

HoldOn-i Support for families of parents with a MID - intervention variable

Problem

Having a mild intellectual disability (MID) involves a certain risk when it comes to raising children 'good enough'. Families of parents with a MID tend to be faced with a number of factors that makes parenting inadequate, such as poverty, poor housing, debts, unemployment and social isolation (De Vries, Willems, Isarin & Reinders, 2005). The quality of parenting of parents with a MID highly varies. The MID entails a lack of certain skills in parents. Risks are involved when it comes to parenting (van Montfoort & Slot, 2009; Faureholm, 2010). For example, the parents may not be able to meet the practical and basic needs of the child (such as proper nutrition, structure or norms and values). The parents may moreover be less sensitive and responsive to their child, less able to support the child with schoolwork and learning, or the child may live in isolation (due to lack of contacts in the neighbourhood or lack of membership in an association). Sometimes the child takes over care tasks and responsibilities of the parent beyond his or her power (parentification) and a risk that too much is asked from the child and the child is overburdened (Faureholm, 2010). A MID in parents can affect the child's physical, emotional, social and cognitive development. Although research shows that parents with a MID can actually learn parenting skills, and it is also known how they learn (Feldman, 2010), the available help is very limited.

Often a supervision order or a Council intervention is needed because the educational situation is not 'good enough'. In case of acute risks, a supervision order will succeed in establishing a reasonably stable educational situation, where the children live at home and their parents are supported in their educational role. In many cases, such supervision continues for a long time because support continues to be necessary and the expectation is that without such (professional and informal) support in combination with a watchful eye by the youth-care worker/family guardian, serious problems will arise again. For example, gaps are caused in the network because a source of help is lost. Or because the child develops and enters a new age phase, which the parent with the MID cannot respond to. Or important events in the life of the family take place (the dog dies, father loses his job) which disturb the carefully built up balance and the children are once again in a troubled situation. Not enough care is available to take over the support task of the youth care worker/family guardian, within the voluntary framework (Buysse, Hilhorst & Broeders, 2010; Vink & Matthaai, 2009). As a result, supervision is repeatedly extended, which is not actually what this expensive, forced and, in principle, temporary measure is intended for.

HoldOn has been developed in order to fill the existing gap in care provision. HoldOn is an intervention that provides intensive support to families in which one or both parents have a MID. HoldOn is used as a follow-up to a supervision order (coercion) or as a persuasive intervention. HoldOn is not used in crisis situations with a risk of eviction and/or the family refuses help. If this is the case, intervention by the Child Protection Council and possibly the certified institution are the first referrals. HoldOn is used in case of serious and multiple concerns, where, however, basic safety and basic care are in order, and (at least some) willingness to cooperate is in place.

The HoldOn intervention is embedded in a broader HoldOn programme. The total HoldOn programme includes the intervention and low-key support. After the intervention has improved the educational situation to an acceptable level ('good enough'), help is continued, if necessary, to a less intensive version. The focus of this low-key support is to monitor 'good enough', to prevent relapse, to encourage the family and network to maintain the achievements, to coordinate support and to

intervene when the balance is disturbed. Where appropriate, the HoldOn intervention can be restarted based on low-key support. Together, the HoldOn intervention and the subsequent low-key support provided by the HoldOn programme provide long-term and continuous support to the family.

This description is focused on the HoldOn *intervention*.

Target group

HoldOn is intended for children aged 0 to 23 living at home (with or without disabilities) in families of parent(s) with a MID and who are faced with (potential) parenting and growth problems. The families are characterised by a lack of parenting skills of the parent(s). In addition, many families have a varying or limited willingness to accept support, and/or the absence of a strong social network.

HoldOn provides family intervention that focuses on the parent(s) with a MID. A MID in (one of) the parent(s) means:

- an IQ score between 50/55 and 70
- limited social adaptability and
- additional problems (such as learning problems, a psychiatric disorder, medical and organic problems and/or problems in the family and social context).

An IQ score between 70 and 85 is called borderline intellectual functioning. Strictly speaking, this target group does not have an intellectual disability. In practice, however, it appears to be virtually impossible to make a meaningful distinction between parents with a MID and borderline intellectual functioning parents / parents who have difficulty learning. Often, the exact level of functioning of the parents is unknown. In many cases, research data are not available or are so outdated that they can no longer be used. HoldOn therefore uses this working definition to determine whether a parent has a MID, in order to determine whether the parent can benefit from the special HoldOn procedure: The parent has an IQ between 50 and 85, a limited social adaptability and additional problems, or: there is a substantiated suspicion of a MID (the parent has attended special education, or the parent is or has been a client of MEE), or the parent uses sheltered employment because of a mental disability; this suspicion is confirmed by administering the SCIL (SCreener for Intelligence and Light Mental Disability; Kaal, Nijman & Moonen, 2013).

Selection of the target group

The selection of the target group takes place on the basis of the report by the youth care worker. In the application information, the following (contra-)indication criteria are asked through a questionnaire. The parent's MID is determined on the basis of the above-mentioned working definition. Indications for HoldOn are:

- At least one of the raising parents has a MID;
- there are impending parenting and growing-up problems;
- there is limited or varying willingness to accept support;
- the family has less of a network than it needs or cannot rely on the network to a sufficient degree;
- the parents have limited parenting skills (such as failing in caregiving tasks, not providing enough structure, not being able to discipline adequately, etc.);
- without additional help, deterioration is anticipated (expectation that the risk assessment will drop to insufficient);
- the parents have the lowest degree of willingness to cooperate;

- at least one child is living at home (0-18 years, or 0-23 years when the child has a disability).

HoldOn applies the following contraindications:

- there is a critical unsafe situation for the child;
- there is no or no longer a daily parenting situation (children live independently or have been placed in care without any prospect of return);
- Psychiatric or addiction problems (in the parent and/or child) or serious behavioural problems (in the child) have such an impact on the functioning of the parents and/or the child that specialist help is needed;
- parents do not have MID according to the above-mentioned working definition;
- parents are in no way willing to cooperate.

Main objective

With the help of their network and/or professionals, the parents are able to raise their children safely and 'good enough' on their own. 'good enough' parenting is defined by HoldOn as a family situation in which the four functions of the family (Green & Parker, 2006 in: Cardol, 2012) are sufficiently met:

1. Parents can (with or without support from their network) provide the child a comfortable home. This means that basic needs such as hygiene, health, shelter and nutrition are met (such as: children have clean clothes, healthy food, a clean and warm house).
2. Parents can (with or without support from their network) provide a beneficial source for developing emotional resilience: trust and supervision, safety and self-development. This means, for example: children receive affection and support (children are comforted when they are sad, calmed when they are angry, reassured when they are frightened, they can laugh together).
3. Parents offer (themselves or together with their network) support in establishing and maintaining social relationships within and outside the family in terms of love, trust and citizenship. This means, for example, that children receive support in their development (children have friends and other adults around them, are given the opportunity to learn new things, can go outside safely).
4. The family is able to deal with the outside world (the family is the starting point for learning to adapt to society: education, behaviour, work, life skills). Some specific examples are: children are provided a good example (children learn what is allowed and not allowed, parents keep to the law, parents have a safe and healthy lifestyle).

Sub-goals

The family functions are optimised by achieving the following sub-goals:

1. Parents know when they need help and accept help in the future.
2. The family receives more support from their network.
3. The parenting skills of the parents are increased in such a way that, where necessary with additional support from the network, the children receive the care and attention they need (for example: parents encourage - with nana's help - the child with schoolwork / set clear boundaries / offer the physical care the child needs, et cetera).

Goals are selected and specified for each family. This results in a tailor-made plan, fitting in with the concerns and strengths of the specific family. The goals of the family are converted into scale questions. During the execution of the intervention, the progress is evaluated together with all parties involved.

Structure of the intervention

HoldOn is a practical and solution-focused intervention. HoldOn applies three phases, which:

1. **Start-up phase** The start-up phase is characterised by getting to know the family and making a solid transfer, building up a relationship of trust with the family, discovering how parent(s) learn(s) best and jointly drawing up a plan. The start-up phase lasts 4 weeks. During this phase, the HoldOn family support worker visits the family as often as necessary, and at least twice a week.
2. **Work phase** In this phase, structural work is done on the specific and practical improvement of the parenting skills of the parents and the functioning of the family and its individual members, and the support from the network. The work phase continues for a minimum of 4 months up to a maximum of 9 months. During this phase, there is face-to-face communication with the family at least once a week and telephone or e-mail communication at least once a week. The HoldOn family support worker also has weekly contacts with someone in the family's network. On average, there are two hours of contact with the family and the network every week. If more time is needed due to circumstances, this can increase to about eight hours a week.
3. **Completion phase** In this phase, the involvement of the HoldOn family support worker with the family is phased out. Based on the evaluation of the results, it is decided whether further assistance / low-key support is needed to keep stimulating the parents, to keep coordinating the support from the network and to keep an eye on the safety and development of the children. In this case, HoldOn is continued in a programme. During the period of completion, contacts with the family and the network decrease from an average of two hours a week to two hours every two weeks and eventually to two hours a month. Email and telephone communication will also be reduced.

The completion phase continues for a minimum of 1 month up to a maximum of 2 months. HoldOn's assistance (intervention variable without the low-key support part) continues for six months and can be extended once by six months. If HoldOn is started on the basis of a supervision order, the youth-care worker and family guardian remain in the background for the first three to six months (until the supervision order is terminated) to monitor progress and intervene if parents do not cooperate.

The intervention is carried out in the family's immediate environment by the 'HoldOn family support worker', an employee with an educational-training background who has knowledge of and experience with parents with a MID. The HoldOn family support worker coordinates all those involved in the family (both formal and informal contacts). The HoldOn family support worker maintains the coordination of all those who are involved and is in charge of this.

In short, the following activities are to be distinguished:

- Outlining the things parents can do by themselves as much as possible in raising children and where support is needed;
- Setting up the support;
- Increasing parenting skills;
- Coordinating support;
- Drawing up a plan, executing it or causing it to be executed and monitoring the results;
- If necessary, scaling up (for example: the Council) or scaling down (usually: the HoldOn low-key support function) of care.

Start-up phase

HoldOn is engaged when there are serious concerns about the upbringing while there is no longer a critical unsafe situation for the children. HoldOn can be started up when the family guardian or other youth-care worker feels that a sufficient level of stability and motivation for further help has been achieved. The transfer by the family guardian or other youth-care worker starts with the introduction to HoldOn. As soon as a HoldOn family support worker has been appointed for the family, the HoldOn family support worker will take the initiative to make an appointment. The meeting will be held at the family's home. We meet the family and the family guardian/youth-care worker at the same time. During the introductory conversation, an explanation is given of HoldOn and the reasons for the application to HoldOn. A working relationship will gradually be established. After the introductory conversation, we start to work intensively with the family to produce a decent plan of action. Together with the family and important persons in the network, 'good enough' parenting will be further specified in a number of conversations spread over about two weeks: What is going well? What are the concerns and what needs to be done? Attention is also paid to the question: What used to be helpful before? By examining all aspects of 'good enough' parenting, we will understand the specific goals to be executed with the family. Goals are prioritised according to the intervention pyramid of Greenspan (Rexwinkel & Vliegen, 2011), in which the guarantee of basic conditions (such as safety, care and protection) and the achievement of continuous safe attachment relationships are prioritised. When the goals are determined, a meeting is organised with the network to set up a plan and to see how the network can contribute to its implementation. In the start-up phase, the HoldOn family support worker creates quick wins: swift actions (for example, arranging care allowances straight away) which allow the family to experience that HoldOn are really providing useful help. The focus will be on establishing a positive working relationship and gaining the trust of the family in this first phase.

Working phase

In the working phase, the HoldOn family support worker uses three main strategies to support the family. These are 'In Their Own Hands', 'Hand in Hand' and 'Helping Hand'. A distinction is made between what the family can do by themselves, what the family is learning and what the family is not (yet) able to do which therefore must be taken over (temporarily or permanently) by others.

In Their Own Hands - what the family can do by themselves

The HoldOn family support worker compliments the family on what they are able to do, encourages the family to keep using the skill and monitors that what the family are able to do is actually happening.

Hand in Hand - what the family practices

The HoldOn family support worker actively practises with the family to master the skills. Showing, doing together, practising and repeating are the key elements of 'Hand in Hand'. The working points are formulated SMART. A maximum of three or four skills are practised simultaneously with parents.

Helping Hand - what will (temporarily) be taken over by others

The HoldOn family support worker makes appointments with the people who can help the family and keeps a close eye on whether the appointments are going well, whether

adjustments are needed and whether the (social and professional) network offers appropriate support.

The HoldOn family support worker ensures that the number of work items within 'Hand in Hand' will be limited, that as many items as possible end up in 'In Their Own Hands' and critically assesses whether the items in 'Helping Hand' should actually stay there. The HoldOn family support worker always uses the different strategies side by side. During the work phase, there is continuous communication with the (professional) network. The HoldOn family support worker maintains coordination and is in charge. Constant attention is paid to monitoring and, if necessary, restoring a positive cooperative relationship.

In relation to the sub-goals of HoldOn, the main features of the action plan are as follows:

1. Goal: Help is accepted.
 - a. The HoldOn family support worker pays structural attention to what is going well and what works out well for the parent(s) (In Their Own Hands);
 - b. The HoldOn family support worker links up with the strengths, wishes and experiences of the family;
 - c. The HoldOn family support worker specifies for and with the family what is 'good enough' and uses solution-focused conversation techniques to monitor 'good enough'.

2. Goal: More support from the network is available.
 - a. The HoldOn family support worker regularly organises network meetings (Helping Hand);
 - b. The HoldOn family support worker maximises, coaches and supports the network;
 - c. The HoldOn family support worker is responsible for the care coordination of all the parties involved in the family and keeps everyone on the same track (one family, one plan).

3. Goal: Parenting skills are increased.
 - a. The HoldOn family support worker observes the educational situation of the children (what goes well, what are the concerns, what needs to be done);
 - b. The HoldOn family support worker practises parenting skills with the parents (Hand In Hand) and uses learning strategies that are specifically aimed at parents with a MID;
 - c. The HoldOn family support worker organises compensation for those parenting skills which the parents do not (yet) have at their disposal (Helping Hand).

Two examples illustrate the working method of HoldOn. First, an example of a situation in which the mother is unable to get Melody to school on time in the morning:

- In the evening the mother puts the clothes and breakfast things ready for Melody (In Their Own Hands). The HoldOn family support worker randomly checks whether this is working out and compliments the mother when she succeeds.
- The HoldOn family support worker will practise the breakfast ritual with the mother and Melody 12 times (Hand in Hand). The HoldOn family support worker and the family work on SMART goals. The HoldOn family support worker draws up a task analysis of the steps to be

taken in the morning, provides visual support, shows, practises and repeats the exercises and gives positive feedback on everything that goes well.

- The HoldOn family support worker makes arrangements with the neighbour; she will ring the mother's doorbell at 7:45 in the morning if she does not yet see any light in the bathroom (Helping Hand). The HoldOn family support worker keeps an eye on the neighbour's efforts by regular communication with her.

A second example: a family with two boys of 15 and 17, Wesley and Jeremy, who make a mess at home, do not do their homework, use the computer too much and get up too late. The parents make numerous threats and order them around, the atmosphere is constantly negative:

The parents learn to take a deep sigh before they start making threats or order them around (In Their Own Hands). The HoldOn family support worker discusses each week which situations worked out and what the result was.

- The HoldOn family support worker practises with the parents how to have a conversation with Wesley and Jeremy in a role play and repeats this exercise four times. The HoldOn family support worker draws with the parents reminders for the conversation (saying clearly what you think is important, listening to the feelings and arguments of the boys, asking the boys what they think is a solution).
- The HoldOn family support worker has six conversations with the family in which the worker shifts from showing to doing together and finally for the parents to do it by themselves. The HoldOn family support worker makes video recordings of a conversation and reviews the images with the parents and the boys, focusing on the moments when things went well (Hand in Hand).
- The family has a family discussion every three months, which is led by uncle Theo, about the rules and arrangements in the house and what needs to be done to make it more pleasant for everyone (Helping Hand). The HoldOn family support worker maintains contacts with Uncle Theo before and after each family discussion.

As families of parents with a MID often need help in more than one area, additional help is often provided by HoldOn. The HoldOn family support worker makes use of these specialists and/or additional professional support workers in close consultation with the family and organises the help according to the principles of wraparound care. The HoldOn family support worker is the central coordinating person who keeps all those from the professional and social network who are involved in the case on the same track. In the examples above, for example, it may be necessary for Melody to receive psychomotor therapy or for Wesley and Jeffrey to be registered for a SoVa training course. Other forms of professional help and support that are used in combination with HoldOn include debt assistance, administration, household assistance and so on.

Progress is monitored. Regular evaluation of the goals and appraisal of the results of HoldOn takes place by using scale questions to assess to what extent the goals have been achieved with all the important stakeholders (family, network, professionals). The HoldOn family support worker feeds the findings back to the team and the behavioural scientist for final appraisal. Goals are achieved when the score on the scale (6 or higher) is satisfactory.

An example of an elaborate goal and corresponding scale questions is:

There are clear house rules for Michelle and she sticks to them.

- Father and mother write (themselves or with help from others) the house rules.

- Father and mother (with or without help from others) discuss the house rules with Michelle.
- The consequences if Michelle does not follow the rules are clear to everyone.
- Father and mother and Michelle (by themselves or with help from others) manage to keep to the rules.

10 = Michelle knows exactly what the rules are and what happens if she does not follow them.

0 = Michelle has no idea what she is supposed to be doing.

10 = Michelle usually keeps to the rules. If Michelle does not follow the rules then the consequence agreed upon happens.

0 = Michelle does not keep to the rules. Mother and father do not succeed in dealing with Michelle in a way that she will keep to the rules.

Completion phase

Once the sub-goals formulated with the family have been achieved, the HoldOn family support worker moves towards a conclusion of the intervention. The decision to conclude the HoldOn intervention is peer-reviewed. A peer review also takes place in order to decide whether or not to advise the family to continue with the intervention through the HoldOn programme (low-key support function). The decision and advice are discussed with the family and the relevant persons involved. The HoldOn family support worker completes the practice of skills. In most cases additional professional support will continue to be necessary. The HoldOn family support worker can continue to provide this support under the HoldOn programme (the low-key support). In this way, continuity is achieved.

Prior to the intended completion, a meeting is held with the family and the support figures involved to celebrate successes and make arrangement about future support. In addition to social contacts, professionals (such as a teacher, GP or neighbourhood police officer) are explicitly involved in these meetings. If the HoldOn low-key support is not subsequently deployed, attention is paid to handing over the coordinating role to someone in the network and creating conditions to ensure that in the long term a complete network is maintained. In the completion phase, the contacts with the family gradually decrease.

If, during the course of the HoldOn low-key support, the concerns increase to such an extent that more intensive support is required, the HoldOn intervention can be restarted. A new plan is made and new goals are executed. In some situations, further professional support of the family is no longer necessary after the intervention. For example: the mother has a new partner and new supportive in-laws which new circumstance guarantees an 'good enough' parenting situation also in the long run. In these situations there will be communication with the family and the network two and six months after the intervention. The HoldOn family support worker compliments the family on everything that is going well and gives advice on any concerns they may have.

In some situations further professional support of the family is no longer necessary after the intervention. For example: the mother has a new partner and new supportive in-laws, which new circumstance guarantees an 'good enough' parenting situation also in the long run. In these

situations there will be communication with the family and the network two and six months after the intervention. The HoldOn family support worker compliments the family on everything that is going well and gives advice on any concerns they may have.

When it appears that the goals of HoldOn cannot be achieved, the bottom line of 'good enough' parenting has been exceeded and cannot be changed in any way, HoldOn will be finalised. The HoldOn family support worker takes the following two steps:

1. The HoldOn family support worker decides together with the behavioural scientist that a report of the situation must be made to the Child Care and Protection Board or the certified institution. This is discussed openly with the parents. The aim is to draw up the report together with the parents, if possible.
2. The HoldOn family support worker continues to talk to the parents and the network about the situation and what can be done to avert the risk. The HoldOn family support worker will only withdraw (possibly temporarily) after a warm transfer to a youth-care worker who can take over the coordinating role.

Scientific basis

HoldOn is based on knowledge about multi-problem families in general and knowledge that is specifically focused on parenting in people with a MID. HoldOn focuses on families with a chronic complex of socio-economic and psychosocial problems, of which the disability of the parent(s) is one.

Main goal: With help, the parents are able to raise their children safely and 'good enough' by themselves

Various studies on family interventions have come to the general conclusion that in multi-problem families, most can be achieved with intensive support in the home situation of the family (e.g. Kalsbeek, 2008; Van der Steege, 2009; Veerman, Janssens & Delicat, 2004). Providing intervention in the home situation is specifically relevant to parents with a MID to ensure generalisation (Coren, Thomae & Hutchfield, 2011; Wade, Llewellyn & Matthews, 2008; Feldman, 1994; 2010). For parents with a MID, it is not obvious that the things they learn in one situation, can also be applied in another situation. Also for multi-problem families, by offering help in the living environment, the family members can immediately put to practice at home the things they have learned and are supported in their implementation (Zoon & Berg-le Clercq, 2013). That is why the HoldOn family support worker also visits the family at their home and practises with parents in their natural environment. Skills are practiced and learned in the family situation (or compensated by others if necessary).

Flexibility is essential to parents with MID and alternatives must constantly be considered when something does not work out. In addition, preventing overburdening and increasing the ability to provide support are characteristics of effective elements of interventions aimed at parents with a MID (Joha, 2004; Joha, Gerards, Nas, Van Gendt & Kersten, 2006). This is in line with the three main strategies used in HoldOn (In Their Own Hands, Hand In Hand, Helping Hand). The three main strategies are grafted onto Supervised Learning through Discovery (SLD), a method of supporting people with a disability in learning skills. The core of SLD is that a person is given space to find his own learning path (De Ruiter, Flikweert & Ruigrok, 2007; Van Vulpen & Den Besten, 2013). At HoldOn we determine every time again with the family what they will work on, what they will do by themselves and what will be taken over (temporarily) by others. HoldOn recognises that parents with a MID cannot learn everything. Using the 'Helping Hand' strategy compensates for what parents cannot (at the moment) do by themselves. Unnecessary frustration and situations where too much is asked are prevented without making concessions to 'good enough' for the children. People with a

MID need more time and practice to be able to learn (De Beer, 2011). Families where a chronic, persistent and problematic situation exists, as a result of which they have difficulty organising daily life and as a result of which solving practical problems is often time-consuming, need long-term and comprehensive guidance (Zoon & Berg - le Clercq, 2013). Guidance of parents with a MID benefits from continuity (Joha, 2004). For families in which the ability to provide support and the burden of providing support are out of balance, it is not always necessary to provide a high level of care, but tailored and timely care should be available (De Winter et al., 2012). According to De Winter and colleagues, this type of care is rarely provided, and families often receive care that is of a too high level and too occasional. These families would, however, benefit from long-term, low-frequency basic assistance (low-key support), which is well suited to the capabilities of the family itself and where the strength of the family's own social environment is utilised. This kind of low-key support limits the excessive use of intensive assistance. The combination of the HoldOn intervention and the HoldOn low-key support meets the need to provide time and intensive support to parents with a MID to actually learn, on the one hand, and to provide continuity and tailor-made care that is neither of a too high level nor too incidental, on the other.

Sub-goal 1: Accepting help

This sub-goal is executed by linking up with the motivation of the parents and the family, by working on building and maintaining a constructive working relationship, by using solution-focused techniques and by paying attention to accepting the disability.

Acceptance of support is enhanced when parents with a MID acknowledge and accept that they have a disability. They are then more aware of what they cannot do and are better able to accept support when problems arise. Also, they will experience assistance as a real source of support. Whether parents accept their disability depends on how they view themselves, but also on how those around them view people with a disability. The HoldOn family support worker supports and promotes this often lengthy and continuous process of recognition and acceptance by making a close and subtle connection. The HoldOn family support worker talks about disabilities in an open, natural and non-binding way. The HoldOn family support worker observes the signs of distress or pain that the parents express when they realise they are 'different', and responds to those signs (e.g. by recognising when the parents are frustrated in their desire to be 'normal', showing understanding and offering support). The HoldOn family support worker is constantly on the lookout for the parents' potential and explicitly encourages, compliments and appreciates them. The HoldOn family support worker represents the parents' interests in respect of the outside world and promotes understanding of the parents' disability among the people around them.

Acceptance contributes to the acceptance of help, but motivation also plays a role. HoldOn looks at motivation and working on motivation from the 'self-determination theory' (ZTD). This theory assumes that there are different forms of motivation (Ryan & Deci, 2000). Motivation is promoted by satisfying a number of basic needs, i.e. a sense of autonomy, competence and social connectedness. When the fulfilment of these three basic needs is taken into account within the relationship, activities and opportunities, people will naturally become active in fulfilling these needs and achieve a higher level of motivation (Deci & Ryan, 2008). The HoldOn family support worker reflects on the fulfilment of the basic needs at any time when the family's motivation is declining and takes action to (re)increase the sense of autonomy, competence and/or social connectedness.

An important element in the willingness to accept support is trust in the assistance provided. There is often fear and suspicion with respect to social care. Parents are afraid of rules being imposed on

them that they cannot or will not comply with and that their children will be placed in care. Disappointment about the quality of care received earlier sometimes is an obstacle to parents' confidence in the new care offer (Willems et al., 2007). In most multi-problem families there is a long - intergenerational - history with care, which makes these families very distrustful of care providers (Zoon & Berg-le Clercq, 2013). HoldOn works on trust by using elements from the presence approach and solution-focused work, and by adopting a practical approach. The HoldOn family support worker has a 'present' basic attitude. Key concepts here are: attention, proximity, connecting to what is important to the family, taking the family's world of life and experience as a starting point, connecting to their rhythm, supporting, listening, assisting (Baart, 2001). The HoldOn family support worker understands where resistance and distrust of care comes from among parents with a MID. The HoldOn family support worker uses this knowledge to increase participation and to make better use of the own power of families.

Solution-focused work at HoldOn is designed by using solution-focused conversation techniques such as scaling questions, the miracle question, asking for exceptions and so on. The family is asked about previous successes, their own competences and wishes and desires. Research has shown that the longer and more detailed people talk about a hopeful future, the more vivid and creative they become (Roeden & Bannink, 2007). Solution-focused therapy for people with a MID has been shown to be effective in controlled studies, with visible effects on improving quality of life, reducing problem behaviour and increasing social optimism and autonomy (Roeden, 2012). Solution-focused work is well suited to clients from lower socio-economic backgrounds, which often includes families with parents with a MID. This can be seen as a positive indication for the method (Roeden & Bannink, 2007).

Believing in the learning potential of parents with a MID is one of the elements of the basic attitude of the HoldOn family support worker. The importance of offering perspective, having a clear understanding of the concerns and strengths and making positive use of the possibilities is widely recognised, both for multi-problem families and for the families of parents with a MID (see among others Joha, 2004; Llewellyn & Gustavsson, 2010; Mildon et al., 2003; Bartelink, 2012). In HoldOn, every detail that is going well, that is powerful and that is successful, receives attention and is used as a starting point for growth and change. For example: if the house is a mess, we look for the things that are actually clean, tidy or ordered; how did the family manage that?

Sub-goal 2: A support network

This sub-goal is executed by applying the principles of wraparound care, strengthening the network, holding network meetings and offering care coordination.

Researchers recommend investing in strategies to give parents with MID access to non-professional social networks (Mildon et al., 2003). Within HoldOn, a great deal of attention is paid to creating a sustainable support network. The HoldOn family support worker outlines the network together with the family and explores with them who can be involved. The network is closely involved in supporting the family through regular network meetings (in the form of Own-Power conferences or self-organised network meetings). The HoldOn family support worker also maintains contact with important (professional) people around the family and offers support in the form of (permanent, long-term) support. The HoldOn family support worker ensures there is harmony and unity in the communication by coordinating care and taking on the role of director. As the HoldOn family support worker will be involved with the family for a long time, he or she can ensure the long-term support and strengthening of the network.

The wraparound care model provides a suitable form of assistance to multi-problem families. According to various researchers, the strength of wraparound care is in the combination of family support and care coordination aimed at increasing the family's control of its own situation. Although quantitative research into wraparound care is difficult because elements cannot be studied in isolation, there are indications that show a clear reduction in problems in the short term and there are many positive descriptions from practice. Wraparound care is generally regarded as a promising action plan (Zoon & Berg-le Clercq, 2013). HoldOn therefore applies the wraparound care model and continuously uses opportunities to bring the appropriate support to the family. The HoldOn family support worker is the central coordinating person who keeps all those involved on the same track. Extensive communication with all those involved, recognising everyone's position and importance, a clear division of tasks, the use of everyone's strengths and the systematic establishment of lines of communication are some of the methods used by the HoldOn family support worker, and at all times in consultation with the parents.

Cooperation between the family's natural social network and professionals is a key element in HoldOn. In network meetings, the HoldOn family support worker ensures that professionals and members of the social network are equal partners in the discussion. Professionals and members of the social network play a similar role in Family Group Conferences (with the exception of the closed section). The HoldOn family support worker and the parents form the connecting link. In the main strategy of a 'Helping Hand', the contribution of the professional and social network in the implementation of the HoldOn plan is formalised.

Sub-goal 3: Parenting skills have been increased

This sub-goal is executed by training practical parenting skills with parents. The starting point for teaching parenting skills to parents are the basic principles of positive parenting (providing a safe and encouraging environment, learning through positive support, the use of discipline that is understood, having realistic expectations of the child and taking good care of yourself as a parent). Positive parenting, as implemented in the Triple P program, contributes to the prevention of (serious) emotional and behavioural problems in children by promoting competent parenting and self-confidence of parents. Positive parenting focuses on more competent parenting behaviour in dealing with behavioural and phase problems, less use of coercive and negative forms of discipline, better communication on parenting issues between parents and between the parents and the child and less parenting stress. Positive parenting with Triple P has been shown to be effective in various (inter)national studies (De Vries, 2005). No variant of Triple P is available for parents with a MID. Parents with a MID generally do not question their own parenting skills when faced with problem behaviour by their children (Meppelder-De Jong, 2014). The HoldOn family support worker is aware of this and, when teaching skills, always considers the parents' concerns about their child's behaviour as the primary starting point. This means that even when teaching more complex parenting skills such as sensitivity, a practical line of approach is always opted for, and the focus is on the desired changes in the child's behaviour, rather than the parent's actions. In training skills, HoldOn family support workers use a range of learning strategies, such as specific instruction, task analysis, practicing in different situations, practicing with the help of visual support, modelling, feedback and approval, practicing in a role play, and self-monitoring.

Interventions focused on people with a MID require a number of specific characteristics in order to be effective. De Wit, Moonen, and Douma (2011) describe six possible active factors in the treatment of youth with a MID, which are also relevant for parents with a MID and are interlaced with HoldOn:

- Extensive diagnostics (in HoldOn this translates into carefully outlining the things that go well and pointing out the concerns).
- Aligning communication (including language, pace, specific content).
- Making the exercise material specific (e.g. through visual support and modelling).
- Pre-structuring and simplification (including through task analysis).
- Providing a safe and positive learning environment (through the collaborative relationship).
- Making use of the network (through network consultations).

Research shows that parents with a MID can benefit from parenting support and learn important parenting skills that can ensure the safety, health, cognitive development and the well-being of their children (Hodes, Kef, Schuengel & Meppelder, 2012). These include skills around basic care and safety, feeding, problem solving, positive parent-child interaction, and managing the child's behaviour (Feldman, 2010). Physical neglect and understimulation can consequently be prevented, but this is less clear for emotional neglect and abuse. As yet, little is known from research about the possibilities of increasing sensitivity and responsiveness of parents with a MID.

Teaching skills works to increase parenting skills of parents with MID; providing psycho-education is not effective (Feldman, 1994; 2010). Several studies show that when learning and practice methods are adapted to and fit the learning needs of parents with MID, parents are able to learn, retain and generalise the knowledge (Aunos & Feldman, 2007; Feldman, 1994; 2010). This involves behavioural techniques such as: task analysis, providing visual support, modelling (showing), practicing, role-playing and providing feedback. Practicing the task should take place in the parents' own living environment. It is also important to spread the practice of the task across several sessions (Aunos & Feldman, 2007). This way of working ensures an increase, generalisation and maintenance of parenting skills of parents with a MID (Mildon et al., 2003; Feldman, 2010). HoldOn uses these techniques to increase parenting skills. This means that the HoldOn family support worker - if, for example, a child needs more structure when he or she comes home from school - will help the parent with the steps that need to be taken (making tea and getting cups ready before the child comes home, saying hello when he or she comes in, hanging up a coat, putting away things, sitting at the table and drinking tea, asking how school was, making arrangements for the afternoon). The HoldOn family support worker provides visual support for the parent and child for the steps, for example in the form of a comic strip. The HoldOn family support worker practises the steps with the parent and child and, if necessary, shows them how, for example, to help the child hang up his jacket and tidy up. The HoldOn family support worker compliments the parent and child on what is going well. The HoldOn family support worker practices this ritual repeatedly.

Sometimes the skills are simple and single skills, such as preparing a bottle feed. Sometimes the skills are more complex, such as restricting a child adequately or comforting him when he is sad. The idea is to unravel these more complex parenting skills as much as possible into specific small steps and partial skills. HoldOn does its utmost to teach these (sub)skills and to increase the self-confidence of parents based on the child's improved behaviour. When parents reach the limits of what they can (currently) learn, compensation is sought from their network, or additional help is provided (e.g. psychomotor therapy or social skills training for the child, guardianship for the parent, mediation in conflicts between ex-partners, etc.). The starting point is always that the notion of 'good enough' parenting is based on all the things that parents can do by themselves, supplemented with the things that can be organised in terms of support around the family.

Training and prerequisites

The HoldOn family support worker is required to have a professional and intellectual capacity of at least higher professional education level. Suitable courses are Social Work and Services (Dutch MWD), Social Educational Support (Dutch SPH) and Educational Science (Dutch PED). The HoldOn family support worker has knowledge of and experience with parents with a MID. The HoldOn family support worker is part of a team, but acts individually within the family. He or she must therefore be able to work independently and on his or her own. In addition, the HoldOn family support worker has a great deal of work and life experience and is emotionally stable, empathic and sensitive. This is because of the multitude and severity of the problems that the HoldOn family support worker encounters with families, and the fact that the HoldOn family support worker has to be able to manage a long-term, intensive relationship with the family.

In order to be able to provide HoldOn support, the persons who put HoldOn to practice need to attend a specific HoldOn training of ten sessions. The training explains the structure and foundations of HoldOn, pays attention to MID and parenting, solution-focused work and system-strengthening work with families of parents with a MID (4 half-day basic course). The implementation of the various phases and strategies is analysed and practised in thematic meetings on the basis of personal case histories (6 half-days of theme meetings). In addition to this initial training, additional training and casuistic discussion is required.

Caseload

A full-time HoldOn family support worker has a caseload of 1:8 (HoldOn intervention; the low-key support function is less intensive) and is outreaching casework. A HoldOn family support worker spends 70% of his/her time in the family (including contact with the network) and 30% of his/her time is available for administration, travel and other tasks.

HoldOn-w

Support for families of parents with a MID - low-key support variable

Goal

The goal of HoldOn-w is for parents to provide their children lasting security and to maintain an 'good enough' parenting level with the help of the social network and/or professionals. 'good enough' parenting is defined as a family situation in which four functions of the family are sufficiently met: providing a comfortable home and dealing with setbacks, others and the outside world.

Sub-goals

1. Parents accept continued support.
2. The family uses a solid supportive and sustainable network.
3. Parents feel competent in raising their children to an 'good enough' level so that they receive the care and attention they need, where necessary with additional support from their network.

Procedure

HoldOn-w is a long-term family-oriented ambulatory form of low-key support and consists of three phases: the start-up phase, the working phase and the completion phase. After meeting the family, the educational situation is outlined. Together with the family and the network, we work on the set goals to make sure that the upbringing maintains the level of 'good enough', and that help and support (both from the social and professional network) are continuous and co-ordinated. The HoldOn family support worker works practice-focused, solution-focused and with effective learning

strategies to achieve the goals set. The key aspects of HoldOn-w are a good working relationship and motivation to continue accepting help features of HoldOn-w. The HoldOn family support worker monitors the lower limit of 'good enough' and spends an average of 1 to 1.5 hours a week at the family's home or to communication with the network. If more support is needed at a time of transition (the child is entering a different stage of development, a supportive family member has dropped out), HoldOn support can be provided temporarily by the same HoldOn family support worker on a higher level (HoldOn intervention). This ensures continuity (in terms of personnel and support) and tailor-made assistance.

Research

A partial process assessment with a small group of parents and HoldOn family support workers using a mixed-methods procedure shows that HoldOn family support workers adopt the core elements of HoldOn to a great extent in their methods and policies, which is confirmed by the parents' experiences. The solution-focused attitude and working based on partnership are recognisable to the parents and HoldOn family support workers. The positive line of approach harmonises with the response to concerns.

Contact details

TOP Groep BV

Marcia Lever

m.lever@topgroep.nu

Vanja Ivanišević

v.ivanisevic@topgroep.nu

www.HouVast.nu

www.topgroep.nu