Empowerment in de jeugdzorg: onderzoek naar empowerment: bevorderend gedrag van hulpverleners

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Summary.

Introduction.
The concept of empowerment, which originates from America, was introduced in the Dutch youth care during the early nineties. In the Dutch literature it is usually connected with initiating or strengthening competencies and potentials of youngsters and their families within the community they belong to. The issue of this research is to show the significance of the concept of empowerment for the practice of youth care. The goal is to operationalize the concept in specific empowering behaviour characteristics of the professional worker. In fact this means that in this study is searched for specific behaviour characteristics of the caregiver which empower clients to get control over their own lives.

Since the concept of empowerment was introduced in the Dutch youth care, the practice of the idea of empowerment encountered problems with respect to content and structural-organizational problems. It is supposed this is due to lack of clarity over the exact meaning of empowerment on the one hand. On the other hand it is assumed that the idea of empowerment does not converge with the traditional ideological principles the Dutch youth care is based on and the way it is structured. The dominating political and social beliefs in youth care aimed at taking over the care and upbringing of children when professionals were inclined to think that parents were incapable to look after their children themselves. Not only out of the practice of youth care, but from the entire society it became evident that those beliefs still are part of our social heritage and that they do not converge with the underlying principles of empowerment.

Therefore in this study the literature has been analysed in order to find the sources of empowerment, against which societal background, and in what manner the idea of empowerment is concretely expressed in the care practice.

When it became evident that literature provided insufficient tools to operationalize the concept in concrete behavioural characteristics, empirical research was done in a Family Preservation program, which is based on empowerment, namely Families First.

Firstly, by means of qualitative research, was searched for characteristics, which are conductive to empowerment in the opinion of people who have been helped by Families First. Secondly it was examined whether these characteristics could reliably be observed by means of observation. Finally the relation between these observed behavioural characteristics of the caregiver and the effects of the care were examined.

Theoretical backgrounds.

Different perspectives underlying empowerment.

The ideas that form the basis of empowerment have their roots in the political and philosophical principles of the United States. They became manifest during the radical movements in the USA in the fifties and sixties. Movements in which citizens revolted against social and economic abuses and which are firmly rooted in the 1970s during the reassessments of those earlier attempts at social transformation. During the 1980s empowerment became a catchword and has been given meaning in different manners.

Two extreme definitions of empowerment became manifest: 1. Definitions of empowerment in terms of enabling people to gain control over their own lives through individual change within an existing social context (for instance through articulating individual possibilities and/or through learning specific competence skills). In this approach the social context itself is beyond discussion. 2. Definitions of empowerment in terms of social change. In this approach the context itself is in focus because of its oppressing structure. Here empowerment stands for changing the social context in order to enable people to get control over their lives. There is some tension between these two opinions, which expresses itself in practical oriented investigation of making operational empowerment in care services. Several authors have indicated a great amount of opposing interests either from organizations, caregivers or clients. These contradictions in interpretation of the purpose and the object of empowerment can be understood by the way the concept of power is defined. It varies from power in terms of an individual sense of self-esteem and competence to power in terms of authority. This difference in interpretation is revealed in the Dutch language in the concepts of “macht” (control) and “kracht” (competence). In
accordance with the way authors give significance to the concept of “power”, different opinions about the meaning of empowerment exist.

The social ecological approach offers a holistic approach in defining empowerment. Its central viewpoint is that individual change, and social changes are interrelated parts of the process of empowerment. In this approach the two previously mentioned perspectives - individual change within an existing social context versus change of the social context are combined. In the ecological point of view the functioning of individuals is inextricably linked to their environment. This implies that insight in the nature of the community is necessary to understand the way in which people function. Every individual, group, culture or community is different. Needs vary according to the situation and the dominating values, standards, attitudes and intentions. Also the nature of the process of empowerment will not be the same everywhere. This will vary for each individual or group, according to his or her needs and possibilities. Therefore it is crucial that all those concerned in the care make assumptions regarding the meaning and the object of empowerment explicit. The concept of empowerment can be placed on a continuum, depending on the different perspectives. To some people empowerment will lead to a sense of control, to others it may lead to actual control, meaning the practical power to control their own lives. Or, as Van’t Rood (1996) states, empowerment has a minimum and a maximum. The first mentioned extreme focuses upon learning people practical skills so they can fit in with the changing environment. The other extreme refers to the power, acquired by participants, to transform the environment for the sake of their own emancipation.

For the youth care this implies that an unambiguous answer to the whole population of youth care is incompatible with empowerment. The forms, the strategies and the effects that are achieved will vary from setting to setting, according to the specific needs.

From the general Anglo-Saxon literature on empowerment it is evident that there is more consensus about the characteristics of the attitude of welfare workers that enhances empowerment. Usually this attitude seems to be associated with a respectful, equivalent, balanced, understanding, positive and proactive attitude with respect to individuals. Important underlying aspects are: confidence in the potentials and the capacities of individuals; affiliation with the experiences of individuals within their own cultural environment; articulation of the strengths of individuals; encouragement of people’s reliance on their own strengths to solve problems; enhancement of the competencies of individuals to solve their problems themselves; promotion of self-confidence, self-esteem and autonomy of individuals. These characteristics of an attitude that stimulates empowerment however, have not yet sufficiently been operationalized yet in specific behavioural characteristics of caretakers.

In addition the way in which empowerment is put into practice is examined in Family Preservation Programs (FPP). Traditionally the idea of empowerment, in accordance with the principles of American politics, is a major focus in FPP programs.

In the first place Family Preservation can be seen as a philosophy, of which the origin can be traced to different theoretical perspectives and in which the traditional deficit model is replaced by a strength focused model, a model focusing upon the strengths of individuals in their own environment. Starting from this philosophy the method of Family Preservation has been developed. Family Preservation programs can be distinguished in preventive care, curative care, crisis interventions programs and in so-called after-care-programs. These programs share a common goal: to protect children and to strengthen families in their own environment so that the children can stay at home. Descriptions of the procedures of various programs indicate that ‘strengthening’ [empowerment] has been operationalized in different ways.

Most programs start from an individual perspective: help is focused upon increasing individual competence within the existing social context. In these programs influences from the systems theory, attachment theory, social learning theory, crisis intervention theory and the functional theory can be recognized.

The influence of the systems theory finds expression in that all family members are involved in the care - if possible - and that the functioning of the whole family itself is taken into account in the diagnosis.

The influence of the attachment theory is reflected in one of the beliefs which is common in all Family Preservation Programs, namely that attachment to others offers a safe background for children and that breaking off these bonds will have a negative impact on the emotional development of children. The FPP Programs all focus upon the continuation of the parent-child bond in order to prevent out of home placements as much as possible.

The central assumptions of the learning theories can be recognized in programs directed to individual empowerment. Care is directed to change specific dysfunctional behaviour patterns in families. In
addition, new behaviour alternatives are trained, especially by the principle of modelling. The caregiver serves as a role model. He stimulates, gives feedback and sanctions positive behaviour.

The influence of the crisis intervention theory is mainly reflected in intensive FPP programs of short duration. These programs intervene in families where one or more children are at imminent risk of being placed out of home. On the one hand it is assumed that when people are most vulnerable, they are accessible to new ideas and new behaviour, because they experience that their normal coping strategies are no longer appropriate. On the other hand it is assumed that crisis intervention finally results in an increase of strength or in a better health of the family. Also some conditions for care, as described in the crisis intervention theory, reflect in the principles of most intensive FPP programs. For instance the condition of cognitive restructuring, which means that from the first contact the caregiver supports family members in exploring their problems in order to sort out their goals so they will be able to resolve their problems themselves. Another condition is that the problems of the family have to be related to its social context and that interventions must respond accordingly.

The influences of the functional theory can be traced in the general characteristics and beliefs of intensive FPP programs. They all have a specific function and purpose, namely to prevent unnecessary outplacements of children. Care is time-limited and structured. The client is considered to be an important partner in the process of change.

However there are other programs, which start from a social ecological approach. Here the care is directed to the proactive participation of clients within the informal and formal structures in their environment in order to realise client-centred help, which is in conformity with their specific individual needs.

The programs differ from each other not only in regard to theoretical and methodical frameworks; they also vary in time investment and intensity. What FPP programs have in common is the belief and confidence in the strengths of individuals to solve their own problems themselves. The task of the caregiver is to support individuals in recognizing and emphasizing their own strengths.

In literature it is shown that the following interventions, that stimulate empowerment, are presented as important features of care: the care should be attuned to the experience of individuals in their own environment. The starting point is how individuals experience their problems and what they want to change. The task of the caretaker is to support individuals in their definition of the problems and their problem solving strategies. Active listening, positive feedback and an unconditional respectful attitude are mentioned in the literature as important behavioural characteristics that stimulate empowerment. In addition, authors emphasize a supporting instead of a directive role of the caregiver in defining the problems of individuals and in the search for solutions. Finally, most authors point out the importance of offering practical help.

In literature on Family Preservation these behavioural characteristics that stimulate empowerment have not sufficiently been operationalized in specific guidelines for intervention. Moreover, literature shows that until now hardly any research was done on specific behavioural characteristics of the caregiver that stimulate empowerment.

In 1994 an American Intensive Family Preservation program, explicitly based on empowerment, Families First, was implemented in the Dutch youth care. Families First is a short-term, intensive Family Preservation program, meant for families in crisis, with imminent risk of outplacement for one or more children. Families First distinguishes a large number of treatment skills, mostly based on the competence model (Slot, 1988), which was added to the original treatment model. Evaluation research in 1998 revealed that in the actual practice the conceptual framework (the competence model) fade away. Instead, a lot of techniques are used focusing upon building a relationship, upon reframing the problems, upon setting goals e.g. by means of active listening, encouraging, discussing alternative solutions, helping to identify behaviour patterns and positive reinforcement. However in literature these attitudinal aspects and skills have not been operationalized in specific behavioural characteristics of caretakers.

In short: the question which specific behavioural characteristics of caregivers increase the ability of individuals to get control over their own lives, cannot be answered adequately from literature.

**Empirical research on behavioural characteristics that stimulate empowerment.**

Empirical research was done within the framework of Families First, in order to analyse what exactly is happening between a caregiver and his clients within a treatment program aimed at empowerment.

Firstly, an inventory is made of the empowering characteristics of Families First according to the clients. It concerned a qualitative research, by means of depth interviews, in which judgements of clients were analysed by the continuing comparing method of Glaser and Strauss (1976). From these judgements eight categories were composed which may be connected with empowerment. Three
categories correspond with methodical aspects that are inherent to Families First. These are related to
the caregiver coming in the home, the caregiver being always available and the care being intensive.
The other five categories refer to verbal technical skills and personal characteristics of the caregiver.
The judgements of clients reveal that they feel strengthened by the caregivers' response to their
needs and wishes; the caregivers' respect; the caregivers' structuring things clients wish to change,
and the way he does so; the caregivers' positive reinforcement; the caregivers' professional informa-
tion and practical tips in specific situations they cannot cope with.

In addition an independent expert has analysed an amount of interviews, selected ad random. It ap-
peared that the categories could be reliably found in the interviews.

The next step in the empirical research was to investigate whether the behavioural characteristics as
mentioned by the clients could be reliably observed in real practice. Therefore a behavioural observa-
tion instrument was developed, based upon the before mentioned categories. Finally it concerns thir-
teen categories.

Three video-recordings were made at the homes of families in order to observe the behaviour of the
caregiver during the treatment process of Families First. The observations were analysed and register-
ed with the observational program The Observer Video Pro (Noldus, 1998).

Firstly the reliability of the behavioural observation instrument was analysed. The agreement of two
independent observers was taken as a criterion using randomly chosen videotapes. The agreement
that was found was very satisfactory.

Secondly, when the correlations among the empowering behavioural characteristics themselves
were measured, it appeared that the observed behavioural characteristics of caregivers that enhance
empowerment are not significantly related. Instead of overlapping, they seem to be cumulative.
Therefore we cannot speak of a one-dimensional construct for empowering behaviour of caregivers.

Thirdly the categories: availability of the caregiver and the intensity of the treatment have both been
measured by means of a questionnaire. Because of the fact that all the clients responded positively to
the availability of the caregiver, this category showed not enough variance and was abandoned for fur-
ther analysis. The intensity of service varied from moderately intensive (varying from 2 till 7 hours a
week) to considerably intensive (varying from 7 till 14 hours a week). It could be concluded that the
care was intensive (conform the guidelines if Families First).

Finally the correlations were analysed between these caregivers’ empowerment enhancing beha-
vioral characteristics and the effects of the care; The effects of the care were measured with some
instruments and criteria which were used in the national evaluation research of Families First, including
parents’ satisfaction with respect to their experienced effects of the care; carers' satisfaction with re-
spect to their experienced effects of the care; decrease in parents' experienced family stress; decrease
in by caregivers’ estimated risk of outplacement and real outplacement. Firstly the correlations among
the effect measures in their relation to one another were computed. It was evident that there is a strong
correlation among these effect measures. At last the correlations between the behavioural categories
and the effect measures were computed. This revealed that especially open, supporting and positive
reactions, together with the absence of negative reactions are associated with the effects measured.
Fewer associations were found between effect measures and the other behavioural categories. These
results correspond with the subjective experiences of the clients, as expressed in the interviews. It is
evident that a personal, positive and respectful attitude of the caregiver within a theoretical well defined
framework of intervention is related to success.