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Needs and preferences of parents of adolescents with multiple and complex needs in residential care

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Abstract

The perspective of parents whose children are in residential care, has received only minor attention in the literature, despite evidence pointing out the value of parental involvement in care delivery for their child. Drawing upon in-depth interviews with 12 parents of adolescent girls with multiple and complex needs in residential child welfare, this exploratory study describes parents' own needs and preferences with regard to care delivery. Parents wish: (a) to have a true partnership between parents and professionals (involvement), (b) to feel respected by professionals (respect), (c) to have the information and mandate necessary for decision-making (agency), and (d) to receive consideration and (emotional) support, besides advice on how to handle the challenges their family faces (support). Their plea draws attention to an aspect of the dimension of “parent–caregiver partnership” in family-centred residential care that deserves more emphasis. Indeed, being attentive to the needs of parents can contribute to the optimization of services for the most vulnerable families.

KEYWORDS

adolescence, parenting/parenthood, residential care, special needs

INTRODUCTION

The literature about child-serving agencies has increasingly recognized the important role of parents when their child is in residential care (Geurts, Boddy, Noom, & Knorth, 2012). First of all, a residential care approach that involves parents is shown to improve both short and long term placement outcome. Research consistently reports the importance of working with the child and his or her parents and wider family in terms of improving the effectiveness of residential care during the stay (Curry, 1991; Harder & Knorth, 2014; Williamson & Gray, 2011). Studies show that involvement of parents in family therapy or intervention is linked to more positive outcomes, for example, children's developmental progress, lower problem recurrence, and better transition (adaptation to life after services), than the residential treatment alone (Frensch & Cameron, 2002; Knorth, Harder, Zandberg, & Kendrick, 2008; Walter & Petr, 2008; Wilmshurst, 2002). Involvement of the adolescent's family is also considered important for achieving successful outcomes after leaving care, leading to, for example, larger after-discharge stability (Landsman, Groza, Tyler, & Malone, 2001). Regarding child outcomes, the overarching advantage of involving parents in decision-making and implementation of residential care is that it can serve the ultimate goal of reintegration in the family and/or in society (Underwood, Barretti, Storms, & Safonte-Strumolo, 2004).

Second, close involvement of parents can ameliorate the reciprocal perception that parents and professionals in residential care have of each other. Staff attitudes towards parents are shown to become more positive as parents become more involved in close communication, decision-making, and day-to-day activities leading to better understanding of the children in care, along with viewing parents more as “partners” and valuing their expertise on their child (Carlo, 1988). The other way round, parents are more motivated and engaged in the care for their child if they are invited to share responsibility and to be involved in care delivery (Tam & Ho, 1996).

Third, on a policy level, parents' perspective may inform policy changes towards more family-oriented approaches in care. Indeed, policy in many countries has highlighted the importance of parental involvement when children are in care but also recognizes its complexity (Boddy, McQuail, Owen, Petrie, & Statham, 2008; Geurts et al., 2012; Williamson & Gray, 2011). Investigating the parents' perspective can give valuable insights into the dimension of parent– caregiver partnership in family-oriented care, that are not captured in clinical outcomes alone, or in the professionals' perspective alone (Cooper, Evans, & Pybis, 2016). As such, the literature clearly demonstrates that parents and close caregivers have a very

important and multifaceted role in the residential placement of a child. Less attention has been devoted to the fact that children's difficulties and contacts with services give rise to parents' own needs in contact with care delivery.

Overall, in the light of the implications of family involvement discussed above, there, however, is a need to enrich our thinking about parents of children in residential care. Authors point out that it is essential to assess the perspective and well-being of parents with children with special needs and to provide interventions to improve health and functioning for both the parents and the children who have these needs (Calheiros, Patrício, & Graça, 2013). But despite all this, to date, research on residential treatment and care has focused on treatment outcomes for placed children, considering parents in terms of their impact on the outcome for the placed child, without assessing their own needs (Frensch & Cameron, 2002; Kiraly & Humphreys, 2015).

In Flanders, approximately 0.74% of the population under age 18 is placed in residential services from different sectors of care delivery (among others youth protection services or services for youths with a handicap; Agentschap Jongerenwelzijn, 2017). The general vision is that parents and other carers must be involved as much as possible when children are in residential care (Departement Welzijn, Volksgezondheid en Gezin, 2012), but to the best of our knowledge, there are no guidelines nor comprehensive registration on how parents are exactly involved when their child is in residential care.

As the population of adolescent girls with multiple and complex needs (MCN) is among the most challenging in residential care, investigating the perceptions of these parents seems interesting in order to enrich the knowledge on parents' expectations towards services. Youths with MCN have profound and intertwined needs on different domains, such as a family situation that lacks safety and stability, different psychiatric problems including severe emotional and behavioural difficulties and substance abuse, severe school problems, and peer contacts that negatively influence their safety or development (Burnside, 2012). These youths are at the extreme of a spectrum of case complexity and have contact with a variety of professionals and agencies. As their needs exceed what each individual sector can provide, they are passed on from one agency or facility to the next, resulting in very fragmented care delivery (Burnside, 2012; Keene, 2001).

The aim of this research project is to add to the understanding of the perceptions of parents of youths with MCN in residential care, exploring their own needs from services in a series of in-depth interviews. Enhanced knowledge of parents' needs and preferences in care delivery can inform practice and policy

making regarding this aspect of family-centred care delivery (Law et al., 2003).

METHODOLOGY

Study design

This study is a part of a participatory action research aiming to improve care delivery for adolescents with MCN. Youths, their parents, and professionals were involved in each phase of the project, guided by the different phases of participatory action research (Reason & Bradbury, 2008). We draw upon in-depth interviews in order to explore the perceptions from 12 (step)parents of these girls. As our interest was to gain insight into the needs of these parents, a qualitative descriptive approach was chosen, amenable to obtaining straight descriptions of events and suitable to explore questions of special relevance to practitioners and policy makers (Sandelowski, 2000).

Setting

We recruited the parents who participated in this study in a child welfare residential centre located in Antwerp, Belgium. This facility offers residential care for 17 girls aged 14–20 years who have MCN. All of them have been placed by juvenile court multiple times before this placement (with a mean of 7 previous residential placements).

Population

Potential participants were parents or other nonprofessional care-givers of youths with MCN. We used convenience sampling and included 12 participants (nine biological parents and three stepparents; four of them in couples and four single mothers). All of them were (step)parents representing eight girls enrolled in different intensity levels of the residential care. In total, eight interviews were conducted, four of them with a couple of (step)parents, and four with single mothers. The mean age of the (step)parents we interviewed was nearly 39 years.

Data collection

Data for this study were gathered through interviews with a mean of 75 min in duration, conducted by the first author (child and adolescent psychiatry trainee) and a clinical psychologist. No themes were

predefined in the interview guide. Examples of interview questions are: What is helpful in care delivery for you, as a parent?, What is important for professionals to know, concerning the needs of parents who are in your situation (having a child in residential care)? Interviews were audiotaped and transcribed verbatim. We invited each participant to provide any additional information or clarifications that they wished after reading a copy of their transcript. Nevertheless, no additions or changes were made. When we had interviewed 12 informants, we stopped the sampling, because the interviews were rich in details of parents' descriptions of their situations, referred to as “thick description” (Malterud, 2012), whereas there was considerable variation in the kinds of experiences described, and several participants expressed similar views independently.

Data analysis

Two researchers performed the data collection, and a third researcher (last author) joined them for data analysis. We attempted to increase verification of findings (Creswell, 1998) by using different procedures: The interview guide was discussed between researchers; interviews were done with one researcher asking questions, one observing and taking field notes; debriefing occurred after the interviews; themes and interpretations were negotiated until agreement was achieved, and member checking was made possible.

We used systematic text condensation, as described by Malterud (2012). We followed the four steps described in this approach of qualitative analysis: (a) All three researchers read and reread the transcripts to obtain an overall impression and find preliminary themes. Identification of themes was conducted separately by the three researchers who then met to discuss and agree on the final themes; (b) each of them identified units of meaning characterizing diverse aspects of the parents' perceived burden and needs and coded for these, whereas parts of the transcript, not relevant to the research question, were removed from the analysis; (c) researchers summarized the contents of each of the code groups into a condensate; and (d) researchers reconceptualized the data, writing an analytic text and adding useful quotations. Rereading the original transcript ensured goodness of fit with the final code groups and themes. Transcripts were translated from Dutch to English, and language equivalency was assured through review by a researcher fluent in both languages. We used NVivo-11 (QSR International, Doncaster) to assist with management of data. We performed interim analysis after three and after five interviews in order to shape the focus of the ongoing data collection and to provide information on data saturation.

Ethical considerations and author reflectivity

This study was approved by the ethical advisory board of the University Hospital Antwerp/University of

Antwerp. All potential participants received a comprehensive information letter and verbal information explaining the purpose and method of the research project, as well as data handling and participants' rights. They had the opportunity to further discuss their potential involvement in the project with a member of the research team and signed a consent form before participation.

As part of the participatory action design of the overarching project, all researchers were familiarized with the way of working in the residential facility, without being involved in the individual cases.

RESULTS

Four themes emerged when parents described their needs towards services: involvement, respect, agency, and support (Table 1).

TABLE 1

Themes

Theme	Explanation of theme
Involvement	A partnership between parents and staff, frequent communication
Respect	Respect as a person, respect for their role as a parent (emotional and judicial), for the parents' agenda, for the parents' rights along with the child's rights
Agency	Information and mandate necessary for decision-making
Support	Consideration and emotional support

Needs and preferences of parents regarding residential care delivery

Involvement. Most parents insisted on the importance of a “partnership” with the residential care workers, being closely involved in the care planning and delivery for their daughter. Good collaboration as equal partners, and joint decision-making, using a common reference frame, benefit both youths and the parents themselves. Some parents even describe the collaboration between parents and professionals as the

corner- stone of a good residential care. Parents want a “joint planning,” whereby parents and all different professionals together assess strengths, difficulties, and needs of the youth and plan care delivery.

I think the match and collaboration with the social workers, that is what really determines if the placement works or not. That collaboration determines if it is going to work out fine for parents and for kids. It has to become one integrated story, with the parents also. (Interview 1)

Parents explain how this involvement can take place in practice. An example is the exchange of information about the daily functioning of the youths. Most parents appreciate to have a lot of information about what is going on with their daughter in the residential facility. This makes them feel involved and reassures them that they can ask for advice when necessary. Besides the exchanges with social workers (often by phone), parents further concretize a close collaboration with the examples of frequent meetings and good agreements about all aspects of the youth's life. A mother and stepfather explain this point:

-Yearly, or every six months, a meeting with really everyone involved, my daughter, team leaders, social workers, psychologist, director, juvenile judge, doctors, really everyone.

-Yeah a yearly meeting where everyone can explain his or her point of view. Then everyone is on the same page. If someone doesn't agree, it can be discussed during that same meeting. (Interview 1)

Participants describe many benefits of a true partnership between parents and professionals. A major advantage of having a good collaboration is that clear and joint agreements offer clarity to the youth, facilitating a joint and consistent approach from all parties. Explicit expectancies, shared by all those who care for them, help the girls in regulating their behaviour and make them more inclined to obey the rules. Several parents described “standing strong” when working in close collaboration with the professionals in the residential care centre.

It gives the social workers a bit more power to get the youth to obey when they collaborate with parents. For example if every one is working together and is saying that the girl has to stay ... It also clarifies the situation for the youth, like “OK, they're all working together here.” (Interview 3)

Also, it is necessary for parents to have close contact with the professionals in the residential facility in order to look at events from different perspectives. Two mothers tell us how important they find it to hear how an incident was perceived by their daughter but also by the professionals. Not having this information could lead them to have negative feelings towards the residential care staff (following the emotions of their daughter).

It hurts me when my daughter is upset; it makes me angry at the facility. But at times her story isn't the truth or isn't complete, so I wouldn't have to be angry with them. So therefore also, I keep stressing the importance of close collaboration and communication. (Interview 5)

An aspect emphasized by two mothers is that a parent should be allowed to choose for themselves to what extent they wish to be involved in the care delivery.

I am a mom who wants to be very closely involved with it all—I know mothers who are OK with it if the residential care workers and the youth are able to fix things by themselves, without involving parents... For me, it is not because my daughter doesn't live with me—because she is still in the juvenile justice system—that I must get to know everything as the last person, after everyone else. Sometimes this is the case and I find that very frustrating. Because I am her parent, I should be the first to know everything concerning her. (Interview 7)

Although most parents insisted on being involved as much as possible, one of the mothers explained that she preferred another way of being involved, where she would only be directly contacted for important decisions and not for daily hassles.

Respect. To feel respected is very important for parents whose children are in residential care. This respect is described on different levels and encompasses the respect for them as a person, respect for their role as a parent, respect for parents' rights along with the child's rights; but also on a very practical level, respect for the parents' agenda when fixing appointments.

Feeling respected and accepted as a person are very important to parents. Some participants describe that they have had the impression of being judged and blamed by professionals in the past. Two couples explain that at times, they felt like no solid explanation for the difficulties of their (step)daughter was sought, and “bad parenting” was directly pointed out as the culprit.

What I find important is that they dig deeper and investigate the situation instead of sticking a label. Here, they didn't stick a label but they analyzed the situation instead: what are the problems? We had the feeling they listened to us. (Interview 6)

Second, parents want to be respected in their parental role. Despite their child being in care, they want professionals to acknowledge the fact that they still are their daughters' parent and have to be

respected as such. Parents feel this respect when their opinion and expertise concerning their child are considered and when professionals stimulate the child in care to ask and respect the parents' opinion.

It is important that they appreciate our feedback also. They say “you know her best as a parent.” Because the goal is that part of the daily issues are handled here, because it was not bearable in the family anymore, but what you don't want is to be only “half a parent” after a while. That is a feeling that care delivery can give you, having no control, and failing. (Interview 3)

One father and stepmother mention a third aspect. Some parents who have the parental rights (nearly all youths are under juvenile judge tuition) feel like these are not respected. They find it unfair that, although they asked for support themselves, being worried about their daughter's well-being, when care delivery agencies become involved, they are set aside as a parent.

You feel that the vast majority of files here are under juvenile court, forced. So often, they will inform us, but in fact the decisions are already made in spite of our rights. (Interview 7)

A fourth point that some of the parents make regarding respect is that they feel like professionals do not take their agenda into account when planning meetings. It feels disrespectful to these parents when their schedules are not taken into account or when a vast majority of professionals have to leave a meeting prematurely.

We make time for these appointments. You know the doctor is there, the family therapist, maybe a social worker, ... And then they say “I cannot stay very long, I have another appointment.” And then I think, “you are paid for this! We give up our time to come and listen.” (Interview 8)

A fifth aspect that different parents mention regarding respect is that the huge emphasis put on children's rights and agency in care delivery sometimes obscures that parents too, should have rights. At times, these parents have felt like they had only obligations.

At a certain point, there was yet another girl that came to see us, a lot of explanations again—nothing against her, I mean that girl can't help it, they only have the tools they get—but she puts two little booklets on the table “rights of the child” and “obligations of the parents.” Well, I said, and now the rights of the parents? But they didn't have such a booklet. (Interview 1)

Agency. Parents want to have the information and mandate necessary for joint decision-making regarding their daughter. Depending on the specific (legal and family) situation, the exact manner and extent of the (co-) decision-making by parents can vary. Some parents felt the circumstances were not created for them to make their own decisions, due to fragmentation of information or not being informed

in a timely way. In other instances, they felt great about the joint decision-making and tell about good cooperation, in particular with the social workers. When parents have to invest a lot of time and energy to get the right information, this does not allow them to be in control as much as they feel they should be. A stepmother explains how in each institution or hospital where their daughter resided, they had to make huge efforts in order to have access to enough information to feel involved and be part of the care delivery process as a parent.

It has been like that in all institutions, in all psychiatric hospitals: as a parent you have to ask for everything yourself. Recently, the nutritionist for example, we have had to put a lot of effort into contacting them and explaining them we want to know what they discuss and decide about our daughter and how we can be part of that. (Interview 8)

Another reason why parents feel that they sometimes lack man- date over the care for their daughters, is that they are often not allowed to take part in the process that precedes important decisions. They feel that professionals only contact them to give their agreement with a care delivery planning that was established without consulting them in earlier phases or even after decisions have been made.

What was very frustrating to us, was that they didn't take us along in the process. That was a big mistake. The decisions they have made, we've never had issues with those. It is not that we don't agree, it is the fact that they have to let us be part of the decision making. Very often, we get informed, but only after the decisions are made. That leaves us feeling discouraged. (Interview 6)

It is not only about giving parents the opportunity to make a difference in the decisions made about their child but also about enabling them to fully understand the situation, plans, and options by clarifying the frameworks and reasoning used by the professionals involved. By working in a planned and proactive manner, parents have more opportunities to fully be involved in the decision-making.

It's not just letting you decide or say "go" or "no go." If you don't know what the framework is, or why they make certain choices ... You are just guessing what is happening. Whereas, when you have insight into the whole decision-making process and you know what motivates the decisions they make, that helps you to have enough information to make informed decisions by yourself, and makes you feel stronger. (Interview 8)

Support. Parents, and other family members, need to receive practical advice, and also consideration and emotional support. They want to feel this support in interaction with the residential care professionals.

One of the mothers describes the residential care facility as a place where support is available to parents and youths.

I call it a “help institution,” a support for me and for my daughter ... Yes, they should provide help and support for parents who are ... well ... indecisive, who have difficulties. (Interview 7)

The parents expect support for questions about raising and helping their child and want help from the institution in dealing with specific parenting issues. Knowing they can always reach someone at the facility when their daughter is at home and has difficulties is very helpful. Discussing possible approaches to the challenges they face with the residential care professionals strengthens them and makes them feel supported and empowered.

It was really helpful that we could just grab the phone and call when it was difficult at home and say “help,” and that they really listened and helped us out, looked with us for things we could try. Then we knew how to handle it. It made us feel stronger. (Interview 2)

Besides support in dealing with the difficulties their daughter faces, parents also expect emotional support. This is necessary in order to help parents and siblings deal with the difficulties related to the MCN of their daughter or sister. Professionals have to be aware of the emotional impact of the frequent crisis situations (running away, suicide attempts, and involvement in juvenile prostitution) on parents. The parents we spoke to asked for a more considerate and supportive attitude towards parents and wish they would receive more support in dealing with these difficult situations as a family. They also wish professionals would take a parent's perspective in a crisis situation and understand why a situation —such as an attempted suicide—that residential care workers may find “ordinary,” is shocking to parents. If professionals listen to them, offer advice, and show they care about their feelings, especially in or after crisis situations, that helps them cope.

Our daughter has attempted suicide. I think they took the necessary actions, they did everything well, but they completely forgot about us. They did call us that night, but afterwards, the care for parents—how to come to terms with this as a parent—they completely forgot that. (Interview 8)

Yet another aspect regarding “support” is that professionals in residential care for girls with MCN should also take into account the other children in the family. The parents we spoke to stress the fact that they need support as a family and consequently several parents view family therapy positively.

We talked to X (family social worker), because we felt like our youngest was having a hard time since this all happened. She said, what would you think about going to see someone in child psychiatry who works

with families? And we said OK. And at first our youngest said what a “busybody,” why is he so nosy? But then my son's attitude changed and now he says “in fact it helps mum.” (Interview 1)

Family social workers have a close contact with parents and invest a lot in the relation between youth and parents and institution and parents. They can also help parents to rebuild the contact with their daughter if that relationship has been under tension.

We have had periods when it was all too much for us, and then we hadn't heard from X [daughter] for weeks. When your daughter is in an institution, you think “I have some peace at last, she's probably fine over there” and then you lose contact, you grow apart. And the family social worker is the one who is in-between and can help to rebuild the relation. (Interview 3)

Feeling supported and being in contact with social work and (mental) health care professionals lower the threshold towards services, for parents. Two of the parents told us that the contact with residential care for their adolescent girl has prompted them to look for further therapy for themselves.

I feel that, after a family therapy session, I feel lighter. Like I'm another person when I come back from therapy. That is why I've asked for a psychologist for individual therapy for myself. (Interview 4)

DISCUSSION

Drawing upon in-depth interviews with parents of girls with MCN, the aim of this study was to identify parents' needs and preferences in care delivery. Parents' perspective and own needs remain a secondary consideration in discussions of residential services, in spite of research pointing at the impact on parents of having children in care.

Our findings concerning the difficulties these parents encounter and their wish to be involved align with the literature on family-centred residential care (Affronti & Levison-Johnson, 2009; Dunst, Boyd, Trivette, & Hamby, 2002; Geurts et al., 2012). As an added value, our findings emphasize that it is important to expand the rationale for parental involvement with residential children's services beyond its benefits for the placed child (de Boer, Cameron, & Frensch, 2007). Indeed it seems imperative to consider ways to assess and accommodate the needs of the parents themselves in order to achieve effective care delivery that empowers families as a whole in dealing with the difficulties they face.

The parents we spoke to ask to be involved in care delivery and wish for an equitable partnership with the professionals involved in the care for their daughter. In earlier research, a strong alliance between parents and service providers was associated with positive service outcomes (Horvath & Bedi, 2002). Although our findings emphasize the benefits for youths, of consistency and clarity brought about by better collaboration between parents and professionals, earlier studies found that when agencies work closely with parents, this decreases the likelihood that parents themselves would be distressed by contrasting demands (Green, Rockhill, & Burrus, 2008).

It is interesting that some of the barriers to interagency collaboration pointed out by professionals when referring to interdisciplinary contacts are mentioned by the parents too, when they refer to the difficulties they encounter in contact with services (Cooper et al., 2016). For example, these parents are struck by the fragmentation of files and the loss of information when their child moves from one placement to another. Also, they highlight the importance of being enabled to understand the reference frame used by the professionals caring for their child, in order to be real partners in the care delivery.

Parents also told us about respect for their parental role. Analogous to findings in a recent research report investigating the perceptions of parents whose children were placed in out-of-home care; the parents we spoke to continued to clearly identify themselves as parents of their children who were in care (Ross, Cocks, Johnston, & Stoker, 2017). Parents ask to be respected in this role, by professionals engaged in services for their children. The participants in the study of Ross and colleagues also pointed out how challenging the parenting role was and how many barriers they faced both improving and maintaining their parenting while their children were in out-of-home care. Our participants pointed at the importance of services to support them in their parenting role and not to label them as “failed parents” without giving them a chance to prove their good intentions. This is in line with parents of children in care interviewed in a research project on family contact in kinship care. In those interviews, parents pointed out the need for services that are empowering and respectful, rather than oriented towards them as failed parents (Kiryaly & Humphreys, 2015).

The theme agency is a reflection of the fact that parents want to maintain to some extent control concerning care delivery planning and implementation for their daughter. To enable them to have a certain degree of agency over the care delivery process, it is important that professionals provide parents with timely and comprehensive information about the care delivery planning process and allow for as much input in the decisions as possible (Dunst, Trivette, & Hamby, 2007).

With the theme support, parents express their own need for advice and for emotional help when facing the

difficulties brought about by the problems of their daughters. One of the parents gave a very valuable advice by stating professionals should always be aware that a situation they may have gotten “used to” in time is very distressing for the parents confronted with these issues in their own child. Therefore, events such as a suicide attempt or a fugue should always be communicated in a respectful and considerate manner to parents (Affronti & Levison-Johnson, 2009). Moreover, as our findings additionally emphasize, parents should also be offered assistance in dealing with these situations.

Findings of de Boer et al. (2007), who explored parents' perceptions of the benefits of psychiatric residential treatment for parents and siblings, are promising. They reported that, when a child is in a psychiatric hospital, this can also lead to improved personal and family functioning as perceived by the parents (de Boer et al., 2007). The vision that effective and humane residential care is best seen as a support to families who are struggling, rather than as a substitute for families who have failed, is strongly supported in the Consensus Statement of the International Work Group on Therapeutic Residential Care (Whittaker et al., 2016).

The needs and preferences expressed by these parents have several organizational implications for residential services. They could guide planning and evaluation of the dimension of “parent–caregiver partnership” in the concept of family-centred care (Geurts et al., 2012; Law et al., 2003). Indeed, respecting and addressing parents' concerns and providing them with tailored care and support corresponds to the aims of needs-based family-centred care delivery, as opposed to the less intensive forms of professional-family alliance (Dunst et al., 2002; Martone, Kemp, & Pearson, 1989). Potential concretizations of our findings in service delivery are related to the partnership that is built between parents and professionals and to helping parents deal with the distress brought about by the difficulties their child encounters.

A focus on active participation of receivers in achieving the desired outcomes is known to be essential for optimizing the empowering effects of care delivery (Dunst et al., 2007). Strengthening the family as a whole is crucial in optimizing the long-term outcome of placed children, whether or not they return to their family (Geurts et al., 2012).

Investing in (re)building the relationship between parents and children is another important focus. Indeed, amelioration of family relations is one of the possible positive achievements of residential care (de Boer et al., 2007). This may be of particular importance for the target group in this research project, as a more

adaptive parent–child relationship is found to promote resilience in the face of multiple personal and familial risks factors in early life (Flouri, Midouhas, Joshi, & Tzavidis, 2015).

Furthermore, facilitating the process of parents seeking help for their own issues by having a family therapy offer and collaborating with adult services can be valuable. A concrete example in our study stresses this possibility: Parents who were engaged in family therapy and found that useful went on and were motivated to look for a therapist for themselves. Such collaboration between child-serving agencies and adult mental help services has proven beneficial in other vulnerable populations (Drabble, 2007). An interesting option is to include parent mentors, who have past experiences as a parent of a child in care, as members of the care delivery team (Affronti & Levison-Johnson, 2009). These persons can raise the awareness of professionals for the parental perspective, both on the policy and on the case level. Mentors can also assist parents by facilitating the communication of their needs and provide them with support. Another promising approach in order to meet the parental needs, is to organize parenting groups designed specifically for parents whose children are in care (Salveron, Lewig, & Arney, 2009).

Finally, having family functioning as an outcome measure in residential care could further direct attention to the needs of families as a whole. Harder and Knorth (2014) describe that to date this is seldom the case, in spite of the fact that family problems often seem to contribute to the admission of youth to residential care.

A limitation of this study is that this qualitative data from these 12 parents, representing eight youths, cannot yield findings that are generalizable to all parents of adolescents in care in this setting or in other populations or other forms of residential care. However, our exploratory study does provide a thick description of these participants' experiences that could inspire policy and practice workers to take the needs of parents into account. Moreover, as parents pointed out, the importance of siblings whose needs are often not assessed or “left out” when a brother or sister is in residential care, future research should take their voice into account.

CONCLUSION

The findings of this study of youth residential care, drawn from in-depth interviews with parents, point to an important consideration: attending the needs of parents alongside with those of the placed youth. They could have a wider relevance, usefully informing work with children across diverse placements within the

care system, pointing out the importance of attending parents' needs by involving them in a respectful partnership, with attention to both agency and support needs. Optimal use of parents' perspective and expertise as part of a needs-led family-centred care delivery could be valuable for programme development and implementation (Williamson & Gray, 2011) and will optimize the chances of a favourable short- and long- term outcome for vulnerable families as a whole (de Boer et al., 2007).

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