case notes* was collected from 272 distinct case managers (coverage: 91%), working in 42 teams. In total 350 case notes were available.

To verify the fidelity of information, based on the available quality assurance measures, a random sample of *Family Plans* was examined. Only plans of families referred to YPAA after the implementation of IFCM (in 2011) were included. Sampling included plans of families who were clients at YPAA at the moment of data collection. In total, 990 families referred to YPAA were under supervision at the moment of data collection. Sampling was applied as the teams

of YPAA started with the implementation of IFCM in four consecutive cohorts. In each cohort, Family Plans were randomly selected, proportionally for the number of families under supervision in each cohort. For the first cohort 174 family plans were included, for the second cohort 141, for the third cohort 153, and for the fourth cohort 123. In total, Family Plan data were collected about 591 distinct families (coverage: 60%).

On average, families had 2.24 children ($SD = 1.31$, min. 1, max. 9). Of 105 families (18%), the reason for referral to YPAA remained unclear. For the remaining 486 families, children were mainly referred to YPAA as child protection cases without a court order ($n = 315$, 65%). Only a limited number of children were referred due to a youth parole measure ($n = 96$, 20%) or a child protection order ($n = 75$, 15%).

Measurements for family meetings

Instruments. The realisation of meetings with all family members is measured by examining the quality assurance instruments Global Rating Measure (GRM) and Brief Implementation Checklist (BIC) that both measure programme fidelity. These instruments are filled out by IFCM supervisors in order to rate the level of programme fidelity of the case managers. Supervisors are trained in IFCM and have completed supervisory training. In addition, the so-called 'case notes', written between October 2012 and May 2013, were examined.

The GRM (Sexton et al., 2002) was created for supervisors to monitor case managers' adherence to the FFPS model on a quarterly basis. Validity of the GRM is high (Busschers, Dinkgreve, Boendermaker, & Stams, 2015b). The GRM consists of 34

items scored on a four-point Likert scale for each item (Sexton et al., 2002). The first three sections invite the assessor to rate the adherence to the goals and skills during each of the three phases of the model. In this study, we took two items from the first section that address the behaviour acts considering the systems-based approach, namely: item 2 (“Does the case manager create a balanced alliance with all family members?”) and item 8 (“Does the case manager bring family members into meetings?”).

The BIC was created by the FFPS developers to help supervisors monitor case managers’ application of the model in a particular family meeting. The BIC contains eight dichotomous items; answers can be either ‘applied’ or ‘not applied’ and should be scored after case consultation in the team meeting. Internal validity and inter-rater reliability of the BIC were high, as demonstrated by Van der Hoeven (2014). In this study, we took the two items from the BIC considering the systems-based approach, namely: item 1 (Case manager meets with youth and family) and item 3 (Case manager maintains a balanced alliance and engages all family members).

‘Case notes’ are a tool for case managers to reflect on their practice in a specific meeting. In IFCM the case notes are mainly used to discuss a particular family in the team meeting. Case notes are not written for all family meetings. Case managers write a case note after a family meeting according to an established template. They report, among other things, on the attendants of the meeting, the goals of the meeting, how the case manager worked on these goals, whether the goals were accomplished, and what question(s) is (are) left for case consultation.

Code sheet. To examine whether case managers organised family meetings, a

code sheet was designed to examine the Family Plans for information about family meetings. The sheet was based on the operationalisation of the core elements of IFCM (Busschers et al., 2015a). Coders of the Family Plans and the information in the Registry System were trained research assistants ($n=4$). All raters received a one-day training. Inter-rater reliability (IRR) was calculated for the four items in the code sheet regarding family meetings, based on a sample of code sheets ($n=24$) that were assessed by two or three raters. Reliability rates were (ICC - intraclass correlation) .95 (‘very strong’) and (Pearson’s r) .95 (‘very strong’).

Child safety measures

Code sheet. To examine whether case managers focused on child safety, the code sheet designed to examine Family Plans also included items for information derived from the instruments ‘Central Line’, ‘Safety Line’ and LIRIK. Inter-rater reliability (IRR) was calculated for the four items of the code sheet regarding child safety (i.e., the use of Safety Line, Central Line, LIRIK at the start, and LIRIK lateron), based on a sample of code sheets ($n=24$) that were assessed by two or three raters. The reliability rates were ‘strong’ (ICC = .68; Pearson’s r = .52).

Analysis

Quality assurance data and data from the family plans were entered in SPSS for analysis. Descriptive statistics (frequencies and percentages) were used to describe the application of the IFCM programme fidelity

elements and the IFCM tools to focus on child safety. Together these data give insight into whether the focus is on the child and its safety during the implementation of a systems-based approach.

There were few missing values in the Family Plan data. Some Family Plans were not filled out completely by the case managers; missing values ranged from 9 to 28 per item. Missing data were not related to cohorts, teams or professionals.

Units of analysis for the quality assurance data were case managers (GRM data) and family meetings (BIC and ‘case note’ data). The unit of analysis for the use of

tools to focus on child safety and children’s needs were families (Family Plan data).

Results

Family meetings

Based on the programme fidelity instrument GRM filled out by their IFCM supervisors, on average, case managers scored 2.6 (on a four-point Likert scale) on item 2 ‘(“Does the case manager create a balanced alliance with all family members?”), and 2.8

Table 2. Ratings of supervisors on the GRM regarding overall application of the IFCM-model by case managers in 0-25%, 26-50%, 51-75% or 76-100% of their cases (n=170)

Number of cases (in %)	0-25%	26-50%	51-75%	76-100%
Application				
Case manager creates a balanced alliance with all family members	5 (3%)	59 (34%)	105 (62%)	1 (1%)
Case manager brings family members into meetings	4 (2%)	33 (20%)	128 (75%)	5 (3%)

Note. GRM = Global Rating Measure. IFCM = Intensive Family Case Management.

Table 3. Ratings of supervisors on the BIC, based on case consultations in weekly team supervision

Brief Implementation Checklist (BIC) - items	Total (N = 904) n (%)
Case manager meets with youth and family	426 (47%)
Case manager makes decisions based on phase-specific goals and family meetings	605 (67%)
Case manager maintains a balanced alliance and matches with the family	510 (56%)
Case manager talks about / to the family based on family strengths	620 (69%)
Case manager approaches family problems from a relational perspective	629 (70%)
Case manager writes case notes and keeps registry up to date	808 (89%)
Case manager discusses the family during case consultation and is focused on phase-specific goals and competencies that s/he has applied	567 (62%)
Contact frequency is based on risk level and phase	781 (86%)

on item 8 (“Does the case manager bring family members into meetings?”), see table 2. A score of 3 on the GRM means that the case manager applied the element in 51-75% of the cases. A majority (63%) of the case managers scored a 3 or higher on creating a balanced alliance with all family members, and 78% of the case managers scored a 3 or higher on bringing all family members into meetings. This means that, according to supervisors, most case managers applied these elements of the family focus concept in more than half of their cases.

At the same time, ratings by supervisors based on case consultations scored with the BIC, showed that in nearly half of the family meetings discussed (47%) the case manager had been able to bring *both* the child and its family to the meeting (see table 3); in the other half of the meetings not all family members had been present. Furthermore, in a good half of the cases discussed (56%) the case manager had been able to maintain a balanced alliance with all the family members.

Case managers wrote case notes ($n=350$) on family meetings in order to discuss them

in supervision. Case notes ($n=155$, 44%) mainly concerned family meetings in the first phase, ‘engage and motivate’, of the model. We found that the child or young person was present at only half of the meetings (see table 4). Mothers were most frequently present, fathers and siblings attended family meetings less often. It was mainly in youth parole cases ($n=24$) that the young people involved were present at family meetings (88%). Children were less often present in child welfare cases (52%) and child protection cases (46%).

Based on the Family Plans and Registry System ($n=591$), we found that in a good half of the families (55%) the case manager managed to organise a meeting with the whole family, at least once. On average, case managers had eight instances of face-to-face contact with families ($SD = 5,5$), see table 5. On average, two of these meetings were meetings with all the family members present. This means that, on average, a quarter of all face-to-face contacts were meetings where the case manager had been able to bring all family members into the meeting. However, with half of the families, no such meeting took place at all.

Table 4. Family members attending meetings, according to information in case notes

	Child protection without order $n = 182$	Child protection with order $n = 102$	Youth parole $n = 24$	Framework unknown $n = 42$	Total $n = 350$
Child	95 (52%)	47 (46%)	21 (88%)	24 (57%)	187 (53%)
Mother	157 (86%)	76 (75%)	18 (75%)	34 (81%)	285 (81%)
Father	90 (49%)	37 (36%)	8 (33%)	19 (45%)	154 (44%)
Siblings	35 (19%)	20 (20%)	12 (50%)	7 (17%)	74 (21%)
All family members	48 (26%)	20 (20%)	9 (38%)	15 (36%)	92 (26%)

Children’s safety and children’s needs

Based on the information from the Family Plans and the Registry System, we found that in almost all Family Plans the case manager used the measures Safety Line (94%) and Central Line (81%) to focus on the child safety and to monitor progress on the goals for meeting the children’s needs. Also, for most children, case managers used the child-centred safety and risk assessment tool LIRIK at the start (90%), and repeated this assessment over time (74%), see table 6.

Discussion

Our purpose was to study if IFCM case managers who work with families experiencing multiple problems succeed in focusing on child safety. The assumption of a systems-based approach is that the multitude of factors that contribute to unsafety of children can only be addressed if one works with all family members at the same time. Therefore, we also took the organisation of meetings with

families into account in our study. We examined the application of a systems-based case management approach, including the use of tools to focus on child safety and children’s needs. We made use of programme fidelity instruments, Family Plans and the Registry System as our data sources.

We found that family meetings were organised with half of the families. On average, in 25% of the face-to-face contacts, all family members were present. Ratings by IFCM supervisors from case consultations supported these findings: they showed that in nearly half of the meetings the case manager had been able to have all family members present. It is noteworthy that case notes showed that mothers were very often present, while children were only present during half of the meetings. This indicates that case managers had difficulties in arranging meetings with all family members and therefore wrote case notes about the meetings where not all family members were present, in order to discuss these topics with colleagues. In practice, case managers met up more often with parents (mothers) than with the whole family.

Table 5. Family members meeting face to face, according to information in Family Plans

	n	M	SD	Min.	Max.
Number of face-to-face contacts	568	7.80	5.5	0	36
Number of face-to-face contacts with all family members at the same time	563	1.77	2.4	0	16

Table 6. Use of tools to focus on child safety according to information in Family Plans

	n	%
Use of Safety Line after face-to-face contact	549	94%
Use of Central Line after face-to-face contact	473	81%
Safety and Risk assessment at start	524	90%
Repeated Safety and Risk assessment	432	74%

Additionally, overall fidelity ratings from daily practice showed that in half of the cases, case managers had been able to bring all family members into meetings and create and maintain a balanced alliance with all family members. Half of the time in the team meetings, case managers discussed family meetings where not all family members had been present. This occurred mostly in child welfare and child protection cases and indicates that case managers were struggling to succeed in organising family meetings and that they had more difficulty in arranging family meetings with children present in child welfare and protection cases than in youth parole cases.

Examination of the Family Plans showed that meetings with all family members present occurred in a good half of the cases. This indicates a discrepancy: higher ratings by supervisors and lower numbers of family meetings in the Family Plans. A possible explanation is that supervisors did not yet use the fidelity ratings for all case managers and all cases, whereas the examination of Family Plans contained information on a random selection of cases.

That bringing all family members to family meetings only succeeded in half of the cases, can be explained 1) by case managers' difficulty in motivating all family members, 2) by the enormous changes within the YPAA organisation as a result of applying IFCM instead of the former work approach, and/or 3) by children having to go to school during the day. However, IFCM case managers are supposed to do whatever it takes to arrange for meetings and to be flexible in scheduling the meetings at times that suit the family.

Children were most often present in youth parole cases. This may be due to the parole framework, where it is common to

have the parolee present (Vogelvang, 2005). However, it may also be the case that, as parolees are 12 years of age and up, they were more often invited by the case managers as they might be seen as individuals who better understand and express their needs. An additional explanation may be that not all family members wanted to be involved, or that family members did not want to focus on child safety but rather focus on their own problems and needs. Either way, the difficulty of a systems-based approach in practice underlines the importance of *support for professionals*. Frequent and targeted support can establish and maintain programme fidelity (Kerby, 2006; Mikolajczak et al., 2009; Schoenwald et al., 2009). Ongoing support is needed to maintain a high quality in practice (Smith-Boydston et al., 2014; Weiss et al., 2013).

To keep the focus on child safety, instead of drifting towards parental needs and wishes, YPAA provided the case managers with weekly team meetings for case consultation and group supervision, including several child-centred tools. What is noteworthy, is that although the implementation of bringing all family members into meetings was still ongoing at the time of data collection, the Family Plans showed that case managers used the tools with nearly all families. Both at the start and later on, case managers used a structured child safety and risk assessment tool. This means that case managers succeeded in using the tools to focus on child safety and children's needs, and indicates that in all cases explicit attention was paid to the children and young people. This is important, as it can be a pitfall for professionals to focus on parents (Knot-Dickscheit & Tausendfreund, 2015). A possible explanation for the high level of use of these tools is that these measures are

displayed on a big screen during the weekly team meetings and team members question each other on the ratings. What also may have been helpful were the standard questions asked when discussing a family (e.g., 'who is this child?', 'what does this child need?').

In conclusion we might say that, although the implementation of IFCM had not yet reached sufficient levels of programme fidelity when it came to meeting with *all* family members simultaneously and case managers were struggling with this, with many families the case managers succeeded in focusing on child safety.

Strengths and limitations

A strength of the research design is that the programme fidelity instruments were used as quality assurance measures in a routine care setting, and not for research purposes only. The ecological validity of the study was enhanced because the data were derived from a clinical setting, and verifiable for multiple teams, case managers and supervisors. Further, we gathered additional data from a random sample of Family Plans. This methodological triangulation accentuates the validity of the results.

The study has also some limitations. The first is that only Family Plans of ongoing cases were included, as an insufficient number of closed cases was available at the moment of data collection. Currently, the number of closed cases is higher and additional data collection is taking place with regard to organising family meetings; this by examining both the Family Plans and the programme fidelity instruments. The additional data collection nearly covers all case managers. As a result, the modest coverage

regarding especially GRM data – a second limitation in the current study – will be improved.

A third limitation is that we only used quantitative data. Qualitative data would help us to explore how and in what way case managers are focusing on child safety and children's needs. Interviews with case managers or observations during the team meetings would be recommended to gain further knowledge. At the moment, we conduct observations of team meetings to enrich the quantitative dataset.

Recommendations

The results of this study suggest that ongoing monitoring and support is essential for focusing on child safety when professionals use a systems-based approach, as child safety and children's needs require explicit attention. Support in day-to-day work is needed, both during and after implementation. The importance of focusing on child safety and children's needs is given additional attention at YPAA through advanced training, conferences and workshops to discuss the apparent paradox of addressing safety issues in the family while building a working alliance with all family members.

In this study, we looked at focusing on child safety, while meeting with whole families. For future research we recommend to investigate in more detail whether children's needs are actually met when working with all family members. An additional concern is the effectiveness of IFCM which has not yet been studied until now. However, the current levels of programme fidelity are comparable to fidelity ratings in an FFPS efficacy trial for youth parole in Washington State (Rowland, 2009), where positive

results were shown for young people guided by case managers with high fidelity ratings. It is presumed that the implementation of an intervention or approach takes two to four years (Fixsen et al., 2005). With the provision of ongoing support, the fidelity ratings of case managers are expected to increase. Taking this into account, we are now preparing an effectiveness study to examine whether IFCM is successful, also in the long run, in increasing child safety and in addressing children's needs.

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