

INCREASING THE HEALTH AND WELL-BEING OF VULNERABLE CHILDREN WHO GROW UP IN POVERTY

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Abstract

Background

Children who grow up in a poor environment often have several health problems, the negative effects of poverty can appear on the short and the longer term.

Aim

The aim of the AWJT is to increase the health and well-being of those children who grow up in poverty(14). This thesis aims to give a recommendation for a group intervention the AWJT can use by using the perspective of professionals and the families that live in poverty. The requirements of this group intervention are that it has to match the elements of empowerment and that it has to match with already existing interventions and when it is possible it has to be proven effective.

Literature

The group intervention Mobility Mentoring is found in the international literature. The group interventions used in the Netherlands are: Drechtsteden, Alifa, Impuls and Stichting de Huiskamer van Hellendoorn.

Method

To gather the preferences of professionals, focus groups and interviews are used which were semi structured.

Results

The preferences of the professionals about the group intervention are focused on the: form, participants and the content of the group intervention.

According to professionals, the families who live in poverty need practical and mental support. This practical and mental support can be given by the professionals and the network of the families during and besides the group meetings. Also, the families have to make practical and mental changes to increase the health and well-being of the children.

Conclusion

Mobility Mentoring matches these preferences optimal but contains more elements than the assumptions that are made by the AWJT for a group intervention that increases the health and well-being of children who experience living in poverty.

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1. Introduction

Government and poverty

In the Netherlands, the municipalities are responsible for the care for children since 2015, due to the decentralisation of the government(1). This decentralisation was combined with cuts in the amount of money that was available for the care of children(1). In the process of decentralisation, the municipalities became administratively and financially responsible for three specific areas of administration, these are: a) youth policy, b) employment and income and c) care for the chronically ill and the elderly(2). The aim of this decentralisation was to allow for local tailoring and customization, and a stronger citizen involvement. In short, the local governments can modify to specific local conditions and specific local needs, which is supposed to be more efficient than the national or provincial government policy would be. Thus the government expects that the municipalities can do more in this care with less amount of money(2).

In May 2017, it appeared that the Netherlands had dropped to the 15th spot on worldwide ranking for children's rights, where they had ranked 2nd only two years before (3–5). This drop is mainly caused by the decentralization. The Kinderombudsman described in 2017 that, due to the fall in the ranking for children's rights, the government of the Netherlands had to invest in children, specifically the vulnerable children who grow up in poverty (6).

Effects of poverty on children

In 2012, 4.63% of the children between 0-17 years grew up in an environment without sufficient money to have resources and services that are essential in the society(7). This amount increased in the following years (6).

Children who grow up in an environment where they experience poverty often have several health and well-being problems. Negative effects can appear in the short or the long term. Short term effects are: the children who live in poverty feel unhappy, worry about their situation and participate less in social activities like sports and cultural clubs(8). About 30% of the children who live in poverty are not a member of a sport or cultural club because of the money it requires to become a member(9). In the long term, poverty can negatively affect the level of their education, increasing the chance that the poverty still exists in their adult life(8). Smoorenburg (10) made a connection between growing up in poverty and a developmental delay of the formal education of the child(10). Poverty is also found to be a determinant of child abuse(11). The longer people live in poverty, the more serious the consequences are(12). The stress of the parents about their situation can make them less able to raise their children (13).

Children have an increased risk of poverty than adults, this is due to the fact that children have a high risk of growing up in a family with only one parent who can't pay for all the costs. The number of children that live in a family with financial aid increased since 2009(6). Children who grow up in poverty rate their overall health less positive than children who grow up in an environment with sufficient money(6).

On regional level all kinds of interventions are developed to increase the health and well-being of children who live in poverty.

Academic Collaboration Centre Twente

In Twente, the *Academic Collaboration Centre Twente: enhancing the care for vulnerable children (AWJT)* is focussing on children who experience poverty in Twente, aiming to increase their health and well-being(14). The AWJT explores the development and implementation of a group intervention that focusses on empowerment of families who live in poverty. An assumption of the AWJT is that when the empowerment of people who live in poverty increases, the health of the children who experience poverty will also increase. In all the municipalities in Twente the support for the people who live in poverty is different, by developing and implementing a group intervention in Twente, more children and families can be supported in improving their health and well-being.

Besides the central role of empowerment in the development of the new group intervention, the preferences of the people living in poverty and the professionals who work with these people play a role. When the intervention is developed with the help of professionals who have to work with it, and people who will experience it, the chance of a successful implementation increases(15).

Empowerment

Empowerment can help to deal with changes that are occurring as a result of the decentralisation and the cuts mentioned in the first part of the introduction(19).

Empowerment refers to the ability of people to come up with solutions by themselves or together with others, for the problems they experience, and to carry out these solutions on their own or by using their network(19). The key concepts of empowerment are according to the Wmo (Wet maatschappelijke ondersteuning, in Dutch): ownership, empowerment, motivation and contacts(19). These dimensions are explained in Table 1

Table 1. The dimensions of empowerment with the meaning for the client and the professional.

Dimension	Meaning for the client/citizen	Meaning for the professional
1 Ownership	The client decides and is in charge.	The professional follows.
2 Empowerment	The empowerment of the client is at least as important as his problems.	The professional shows trust and questions the strengths.
3 Motivation	The motivation of the client, a live they prefer, is the measure for what a good choice is.	The professional supports the client to find his/her motivation.
4 Contacts	Contact with other people is crucial for people.	The professional supports mapping and strengthening the contacts.

The first change is the view on the society and the role of the government and the citizens. In the Netherlands, the society is changing into a participation society (participatiesamenleving in Dutch): the role of the government in care and support decreases. This means that the citizens have to have a more active role in their own care and the care of others in their environment. The second change is the emancipation of citizens, clients and patients. To make full participation in society possible, also for people who depend on care and support, custom care is required; support that connects with the possibilities, wishes and preferences of the client(19).

The intervention, that aims to increase the health of children who experience living in poverty, focusses on the dimensions of empowerment to increase the self-support and the solidarity of the environment. The aim is to mobilize the strengths of the families in poverty

and to make them set goals and get insights about what they want to accomplish, to get a better subjective quality of life(20).

Research question

This thesis aims to give a recommendation for a group intervention that the AWJT can use. The requirements of this group intervention are that it has to match the elements of empowerment and it has to match with already existing interventions in the Netherlands and preferably in Twente. When it is possible, the intervention has to be proven to be effective. This is why the preferences of professionals are used and compared with existing interventions abroad and in the Netherlands, and especially in Twente, to come up with a recommendation.

The professionals that work with people in poverty can be social workers, youth nurses, youth doctors, poverty coordinators, neighbourhood coaches, child psychologist, child coaches and professionals who work in the municipality. To make sure the intervention is successful in the future the opinion of the professionals is crucial. When the professionals do not support the intervention, or the content of the intervention, they will refuse to use it, and people who live in poverty can't benefit from it(15).

This is why the research question of this thesis is: What are the preferences of professionals with respect to the design of a group intervention which will help them to support the children in families living in poverty, and to what extent do these preferences match the content of existing group interventions described in the (inter)national literature and that of existing group interventions in the Netherlands?

The following sub-questions have to be answered before the main research question can be answered.

1. a) Which existing group interventions described in the literature, that aim to improve the health of the children in families living in poverty, are proven effective, and b) which of the elements of the group interventions are essential according to the literature and c) to what extent do the interventions contain elements of empowerment?
2. a) Which group interventions are currently being used in the Netherlands and Twente to improve the health and well-being of the children living in poverty, and b) to what extent do the interventions contain elements of empowerment?
3. a) What are the preferences of professionals for a group intervention for families who are living in poverty to improve the health and well-being of the children, and b) to what extent do the preferences of professionals contain elements of empowerment?
4. a) To what extent do the preferences of professionals match the group interventions in the literature found and their essential elements and b) to what extent do the preferences of professionals match the group interventions available in the Netherlands?

The first two questions are answered in Chapter 2 and 3 of this thesis. These two chapters contain the results of two literature reviews, one about interventions abroad and one about interventions in the Netherlands. After the theory, the method for the interviews explained in Chapter 4. Chapter 5 contains the results of the preferences of the professionals with regards of the intervention. Chapter 6 compares the preferences found in chapter 5 and the

outcomes of the literature research in chapters 2 and 3. In chapter 7 the conclusions and recommendations are given, and Chapter 8 contains the discussion.

This thesis will look at what professionals prefer and if these preferences already exists in currently used interventions, instead of developing a complete new intervention. This intervention aims to increase the health and well-being of children instead of reducing poverty in families, which is the focus of most of the interventions that are currently offered. A research into the preferences of the people who experience living in poverty is done by other researchers of the AWJT. This is done to make the new intervention fit the professionals and the target group who will all use the new intervention.

2. Interventions abroad

This chapter aims to find an answer to the first research question: a) Which existing group interventions described in the literature, that aim to improve the health of the children in families living in poverty, are proven effective, and b) which of the elements of the group interventions are essential according to the literature and c) to what extent do the interventions contain elements of empowerment?

In 2.1 a literature research is done to find existing group interventions that aim to increase the health and well-being of children in poverty. In 2.2 the essential elements of the interventions found in the literature are described. These interventions are compared with the dimensions of empowerment in 2.3. In 2.4, an answer to the first research question is provided.

2.1 Interventions found in the literature.

There are a few international studies on the effect of interventions to support families with children who experience living in poverty and improve the health of these children. To find the international studies a search term is used to cover all the important aspects of the intervention. The search term is stated below:

((Poverty OR "Low Income" OR Debt*) AND (Method OR Approach OR Process OR Innovation)) AND "Children's Health". Pubmed, Scopus and Web of Science are used to find the literature.

The studies and interventions found are first divided in two groups: group interventions and not group interventions. Only the group interventions were used in further research. One group intervention is found in the (inter)national literature. This group intervention is described below.

Mobility Mentoring

Mobility Mentoring is the professional practice of partnering with clients with use of a mentor so that over time the clients may acquire the resources, skills, and sustained behaviour changes that are necessary to attain and preserve their economic independence(13). The client mobility mentoring focusses on are homeless women.

The idea behind Mobility Mentoring is that existence in the lowest socioeconomic levels is often highly stressful for the client. Existing in this level can lead to stress related diseases and also to significant changes in a person's ability to control their impulsive behaviours, contextualize decision making, solve problems, and realize long-term goals. These skills are particularly necessary for the complex way out of poverty(13).

The natural social networks of people who are in poverty differ from the social networks of wealthy people, therefore, the poorer the client, the less likely they are to find robust career or educational advice, volunteer help for needs such as child care, or financial support within their social network(13).

The Mobility Mentoring approach recognizes that to become economically mobile, today's poor must maintain family stability, develop new decision making skills and networks of support, and navigate education and career paths leading to jobs that can support them and their families (13). The mentor and the client have a process of assessment, re-assessment and short and long-term goal setting to achieve self-sufficiency.

The Bridge of Self-Sufficiency can be used to accomplish self-sufficiency. The Bridge for Self-Sufficiency shows how an individual achieves transformation from poverty to full economic self-sufficiency. Becoming economically independent requires most people to

optimize their lives in these five basic domains: family stability, well-being, financial management, education, and career management(13). Incentives are used to reinforce the positive behaviours in Mobility Mentoring. These rewards are set with regards to the complexity of the goal set. Incentives motivate clients to invest in themselves and their futures more deeply(13).

Mobility Mentoring places significant importance on the development of a strong social network among clients and between clients and external professional/educational networks. To accomplish this, groups can be formed with the goal of supplementing the clients' current social network. These groups are composed of people that are in similar situations. The goals of these groups with clients are: foster peer support toward individual and common goals, provide opportunities for building leadership, problem-solving, and social skills, offer an efficient vehicle for shared learning and activities, celebrate and reinforce participant's achievements, and provide community and networks of support that may extend beyond program completion(13).

After Mobility Mentoring was tested in Boston for a research period of two years, it was implemented after 1 year due to the positive outcomes and the preferences of professionals for the Mobility Mentoring approach over other approaches(23).

After a year of the research of the Mobility Mentoring approach, the participants of Mobility Mentoring had scored positive on all of the 21 indicators they measured such as adult education, financial management, income stability, residential stability, trust in parental skills, emotional wellbeing, healthy lifestyle, conflict management skills and setting goals(23). The biggest progress was made on setting goals, budgeting, the educational level of parents and the parental involvement(23).

The progress made in these indicators was supposed to increase the health and well-being of children who experience living in poverty by the process made on the parental skills and involvement, the social well-being and the healthy lifestyle(23).

Due to these results, the program is expanding outside the United States. It has also been picked up in the Netherlands by Nadja Jungmann, who has written a guide to implement this in the care for the poor in the Netherlands(23). In Alphen aan de Rijn, a trial with Mobility Mentoring has started in September 2017(24). Results are not yet available.

2.2 Essential elements of the interventions

Essential elements in Mobility Mentoring according to the literature are: Setting goals, giving rewards when a goal is accomplished, developing a network for the client and putting the client in a central position in their support. These elements are used to increase the score on the 5 domains of Mobility Mentoring.

2.3 Dimensions of empowerment

The group interventions were compared with the elements of empowerment that are described in Brink 2013 (19). In (21) Kinderarmoede en Gezondheid in Twente from Herkes and Kraaij, the dimensions are explained. The different dimensions described in their report are: Ownership, empowerment, motivation and contacts.

Mobility Mentoring contains all the elements of empowerment. The ownership dimension is visible in the fact that people have to form their own goals in which they need support to accomplish them. The empowerment dimension in Mobility Mentoring refers to that the client has control of his own care, and that the client has their own strengths who can contribute in accomplishing a goal. The motivational dimension of empowerment is

visible in Mobility Mentoring by giving rewards to the clients when they accomplish a goal. When the clients get rewards their motivation will increase to accomplish other, more difficult, goals. And the last dimension of empowerment, contacts, is also visible in Mobility Mentoring by the fact that the client partners with a professional (mentor) and a workgroup with the same goal to accomplish goals and get support by using the group, or their network.

2.4 Conclusion

This chapter aimed to find an answer to the question: a) Which existing group interventions described in the literature, that aim to improve the health of the children in families living in poverty, are proven effective, and b) which of the elements of the group interventions are essential according to the literature and c) to what extent do the interventions contain elements of empowerment?

Only one existing group intervention could be found in the literature. This group intervention is called Mobility Mentoring. It will give support on five basic domains: family stability; well-being; financial management; education and career management(13). This support is structured in the following way: Setting goals, giving rewards when a goal is accomplished, developing a network for the client and putting the client in a central position in their support. Mobility Mentoring contains all the dimensions of empowerment.

3. Interventions in The Netherlands

Chapter 2 aimed to find group interventions that are described in (inter)national literature. In this chapter interventions in the Netherlands that are currently being used to increase the health and well-being of children are described.

First in 3.1 the interventions are described, these are divided into interventions in the Netherlands (not Twente) (found in literature) and interventions already used in Twente (found on the municipality website). This separation is made due to the fact that the group intervention of the AWJT will be developed for the whole region of Twente. This way it becomes clearer what interventions are already available in Twente and if it already fits the criteria for the new group intervention developed by the AWJT. In 3.2 the found group interventions in the Netherlands and Twente are compared with the dimensions of empowerment.

3.1 Interventions in the Netherlands

3.1.1 Interventions found in the Dutch literature

In the Netherlands, different interventions are used in practice to support people who experience living in poverty. The nature of these interventions is different in every municipality. These interventions are searched for by using Google scholar with the searchterm: Amoede AND Eigen Kracht AND Interventie.

In Table 2 an overview of interventions is provided. These interventions are focusing on the empowerment of the clients and are described in Lokaal en integraal, Vormgeving en uitvoering van de schuldhulpverlening in zestig gemeenten(25). The group interventions are made **bold** in the table.

Table 2. Overview of Interventions from: Lokaal en integraal, Vormgeving en uitvoering van de schuldhulpverlening in zestig gemeenten(25), with explanation.

Municipality	Intervention to reduce poverty	Goal and content of the intervention
Heerenveen	Budgetmaatjes	The goal of budgetmaatjes is to support people who live in poverty to pay off their debt. They support clients voluntarily at the start, during and at the end of the debt relief by working together with the people who are around the client like family and friends, the neighborhood, and professionals involved(26).
Groesbeek	Mesis	The goal of Mesis is more effective care for the people in poverty. Mesis is a screenings instrument. The answers on the questionnaire will measure the client's stress(27). The reasoning behind Mesis is that the care will be more effective when it is linked to the problems that are faced when the clients are experiencing chronic stress. It is based on Mobility Mentoring.
Lelystad	Cooperation between the municipality and voluntary organisations	The goal of this intervention is supporting the people who experience poverty by making sure people with more serious problems get help from the municipality and people with relatively smaller problems get their help from organisations with volunteers(28).
Regionale sociale dienst/ Kredietbank Alblasserwaard /	Focus on prevention	The goal is to prevent and early signal poverty in youth. They cooperate with different organisations like 'Stichting Leergeld' to be successful in preventing and early signalling poverty in youth.(29).

Vijfherenlanden		
Drechtsteden	Intake by using workshops	<i>The goals of these workshops are reaching a big audience and learning from each other. These workshops contain information about debt, assignments, answers to questions and helping with administration. Other people with financial problems are present in these workshops too. The personal situation of the client will not be discussed in the workshops but only during individual conversations (30).</i>
Best	Bestwijzer	The goal is giving families in poverty a central point where people can get information about housing, care and well-being. The employees of Bestwijzer can give an answer to every question because a variety of organisations work together closely and the question always reaches the right organisation(31).
Ten Boer	Dorpscoaches	The goal of the dorpscoaches is to make sure their client gets the right support and that the client gets control of their live. The dorpscoaches can help and give advice, and serve as gatekeepers for the available support in Ten Boer(32).
Helmond	Intakekompas schuld-dienstverlening	The goal is to make sure that the cooperation in the chain for supporting families in poverty will be promoted for the best help from the municipality or organisations involved. This is accomplished by following a guide with feedback loops in the care of the client to help to get the client get control over their financial situation. This is done by using a volunteer and professionals(33).
Den Haag	Schuldenlab	The goal is supporting people who are living in poverty with the use of 4 pillars: prevention (early signalling and aftercare), stabilisation, debt settlement, and innovation by using a more individual approach(34,35).
Zwolle	Loket op Orde	The goal is to get the client to get a better insight in their financials and debts and guiding the client to certain arrangements and facilities to get them out of debt. Loket op Orde is a central point where people can sign up for help and support for their administration. (36).
Amsterdam	Samen Doen	With the use of the book Outreachend werkt!(37) In this approach the strengths and the social network of the client is used to support families who live in poverty. This approach focusses on helping the client who is facing problems in the job market individual by using a feedback loop in their approach that contains signalling, making contact, making a plan and following the plan. When the plan is followed new signals can be picked up which leads to a new plan for the client(38).

In Table 2, 11 interventions are described. The only group intervention (**bold**) is the intervention of Drechtsteden where they use workshops with the goal of reaching a big audience and learning from each other. These workshops contain, information about debts, assignments, answers to questions and helping with administration. Other people with financial problems are present during these workshops too. The personal situation of the clients is discussed during individual conversations with a caregiver(30).

3.1.2 Interventions in Twente

When searching for the interventions in Twente, the websites of the municipalities in Twente, and Google were used, the search term contained the word poverty and the name of the municipality: Armoede “name municipality”. Table 3 states the interventions found and the information from the “sociale kaart” from the paper Kinderarmoede en Gezondheid

in Twente(21), Appendix 1 (in Dutch) provides more detailed information about the available innovations and initiatives in Twente.

These interventions in Twente are first divided in group interventions and individual interventions. Only the group interventions are used in the research. Table 3 states the group interventions that are available in Twente with their goal and content.

Table 3. Group Interventions in Twente

Group intervention	Municipality	Content and goal of the intervention
Alifa welzijnswerk	Enschede	The goal of Alifa welzijnswerk is activating, supporting and guiding the way to the right support for the families who live in poverty(21). They focus on participation of children, development of their talents and the children's own environment and neighbourhood. They do that by using meeting groups(21).
Stichting de Huiskamer van Hellendoorn	Hellendoorn	The goal of Stichting de Huiskamer in Hellendoorn is maintaining a walk-in home in their municipality, which offers a meeting room that is focused on meeting and connecting(42).
Impuls	Oldenzaal	The goal of Impuls is helping families who live in poverty by guiding the right way to support(46). They search for support, help with getting the overview of the situation of the family who lives in poverty and help with getting control over their own life. They do this by using meeting groups, and individual support(46).

3.2 Dimensions of empowerment

In this paragraph the group interventions found in the Dutch literature and in Twente are scored for empowerment using the dimensions explained in chapter 2.3. Table 4 shows the involvement of the dimensions of empowerment in the group interventions.

Table 4: Group interventions in the Netherlands compared with the dimensions of empowerment.

Group intervention	Dimensions of empowerment			
	Ownership	Empowerment	Motivation	Contacts
Drechtsteden	x	x		x
Alifa welzijnswerk		x	x	x
Stichting de Huiskamer van Hellendoorn				x
Impuls	x			x

All the group interventions found contain the contact dimension of empowerment, because they focus on contact between people in a group.

The group intervention in Drechtstede also contains the ownership and empowerment dimension by providing workshops in which the participants can learn from each other. The participant can decide what will work for them and ask questions about their situation. The empowerment dimension is reflected in the goal of the workshops, which is learning from each other. The problems are not as important as the solutions and the strengths they have to use for the solution.

Alifa welzijnswerk contains the empowerment and motivational dimension of empowerment in their support. Empowerment is provided by using the talents of the children they support. The motivation is provided by using the talents to get to the personal goal of the children who live in poverty.

Impuls contains, besides the contact dimension, the ownership dimension of empowerment by keeping the client in charge of their situation and guiding the way to the support they need.

Stichting de Huiskamer van Hellendoorn only contains the contact dimension by providing a living room for people in the neighbourhood which focusses on meeting and connection.

3.3 Conclusion

This chapter aimed to provide an answer on the question: a) Which group interventions are currently being used in the Netherlands and Twente to improve the health and well-being of the children living in poverty, and b) to what extent do the interventions contain elements of empowerment?

Only one intervention was found in the Dutch literature and 4 group interventions were found in the region of Twente, these are Municipality Drechtsteden, Alifa, Stichting de Huiskamer van Hellendoorn and Impuls. These interventions all contain different dimensions of empowerment. Stichting de Huiskamer van Hellendoorn only contains the contact dimension, Impuls contains the dimensions of ownership and contact, Drechtsteden contains the ownership, empowerment and contact dimension and Alifa contains the empowerment, motivational and contact dimensions of empowerment.

In conclusion, none of the existing group interventions in the Netherlands or Twente used contain all the dimensions of empowerment.

4. Method

In this chapter, the method will be discussed to get an answer to the 3th research question: What are the preferences of professionals for increasing the health and well-being of children who experience living in poverty, and the extent to which the preferences contain elements of empowerment. In the chapter 5, these results will be described and in chapter 6 the preferences will be compared with the literature of chapter 2 and 3.

This research was conducted at the AWJT, between June 2017 and January 2018. The data collection method will be discussed as well as the data analysis method.

4.1 Methodological approach

To gather the preferences of professionals with respect to the design, content and organisation of a group intervention which will help them to support the children in families living in poverty, a qualitative approach was chosen(49). This research design is the most suitable because used interventions mainly focus only reducing the poverty of families instead increasing health and well-being of children in the families who experience living in poverty(50). To gather the data focus groups and interviews were planned.

Focus groups

In a focus group, the participants can generate ideas about a topic(51). The participants can inspire the other participants during the focus group to develop different ideas about the topic, and a common opinion can be stated(51). The semi-structured topic list contained some pre-formulated questions, but there was not a strict adherence to them, new topics could emerge during the focus group(50).

Interviews

An interview is often used to find out what people know, think, feel and want in certain topics, or events(51). It aims to get information from professionals and to see things from their point of view(49).

The interview protocol and scheme are stated in Appendix 2 and 3 (in Dutch).

4.2 Study population

This research was carried out in the region of Twente. The target population were (healthcare)professionals who work closely with the children and families who experience living in poverty. The inclusion criteria for the professionals participating in an interview were that they have to work in a municipality in Twente and the children they work with have to be between 4-12.

Professionals who were not able to participate in an interview during the time period were excluded.

4.3 Data collection

Focus groups

The (healthcare)professionals for the focus groups were recruited through a request by e-mail. These (healthcare)professionals were youth doctors, youth nurses, poverty coordinators, district coaches, people from the municipality, etc. In short, all the professionals that work with children and families in poverty could join.

The respondents were approached in two different ways. First all the professionals who work at the GGD with children between 4 and 12 were emailed by a researcher from the AWJT who is a youth doctor at the GGD. Second, professionals who were at a conference

of the AWJT were contacted. This e-mail asked if the professional would participate in a focus group and if the professional knew other professionals who would be willing to participate as well. Besides the focus groups, additional interviews were conducted to gather more data. These interviews had the same goal as the focus groups, but where individual or with two professionals.

In total two focus groups were held. One focus group was held with 10 healthcare professionals who work in Enschede. These professionals were all part of a youth team. In the focus group 2 youth doctors and 7 youth nurses, 1 pedagogic family mentor and 1 doctor's assistant participated. The second focus group was held with 3 professionals who were all poverty coordinators in different regions in Twente.

Interviews

Another email was sent that asked professionals to participate in an interview. This email was send to all the professionals who responded positively to the first email of the focus group but were unable to participate in one. Professionals who participated in an interview were asked to refer their colleagues to possibly participate in an interview as well. This method of recruiting participants from referrals from known participants is called snowballing(52). Professionals are approached for research on a regular basis and emails are easy to overlook, this makes snowballing a good alternative.

5 (healthcare)professionals participated in an interview. The different (healthcare) professionals who were participating in an interview were 1 child psychologist, 1 child coach, 1 district coach, 1 youth nurse and 1 professional from a municipality who is focussed on poverty.

Proceedings of the focus group and interviews

The focus group and all of the interviews where held on a location suggested by the respondents. One of the interviews with a youth nurse and a district coach was at their home; the focus groups and the other interviews where held at the work place of the professionals. The respondents received an email before the interview with information about the content of the interview and the duration of the interview.

The interviews were structured with the use of an interview protocol (Appendix 2, in Dutch), interview scheme (Appendix 3, in Dutch) and informed consent (Appendix 4, in Dutch). The interviews started with an introduction, which was part of the interview protocol. This introduction, which makes sure the procedure of the interview was clear, was read out by the researcher to the professionals participating in the interviews. In this introduction, the research was introduced, and the empowerment and positive health were mentioned.

All the professionals who were participating in the focus group and the interviews signed an inform consent form to comply with the ethical considerations to protect the identity of the professionals involved in the research. The inform consent was signed by both the researcher and the professional before the interview took place.

The interview scheme used was based on an interview scheme which was used in the interviews of people who are in a poverty situation. This research is done by other researchers from the AWJT. During the focus group and interviews, the following subjects will be covered, see Table 5

Table 5: Subjects of the focus groups and interviews with explanation and example question

Subject	Description	Example Question
Description of the situation	The professional can explain how they are confronted with families in poverty in their practice and what the consequences are for the children.	How do you signal poverty in families?
Content of the program	In the intervention, the aim is to connect with the people who live in poverty.	What are interesting subjects to discuss in the group meetings?
The format (group intervention)	The new method that will be developed will contain several group sessions with people who live in poverty.	What do you think about this form?
Participants central	The aim of the sessions is focus on the parents and their experiences.	What do you think about this approach?
Role of the professional	During the sessions, a professional has to be present, to give tips and advice and secure the program.	What kind of professionals fits this role the best?
Inclusion/ new participants	It is not easy to find participants/clients for a new method.	How do you think that we can approach people with the question to participate in this new method?
Involvement	It is important that the participants/clients participate in as many sessions as possible.	How can we make the sessions as attractive as possible?
Practical organisation	Besides the themes of the sessions, practical organization like place and time has to be looked at.	Where do you think that the sessions can take place?
Guest speaker	Linked to the theme of the sessions, guest speakers could be invited.	What do you think about inviting a guest speaker during the session?
Child central	The goal of the sessions is to increase the health of the children.	How can you make sure that the interest of the child is central during the sessions?
Diversity	Clients can participate from different backgrounds in the sessions.	How are you looking at the composition of the group?
Online contact	In between the sessions the participants can have contact with each other to exchange information.	How do you look at online contact between the participants in the group?
Wind-up	Finishing the focus group or interview.	Are there subjects not covered during this focus group/ interview?

The duration of some interviews was shorter than expected and some subjects were not covered. The expected time was 45 minutes. In table 6, the characteristics of the focus group and interviews are described, with the number of respondents, the kind of professionals, the duration of the interview and the subjects that are not covered in the interview are presented.

Table 6. Characteristics of the focus group interviews and individual interviews.

Number	Number of participants	Professional	Time in minutes	Subjects not covered
Focus group Interviews				
1	10	2 Youth doctors 7 Youth nurses 1 pedagogic family mentor 1 doctor assistant	24.01	Involvement Online contact
Individual Interviews				
2	3	Poverty coordinators	45.10	
1	1	Functionary of the municipality who focusses on poverty	50.43	
2	1	Child psychologist	27.06	Guest speaker Online contact
3	1	Child coach	35.45	Diversity Online contact
4	2	District coach and youth nurse	34.15	Online contact

4.4 Data analysis method

The interviews generated qualitative data, so a structured approach of analysing the data was used(53). The analysis is done using the approach of Braun and Clarke(53), who describe 6 steps for analysing qualitative data.

The first step was familiarizing with the data. This was done by transcribing the audio-files in Microsoft Word. Reading and re-reading was done, and initial codes were written down.

In the next step the initial codes were generated using Atlas.ti. The data was coded in a systematic fashion using the subjects covered in the interview scheme. This was done in the entire data set. The third step in analysing the data was collating codes into potential themes per subject. Gathering all the data that is relevant to each potential theme covered in a subject. Hereafter, the themes were reviewed and checked in relation to the subject covered and the entire dataset. Found themes were combined in more general themes and this made a thematic map of the analysis. The identified general themes per subject were defined and named to refine the specifics of each theme.

The preferences with regards to the group intervention were identified using 3 themes. These themes are: Format, participants and content. Table 7 explains these themes, and their subthemes.

Table 7: Themes used to analyse the preferences of professionals.

Theme	Subtheme	Content
Format	Who	Who could lead the group meetings?
	Where	Where can these group meeting take place?
	When	When can this group meeting take place?
Participants	How	How will people be included, and how will they stay involved?
Content	Needs	What is needed by the participants in the group meeting?
	Actions by Themselves	What can they do themselves to get what they need?
	Network	What can their network do to support in the needs?
	Professional	What can a professional do to support in the needs?

The final step of the analysis was producing the report. Vivid and compelling and exact examples were searched for each theme and written down per subject. After the themes per subject are written down, the themes are scored for empowerment.

Scoring Empowerment

The 4 empowerment dimensions, 1) ownership, 2) empowerment, 3) motivation and 4) contacts(19), were compared with the responses of professionals.

The preferences about the content were compared with the dimensions of empowerment. When in a subtheme, one preference matched a dimension of empowerment, it was decided that the overall subtheme matches that dimension of empowerment.

4.5 Ethical considerations

Ethical approval

Permission to carry out this research was granted by the ethical committee of the Faculty of Behavioural, Management and Social Sciences of the University of Twente under file number BCE17507.

Informed consent

Informed consent was signed by the researcher and the participant before the interview. The informed consent form is added in Appendix 4. The informed consent form states that the interview is audio recorded and that the data will be used anonymously. It is also described in the informed consent that there is an opt out option during the interview.

5. Preferences of professionals

In this chapter, the answer to the third research question will be given. a) What are the preferences of professionals for a group intervention for families who are living in poverty to improve the health and well-being of the children, and b) to what extent do the preferences of professionals contain elements of empowerment?

In 5.1 the preferences of professionals are described, and in 5.2 these preferences are compared with the elements of empowerment.

5.1 The preferences of the professionals

The preferences of professionals regarding a group intervention to increase the health and well-being of children who experience living in poverty, were analysed using different themes: the format, the participants and the content. The results of the analysis are described below.

5.1.1. Format of the intervention

Who

This theme will answer the question: Who could lead the group meetings?

The group leader, according to (healthcare)professionals, has to have knowledge of available services and finances, has to be approachable and have a click with the family. It has to be someone who can help the family in the future and preferable someone they already know.

People who could fulfil that role according to professionals are: neighbourhood coaches, social workers, psychologists and group therapists. It is also suggested that someone who experiences poverty themselves (an experience expert), in combination with a professional could lead the group meeting, this is supported by the professionals, Citation 1. As a footnote, professionals agree that the person who leads the group meeting has to have group leading skills.

“Maybe a combination, I think both have value. I think that you should never lead that kind of meeting alone, so I think that is good to have professionals and an experience expert who says, ‘I had that too, and this helped me’.”

(Citation 1, Interview 2, line 87)

Where

The group meetings should take place, according to professionals, at places that are approachable, like a community centre or a ‘living room’ of a school. Preferably a place where the people already come, in their neighbourhood, where the focus is not only on the meeting but where people also come for other services. Citation 2 supports this.

“Or here, like in a community centre or a neighbourhood home, because their everybody just walks in for the library or other things, when you bring them there together, nobody can say, you are going there.”

(Citation 2, Focus group 2, line 322)

When

Professionals prefer to do the meetings during school time. If the group meeting is scheduled when the children of the participants are also present, the group meeting should be during the activity for the children or when childcare is available for those children.

The best time to schedule a meeting according to professionals is right after parents, mostly the wives, drop their children off at school, because then they are already there, and that makes showing up much easier for them, this is supported by citation 3.

“During school. That saves enormously, when I really have to get something done by for instance mothers, because often women want to tell their story a lot easier than men, than I do that for instance directly after they have dropped their child off at school. When they go home, they forget, or they think it is hard and go to bed again. Or right before getting the children, but after bringing is the best moment.”

(Citation 3, Focus group 2 line 326)

5.1.2 The participants of the group intervention

This theme consists of two subthemes, how can professionals reach and signal the families who can participate in the group intervention and how will these families remain involved in the group intervention.

A reason people could not want to participate in the group intervention is shame about their situation. With this in mind the professionals suggested that signalling and reaching out to potential participants for the group intervention can be done by joining an already existing group or by searching for them where they already come together. Reaching the families can also through people they already know such as friends, family members, or neighbours who are also in this situation and already come to group meetings. Individual people can be signalled and reached by neighbourhood teams, coaches, teachers in schools, the foodbank or other organisation that they already use, or the youth healthcare. Also, the municipality or the healthcare insurance can signal by viewing payment arrears. This is supported by citation 4.

“But I think, that it would be the most beautiful when someone, when it is someone they already know or something, from an organization. I am still thinking about the foodbank, there they know people, mostly the volunteers, that has a low threshold.”

(Citation 4, interview 4, line 218)

When the families are signalled and reached, and they come to a group intervention, they have to remain involved. The professionals suggested 3 ways to accomplish this. First, by creating a positive environment. This can be accomplished by rewarding the people for what they do well in their lives, with things or compliments. Also, by giving the participants the feeling that they are visible and that they have something to offer during the group meetings. Positive thoughts of the meeting can be accomplished according to professionals when the meeting stops on time, this way the people do not remember the meeting as long and hard but keep positive feelings. This is supported by citation 5.

“Something positive, an activity, yes poverty is something, but that is not the main thing where you appeal to, but you appeal to them from something positive and you look what you can do with that.”

(Citation 5, Focus group 1, line 94)

Second, according to professionals, continuation is important to mention to keep the participants involved in the meetings. This keeps the meetings dynamic. Feedback can be given in the next meeting on the problems the participants have mentioned in the meeting before. This feedback can help them in their situation and will support the continuation of the meetings.

Third, to keep the people involved, offer to cover travel expenses to the meeting to make sure they are able to come. This can be bus or train tickets when necessary. Offering activities or day-care besides the meeting for their children will keep the people involved as well, according to professionals. This way they can come when they have to look after children.

What stands out in the responses of the professionals, is that they primarily focus on female participants for the group intervention.

All the responses of the professionals are described in Table 8.

Table 8: Preferences of professionals according to the participants of the group intervention.

Subject	What professionals indicate
How do we signal and reach participants for the intervention	Join an already existing group by searching for them where they already are/come or through people they already know, such as family, friends, neighbours. Individual people can be signalled by Neighbourhood coaches/teams, schools, municipality, foodbank or other organisations, youth care or health insurance.
How do the participants stay involved in the group meetings?	Positive environment, by rewarding what they do good, with supplies or just a compliment, make it cosy, give the participants the feeling that they are being seen and they have something to offer, and stop the meeting on time so the participants keep a positive feeling about the meeting. Tell the continuation, this keeps the movement and give feedback of what you have done to help them as professional, tell things that can help them in the feedback you give. Offer travel expenses before the meeting and offer an activity for the children besides the meeting.

5.1.3 The content of the group intervention

The ‘content’ theme is about the content of the group intervention that professionals prefer in the group intervention. This theme has 4 sub themes: 1) what do people who live in poverty need, 2) what can they do themselves to get what they need, 3) what can their network do to get what they need and 4) what can professionals do to get what the people who live in poverty need.

Needs

According to professionals, families who live in poverty need both practical and mental support. The practical support the professionals think the families who live in poverty need are the ways to services they can use, how they can use those kinds of services and what their rules are. They also think they need ways to let their children participate and ways to lessen the worries of their children with regard to their situation. They should learn how to have rhythm and rituals in their daily life. The families need direct care and actions from the professionals involved and food and saving tips they can use in their situation.

The mental support the families who live in poverty need, according to professionals, are: finding intrinsic motivation, get meaning in their live, learn how to be emotionally

available for their children, get aware of their situation, they need to become aware of their own possibilities, get help to get over the shame they experience, and they need to get the feeling that they are visible.

Professionals agree that it is important that people can suggest themselves where they need support. Citation 6 supports this.

"you have to indicate together in that group what will help you, where can you get money from and where you can find facilities, that is what they want."
(Citation 6, Interview 4, line 358)

Themselves

Families who live in poverty have to make practical and mental changes in their live to increase the health and well-being of their children, according to professionals. The practical things they can do to increase their and their children's health are: make the right choices for nutrition, ask their own network for help and support when they need it, request for services that are available for this situation, do something nice with your children and save money on food, clothing or other expenses that can be saved on.

The mental changes they have to make for themselves to increase the health and well-being of their children according to professionals are: realizing what their goal is and that they have to accomplish it themselves. To achieve this goal, they need to come out of self-pity, break the cycle they are in, put what they already can and have forward to solve problems they experience, being emotionally available and long-term thinking.

Professionals also say that the people who live in this situation have to indicate themselves what their own personal goal is, and which support they need to accomplish their goals, this is supported by citation 7.

"Realize what your goal is, and that people realize what they can do themselves to accomplish that goal."

(Citation 7, Interview 1, line 311)

Network

The network of the families according to professionals can consist of the network that they already have and the network they build with the use of the group intervention. During and outside of the meetings the network can support in different ways.

During the group meeting the network can support in the following ways: exchanging knowledge about organizations, services, professionals, experiences, and tips. They can also exchange things like furniture, or other supplies. They can help in how to use the available network and help with expanding the network. The participants of the group meeting can show what went well and help other people with that experience or can express in what area they need support and the network can come up with tips to help with the experienced problem.

Outside of the group meetings the network of the people in the poverty situation plays an important role as well, they can help with: preventing relapse by early signalling, support when it is needed outside of the group meetings, lowering the threshold to ask for support, creating the feeling that they not alone in this situation, and to increase the feeling that they are visible in their environment. Citation 8 supports this.

"That people are going to help each other, someone got a new home, and another helps or has something on the attic for them. Here a lot is shared and exchanged between the volunteers, and you would like to add that to such a group."
(Citation 8, Interview 1, line 214)

Professional

According to the interviewees, the professional can offer practical and mental support to the families who live in poverty to increase the health and well-being of children who grow up in poverty.

The practical supports the professional can give to increase the health and well-being of children who live in this situation are: Showing the ways to services, financial aid, support, care, give parental and lifestyle support, and show how children can be supported in their development. Also, the professionals can help with reading and filling out forms, give feedback on things they already have done and provide care and solutions for problems that can be solved directly.

The mental support the professionals can give are: help to stay positive, help with long term thinking, help to come out of the cycle, help to get aware of the situation, take away insecurities the people have, keep the responsibilities to themselves, support with self-reliance and togetherness in their support, prevent or solve that people experience self-pity. They have to approach the people personally and stand beside the people instead of standing above them in their support. Citation 9 gives an example of how a professional can support someone in poverty.

"But also, awareness, you can think that you can live off your surcharges, but a surcharge where you build a depth, that will never be remitted, that they get aware of that, the big consequences there are, that some choices are of distress. I get the emergency jump, but that is not the best solution."

(Citation 9, Focus group 2, line 203)

In conclusion, according to the professionals, the content of the group meetings should relate to practical and mental support. This support can be given by professionals and by changes the participants have to make themselves in their life. The network can support during and outside of the group meetings with the practical and mental needs the participants have. Table 9 lists the responses of the professionals interviewed.

Table 9: Preferences of interviewees regarding the content of the group intervention for families that live in poverty

Subject	Support categories	What professionals indicate
What do families who live in poverty need?	Practical	The ways to the services they can use and requests and their rules Ways to let their children participate Ways to make the worries of the children less Rhythm and rituals in their daily life Direct care and actions Food and saving tips
	Mental	Intrinsic motivation Meaning Learn how to be emotional available for their children Awareness

What can families do to help themselves in this situation?	Practical	<ul style="list-style-type: none"> Long-term thinking Bring what they already can and have above Help to get over the shame they experience Feeling that they are visible Suggest what their own needs are Make the right choices for nutrition Ask their network for help Minimize the experience of poverty on children Request for services Do something with your children Savings
	Mental	<ul style="list-style-type: none"> Come out of self-pity Put what you have and can forward to solve problems Be emotionally available Indicate where they need support Realize what their goal is and that they have to do it themselves Break the cycle Long-term thinking
What can the families' network do to support families in this situation	During the group meeting	<ul style="list-style-type: none"> Exchange knowledge about organizations, services and professionals Show what went well Help to use the available network Thinking along with problems Come up with tips together Exchange things with each other Get tips Expenditure of their network Getting to know other people in the same situation Look together to the possibilities Exchange experiences
	Besides the meetings	<ul style="list-style-type: none"> Prevention of relapse Get the feeling that you are visible Create the together feeling Support Lower the boundary for finding support
What can the professional do to support families in this situation	Practical	<ul style="list-style-type: none"> Show the way to services, money, support, care Give parental support Give feedback of what you have done to support them Help with reading and writing off and on forms Help with practical solutions Show how you can support children in their development Give lifestyle support Give information about the consequences of poverty Direct care or direct solutions for problems Help creating and using their network
	Mental	<ul style="list-style-type: none"> Help to stay positive and support them in a positive way Help with long-term thinking Help to come out of their circle Create awareness Take away insecurities Keep the responsibility to themselves Approach the people personal Bet on togetherness and self-reliance Prevent or solve self-pity Stand beside the people

5.2 Dimensions of empowerment

To find out to what extent the preferences of interviewees include the concept empowerment, the responses of interviewees for each theme were scored on the four dimensions of empowerment. When a response in a subtheme matches a dimension of empowerment, the whole theme matches that dimension of empowerment. This table is set in Appendix 5. This resulted in the following outcomes: people in poverty need support in all the dimensions of empowerment; the changes they can make in their life practically and mentally need to be in all the dimensions of empowerment; the network can support the people who live in poverty with the empowerment, motivation and contacts of the people who live in poverty; the professional can support the people who live in poverty practically and mentally by using all the elements of empowerment in the support they give.

Table 10 shows the detailed relationships with the different themes and the dimensions of empowerment.

Table 10: Preferences of professionals compared with the dimensions of empowerment.

		DIMENSIONS OF EMPOWERMENT			
	Kind of support	Ownership	Empowerment	Motivation	Contacts
NEEDS	Practical	X			X
	Mental	X	X	X	
THEMSELVES	Practical				X
	Mental	X	X	X	
NETWORK	During the meetings		X	X	X
	Outside of the meetings				X
PROFESSIONAL	Practical	X			
	Mental	X	X	X	X

5.3 Conclusion

This chapter answers the following question: a) What are the preferences of professionals for a group intervention for families who are living in poverty to improve the health and well-being of the children, and b) to what extent do the preferences of professionals contain elements of empowerment?

The professionals prefer the following in the group intervention. The group can be lead the best way, when a professional is combined with an experience expert. The group meetings should take place which people already know and where they can walk easily inside like a community home. The meetings can best be scheduled during school time right after parents or guardians have brought their children to school. Potential participants of the group meetings can be reached at places where they already come or through people they already know. Signalling can be done by health insurances, youth care, schools, and the municipality. To keep participants involved in the group meetings, they have to have a positive focus, rewards when people participate and feedback when this is promised from the group leader. The content of the group meetings should consist of practical support and mental support. Listening to the people and supporting them in their needs is important and the support should not only be provided by the professional, but also by themselves and their network. The network can provide support during and outside the meeting. Professionals focus on female participants for the group meetings.

The needs of the people who live in poverty according to the professionals consist of all the elements of empowerment.

6. Comparison of existing interventions and preferences of professionals

In this chapter, the existing group interventions abroad, and in the Netherlands, are compared with the preferences of professionals for a group intervention to increase the health and well-being of children who grow up in an environment without sufficient money. This chapter aims to find an answer to the fourth research question: a) To what extent do the preferences of professionals match the group interventions in the literature found and their essential elements and b) to what extent do the preferences of professionals match the group interventions available in the Netherlands?

First in 6.1 the elements of the group intervention that is used abroad is compared with the preferences of professionals in three ways. First, the similarities between the preferences of professionals and the intervention second, what is missing in the intervention according to professionals is researched, and third, what is available in the intervention but is not mentioned by the professional is described.

In paragraph 6.2 the interventions used in the Netherlands are compared with the preferences of professionals which are described in chapter 5 using the elements of empowerment.

6.1 Interventions abroad compared with preferences of professionals.

Similarities

Chapter 2 states that there is only one group intervention found in the literature of interventions used abroad. This intervention is called Mobility Mentoring(13). Mobility Mentoring focusses on 5 dimensions to become economically independent. These 5 dimensions are: family stability; well-being; financial management; education and career management(13). To increase the score on the 5 dimensions the following effective elements are used: Setting goals, give rewards when they accomplish a goal, developing a network for the client and putting the client in a central position in their support(13). These elements and the preferences of professionals about them are compared in the next paragraphs.

Setting goals

Setting goals can increase the motivation of the clients to get out of their situation(13). The professionals state that one of the mental changes that the people have to make themselves is that they have to realize what their goal is and that they have to accomplish that goal themselves. Also, long term-thinking is described which is needed to accomplish a goal. This is said in the ‘content’ theme, by how they can help themselves by mental changes.

Therefore, settings goals match the preferences of professionals.

Rewards

Rewards when a goal is accomplished increase a participant’s motivation to accomplish a goal (13). These rewards have to be in proportion to the size of the goal that is to be accomplished.

In the preferences of professionals these rewards are mentioned in the ‘how’ theme. Professionals indicate that when you reward people for their behaviour in or outside of the group meetings can be a factor to keep the participants involved in the group meetings.

Thus, giving rewards matches the preferences of professionals.

Network

Mobility Mentoring places importance on the development of a strong social network among clients and between clients and external professional/educational networks.

According to professionals this network is also important in the group intervention. In the 'what' theme, one of the subthemes is: What can the network do for people in this situation. According to professionals a network can help during and outside of the group meetings in several ways to help the participants with the support they need. This network can be the network they already have, or the network they develop by going to the group meetings. Professionals can also help to develop or increase the network of people in poverty.

Thus, the preferences of professionals match this effective element of Mobility Mentoring.

Client is central

The client and his goals are central in the support in Mobility Mentoring. Every client has other goals and needs different support.

According to professionals, the clients should be the ones to indicate what support they need, what their goals are and what they need to accomplish them. They can support themselves in this situation by making mental and practical changes. Moreover, some professionals prefer to keep the client responsible, which makes them central in their support, but this is not mentioned by all the professionals interviewed.

Thus, the preferences of the professionals match this effective element of Mobility Mentoring partially.

Table 11 gives an overview with the elements of Mobility Mentoring and if they are mentioned by the professionals.

Table 11. The themes of the preferences of professionals linked to the elements of Mobility Mentoring.

Elements of Mobility Mentoring	Professionals	Theme	Subtheme
Setting goals	x	Content	Themselves, mental
Rewards	x	Participants	How can we keep the participants involved?
Network	x	Content	Network Professional
Client is central	x	Content	Themselves Professional, mental

Mobility Mentoring focusses on 5 domains, these are: 1) family stability; 2)well-being; 3)financial management; 4)education and 5)career management(13), which are the five domains of the bridge of self-sufficiency.

Table 12 provides an overview of the preferences of professionals about the content of the intervention and the content of Mobility Mentoring. With the use of Table 12, we can conclude that Mobility Mentoring offers everything the professionals prefer in a group intervention to increase the health and well-being of children in poverty.

Table 12. Preferences of professionals regarding the content of the group intervention compared with the domains of Mobility Mentoring

preferences of professionals		Domains of Mobility Mentoring				
	Kind of support	Family stability	Well-being	Education	Financial management	Career management
Needs	Practical	X	X		X	
	Mental	X	X			
Themselves	Practical	X	X		X	
	Mental		X			
Network	During the meetings		X			
	Outside of the meetings		X			
Professional	Practical	X	X			
	Mental		X			

Shown in Table 12, education and career management are not mentioned by the professionals but is offered in the Mobility Mentoring approach. The intervention Mobility Mentoring focusses on economic independence, which causes an increase in the health and well-being of children, while the professionals focus primarily on the health and well-being of children.

The essential elements of Mobility Mentoring match the preferences of professionals about a group intervention. Everything the professionals have mentioned about the content of the group intervention is available in the Mobility Mentoring approach, but Mobility Mentoring approach offers more than the assumptions made in this research.

6.2 Interventions in the Netherlands compared with preferences of professionals

To compare existing interventions in the Netherlands, and especially in Twente, with the preferences of professionals, the 4 empowerment dimensions are used, these are 1) ownership, 2) empowerment, 3) motivation and 4) contacts(19). In chapter 3, the group interventions in the Netherlands for poverty are described with their scores on dimensions on the dimensions of empowerment. These interventions are Alifa Welzijnswerk, Stichting de Huiskamer van Hellendoorn and Impuls. In chapter 5 the scores on the dimensions on empowerment are given of the preferences of professionals according a group intervention to increase the health and well-being of children who experience living in poverty. These outcomes of Table 3 and the information from chapter 2 and 3 are combined in Table 13.

In Table 13 it is visible that only Mobility Mentoring contains all the elements of empowerment such as the preferences of professionals. The interventions that are used in the Netherlands all partially match the preferences of professionals. The intervention of Drechtsteden misses the motivational dimension of empowerment, Alifa welzijnswerk misses the ownership dimension of empowerment and Impuls missed the Empowerment and the Motivational dimension of empowerment, Stichting de Huiskamer van Hellendoorn misses the ownership, empowerment and motivational level of empowerment.

Table 13. Overview of found group interventions and the dimension of empowerment they contain.

	Ownership	Empowerment	Motivation	Contacts
Professionals	x	x	x	x
Mobility Mentoring	x	x	x	x
Drecht-steden	x	x		x
Alifa welzijnswerk		x	x	x
Stichting de Huiskamer van Hellendoorn				x
Impuls	x			x

6.3 Conclusion

This chapter aims to provide an answer to the following research question: a) To what extent do the preferences of professionals match the group interventions in the literature found and their essential elements and b) to what extent do the preferences of professionals match the group interventions available in the Netherlands?

When the responses of the professionals about the group intervention were matched with the elements of Mobility Mentoring and the group interventions in the Netherlands, it becomes visible that the elements mentioned by the professionals are all part of Mobility Mentoring.

The interventions currently used in the Netherlands do not contain all the elements of empowerment, which make them not completely match the preferences of professionals, who prefer the group intervention contains all the dimensions of empowerment.

This means Mobility Mentoring is the best option, but it focusses on education and career management too, which goes beyond the assumptions made in this research about a group intervention. This is because Mobility Mentoring focusses on economic independence which results in an increase in health and well-being of children. Whereas this research mainly focusses on the health and well-being of children who experience living in poverty.

7. Conclusion

The goal of this thesis is to come to a recommendation for an intervention that will increase the health and well-being of children who grow up in families who experience living in poverty. The research question of this thesis is: What are the preferences of professionals with respect to the design of a group intervention which will help them to support the children in families living in poverty, and to what extent do these preferences match the content of effective group interventions from the literature and that of existing group interventions in the Netherlands?

According to professionals, the intervention has to be led by a professional combined with an experience expert and have to take place at places the people already come and know. Participants can be reached by using existing groups and signalling individual people at the municipality or when they are behind of payments at for instance a health insurance. To let them stay involved they have to get rewards for what they have accomplished and a positive vibe during the group meetings. The content of the meeting has to focus on practical and mental support, this support can not only be given by the professional but also by the network. The network can help during and besides the group meetings.

According to professionals the people need support in all the dimensions of empowerment, so the support has to contain all the elements of empowerment too.

Mobility Mentoring matches all the preferences of the professionals, and it is now first implemented in Alphen aan de Rijn as a trial.

Interventions in the Netherlands only partially match the preferences of professionals for a group intervention to increase the health and well-being of children who live in poverty.

Recommendation for the intervention

Based on this thesis, it is recommended to use the Mobility Mentoring approach in Twente to increase the health and well-being of children who experience living in poverty. This intervention already has been proven effective in Boston, matches all the elements of empowerment, and contains all the preferences of professionals, and offers more than the assumptions made about the content of the group intervention for this research, which has to be further researched before it can be implemented in Twente. Recommendations for further research are described in Chapter 8.

8. Discussion

In chapter 7 the conclusion of this thesis is described. In this chapter the results of this thesis are discussed. First the results will be compared with literature, then the limitations and strengths of this research will be discussed and recommendations for further research and practice will be given.

Comparison to literature

When the literature about interventions to increase the health and well-being of children who experience living in poverty is compared with this research, differences become visible. Most of the interventions to support families in poverty are individual interventions instead of group interventions where this research focussed on. Also, most interventions that are currently used focus on reducing poverty instead of focussing on increasing the health and well-being of children who are living in poverty.

Limitations

First the group intervention that focus on poverty and health are difficult to find in literature, this can be caused by the lack of research on interventions in the Netherlands and time constraints of the research. Also, the interventions used in the different municipalities are difficult to find, and information about the different interventions available is hard to find. This could mean that existing interventions are not taking into account in this research.

The professionals who participated in an interview were all contacted by researchers of the AWJT, or where asked when they participated in a working conference, which can cause a selection bias, because these people already have affinity with the subject and already a strong opinion how they want to solve it, which can make the intervention only useful for professionals who work very closely to the people who live in poverty instead of all professionals who work with this group. To solve this problem a broad range of different professionals were interviewed: child psychologist, child coach, district coach, poverty coordinators, and professional from a municipality who is focussed on poverty. Also, the professionals interviewed where all working in different regions in Twente and where working in the cities and in the more rural municipalities. According to the research of Doorn and Huber in the book Outreachend werkt!(37), poverty in these different regions can differ from each other. By interviewing professionals that are working in different kind of regions, the intervention can be used in both regions and not only in the cities or on rural grounds. This is because people who live in more rural environments are often more ashamed and closed about their situation. They have a different kind of network and are less visible than the people who live in poverty in a city.

At last the professionals mainly focused on female participants for the group meetings, because mostly the mothers bring their children to school or go with them to activities and they talk about it more easily. Mobility Mentoring in Boston focussed also on homeless woman with children. Men could also want to be part in the group meetings. This has to be taken into account when implementing the group intervention.

Recommendations for further research

Mobility Mentoring offers more than the AWJT would prefer in a group intervention, so when implemented it has to be matched to the goal. This can be economic independence that will increase the health and well-being of children or focussing on increasing the health and well-being of children as a main goal. When the AWJT chooses to have the goal of increasing the health and well-being of children, Mobility Mentoring has to be adjusted to that context. Mobility Mentoring is now implemented in Alphen aan de Rijn, and its outcomes should be analysed before implementing it in Twente.

Also, Mobility Mentoring and the professionals focus mainly on female participants for the group intervention, a research should be conducted to find out if this is true or that males also want to participate or if male participants need another (group) intervention to increase the health and well-being of their children.

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Appendix 1: Interventions in Twente

Almelo:

Armoedepact (39)

Het actieprogramma is ingericht langs vijf pijlers:

1. Kennen en gekend worden: Problemen en oplossingen ontmoeten elkaar niet vanzelfsprekend.
2. Liever voorkomen dan genezen: Voorlichting, budgetadvies, training, coaching zijn hier belangrijke elementen.
3. Aanval op de uitval: Cruciaal is dat er in die situaties een kartrekker is en dat er onder zijn/haar aanvoering doelgericht wordt gewerkt aan oplossingen.
4. Op eigen benen staan: Zelf in het inkomen voorzien. Onze acties richten zich op het versterken van onderwijsprogramma's voor jong en oud en de verdere ontwikkeling van het arbeidsbeleid.
5. Aanboren van maatschappelijke betrokkenheid: Wij hoeven het niet alleen te doen, samen staan we sterk.

Scoop(21)

Scoop vindt dat mensen zelf sturing moeten geven aan hun eigen leven en wil daar graag bij helpen door de weg te wijzen naar, door te verbinden met en te ondersteunen waar nodig.

Doel: "Kinderen actief laten deelnemen aan het leven in hun buurt."

Programma's: kinderclub, verlengde schooldag, meidenwerk.

Maatschappelijk werk Noordwest Twente, Almelo(21)

Maatschappelijk Werk noordwest Twente

Jong of oud, getrouwde, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden. Moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen.

Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen.

Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Stichting Babyspullen(21)

Stichting Babyspullen verzamelt landelijk gebruikte en nieuwe babyspullen en maakt daar babystartpakketten van. Deze pakketten verstrekken wij via diverse instanties gratis aan (aanstaande) ouders die het financieel moeilijk hebben. Waarom wij dat doen? Omdat in Nederland 1 op de 9 kinderen opgroeiit in armoede. In grote steden is dat zelfs 1 op de 4 kinderen... Wij vinden dat elk kind recht heeft op een goede start!

Jeugdsportfonds(21)

Is uw kind enthousiast geworden voor een bepaalde sport door deelname aan een door Sportbedrijf Almelo georganiseerde activiteit of op een andere manier?

En zou hij/zij wel lid willen worden van een sportvereniging maar heeft u niet de financiële middelen? Dan liggen er via het Jeugdsportfonds Almelo kansen voor uw kind(eren). Een beroep op Jeugdsportfonds Almelo kan uitsluitend worden gedaan door een intermediair. Een persoon die als professional betrokken is bij de opvoeding, begeleiding of scholing van de jongere. Dit kan bijvoorbeeld zijn: de medewerker van een consultatiebureau, de leerkracht, de school(arts), de (jeugd)hulpverlener, de maatschappelijk werker van een welzijnsinstelling of gezondheidsorganisatie.

Het Jeugdsportfonds Almelo is bestemd voor kinderen en jongeren in de leeftijd van 4 tot en met 17 jaar, woonachtig in de gemeente Almelo, die om financiële redenen geen lid kunnen worden van een sportvereniging.

Verjaardag

Verjaardag in de Maak Speelgoedbank Almelo(21)

Verjaardag in de Maak helpt Almelose gezinnen met kinderen van 4 tot 12 jaar waarin sprake is van armoede met het organiseren van een onvergetelijke verjaardag. We maken bij het vormgeven van het verjaardagsfeest gebruik van de kwaliteiten van het gezin, van onze eigen kwaliteiten en van het Almelose netwerk en proberen dat netwerk steeds groter te maken. Aan ondernemers of aan de partners van het Armoedepact Almelo vragen we zo nodig medewerking.

Borne:

Stadsbank Oost Nederland (54)

Stadsbank Oost Nederland biedt bijzondere financiële diensten aan zoals financieel advies of een lening. Ook kunnen ze uw inkomsten beheren en budgetteren. De diensten zijn erop gericht om door een op maat gerichte oplossing zo spoedig mogelijk een stabiele financiële situatie te bereiken.

Wijkracht Borne (55)

Bij Wijkracht Borne is veel expertise aanwezig. Wijkracht is er dus voor iedereen met een vraag, verzoek of idee. Wijkracht biedt in Borne maatschappelijk werk, cliëntondersteuning (voorheen MEE) en schoolmaatschappelijk werk op alle basisscholen en voortgezet onderwijs.

Jeugdwerk(21)

Welzijn Borne biedt kinderen van vier tot twaalf jaar met het jeugdwerk een plezierige en leerzame manier van ontspanning aan.

Het jeugdwerk is een onderdeel van Welzijn Borne. Er wordt vooral met groepen kinderen, maar ook soms met ouders en hun kinderen gewerkt, meestal samen met vrijwilligers. De medewerkers van het jeugdwerk hebben een uitgebreid netwerk waarin zij zaken en activiteiten afstemmen en waar mogelijk samenwerken.

Door Jeugdwerk leren kinderen en ouders, andere mensen die in hun buurt wonen, beter kennen. Programma's: kindervakantieweken, kinderatelier en voorleesmiddag.

Dinkelland en Tubbergen:

Coördinatoren armoedepreventie(40)

Er moet intensief gewerkt worden aan het beperken en zo veel mogelijk voorkomen van armoede. De uitgangspunten hiervoor zijn: Preventie, vangnet en zelfredzaamheid.

- Door het stimuleren van de juiste hulp, het bieden van langdurige oplossingen, een integrale aanpak en maatwerk.
- De coördinator coördineert, door samenwerking te stimuleren, door versnippering tegen te gaan, door initiatieven met elkaar te verbinden.
- De coördinator zoekt samenwerking en verbinding met maatschappelijke organisaties en bedrijven.
- De coördinator zoekt commitment voor armoedebestrijding in beide gemeentes.
- De coördinator werkt samen met de gemeentes en andere zorgnetwerken, om de hulpvragen zo snel mogelijk de juiste hulp te bieden, en dat er ook gewerkt wordt aan een oplossing op langere termijn.

Meedozen in Dinkelland/Tubbergen(56)

Het is een platform voor alle organisaties die hulp bieden wanneer bewoners ondersteuning kunnen gebruiken. Het is voor kinderen en jongeren tot 18 jaar die uit een gezin komen die geen of weinig geld hebben voor leuke dingen. Ook volwassenen kunnen er terecht. Ze vinden het belangrijk dat iedereen mee kan doen aan leuke dingen of advies krijgt.

Enschede:

Wijkteam(41)

Een medewerker van het wijkteam kan u ondersteunen door samen te kijken wat de oorzaken zijn van de schulden en hoe u kan werken aan mogelijke oplossingen.

Geldkompas Enschede(57)

Wijs met je Geld!

Op geldkompas Enschede vindt u allerlei informatie over geldzaken. Van bespaartips tot omgaan met schulden. Van huurtoeslag tot kosten bij ziek zijn. Pact: Meer samenwerking om armoede en schulden te verminderen.

Alifa welzijnswerk(21)

Kinderen hebben behoefte aan een stabiele en stimulerende leefomgeving. Een veilige plek waar zij positieve aandacht krijgen, naar hartenlust kunnen spelen en eigen talenten ontwikkelen. Thuis, op school en in de eigen wijk. Juist daar zijn wij zichtbaar aanwezig, met veel kinderprogramma's. Zo krijgen alle kinderen de kans de eigen kracht te versterken. Ook uw kind. Onze kinderwerkers en opvoedingsmedewerkers verbinden, activeren, ondersteunen en wijzen de weg. Onze inzet is erop gericht dat uw kind meedoet, zijn of haar talenten ontwikkelt en betrokken is bij het leven in de eigen straat of buurt.

Programma's: stap-in huisbezoeken, ontmoetingsgroepen, voorleesmiddag, peuterinzicht, opvoeden enzo, opvoeden in twee culturen, kidscar.

Stichting Enschedese Speeltuinen(21)

Dagelijks zijn onze speeltuinen geopend.

Van 09.30 tot 17.30 uur is er toezicht door een beheerder of een vrijwilliger. De speeltuingebouwen zijn in de meeste tuinen 's avonds geopend en vinden er allerlei activiteiten plaats. De speeltuinactiviteiten zijn in de eerste plaats gericht op het spelende kind van 6 tot 12 jaar. In alle tuinen en gebouwen vinden ook activiteiten plaats voor mensen van alle leeftijden, van 0 tot 80 jaar. Ook vinden veel verenigingen, clubs en cursussen onderdak bij de speeltuinen.

Stichting maatschappelijke dienstverlening Enschede(21)

Stichting Maatschappelijke Dienstverlening Enschede- Haaksbergen (SMD E-H) is een non-profitorganisatie die mensen helpt om beter of weer zelfstandig te functioneren in hun dagelijkse bestaan. Wij bieden daartoe een breed hulp- en dienstverleningspakket op het gebied van maatschappelijke dienstverlening, dat in twee hoofdproducten is georganiseerd. Programma's: sociale vaardigheidstraining voor kinderen, En nu...! Informatie voor kinderen, kinderen in echtscheiding.

Haaksbergen

Gemeente (58)

Kinderen die in armoede leven kunnen een vergoeding krijgen voor zwemlessen, een bijdrage in schoolkosten en er komt meer geld beschikbaar voor sportieve en culturele activiteiten.

Wijkracht(59)

In Haaksbergen is Noaberpoort de centrale toegang voor alle inwoners van Haaksbergen. Noaberpoort biedt informatie, advies en ondersteuning op verschillende leefgebieden. Verschillende organisaties bieden vanuit Noaberpoort hun diensten aan.

Kijk op spel(60)

Biedt mogelijkheden voor kinderen om te spelen, vanwege het belang van spel voor het opgroeien van een kind.

Het spel is een doel op zich, het kind heeft plezier. Het is een vrijwillige activiteit. Het kind is in enige mate actief. Spel is intrinsiek gemotiveerd gedrag. Er is een vrijheid van handelen. Er is geen begin- en eindpunt. Er is afwisseling en spanning. Kinderen spelen niet om zich te ontwikkelen, maar ontwikkelen zich door te spelen. In het spel ontdekken kinderen de wereld om hen heen (bewust en onbewust).

Programma's: spel en begeleiding, spel training.

Hellendoorn:

Gemeente

Armoede dat pakken we samen aan! (42)

- Steunpunt Minima Hellendoorn: Opkomen voor de belangen van mensen met een minimuminkomen.
- Stichting de Huiskamer van Hellendoorn: Opzetten en in stand houden van een inloophuis in onze gemeente om daarmee voor alle inwoners een ontmoetingsruimte te bieden, gericht op ontmoeten en verbinden.
- Stichting hulpfonds Hellendoorn: De doelstelling is om mensen in financiële problemen te helpen om die problemen te overwinnen.
- Stichting BOOM: Wij begeleiden huishoudens die moeite hebben om hun financiën op orde te maken en te houden en daarom gebruik wensen te maken van een budgetmaatje.
- Stichting voedselbank Hellendoorn: Burgers voor Burgers. Gratis voedsel verstrekken aan mensen in Hellendoorn met een heel laag inkomen, die het tijdelijk even heel moeilijk hebben, zonder onderscheid.

Maatschappelijk werk Noordwest Twente, Hellendoorn(21)

Maatschappelijk Werk noordwest Twente: Jong of oud, getrouwd, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen. Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen. Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Het

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Stichting de Welle(21)

Stichting De Welle is een brede welzijnsorganisatie in de gemeente Hellendoorn en de gemeente Wierden. Wij richten ons op peuters, jongeren, ouderen, vluchtelingen, vrijwilligers, wijken en buurten door een breed aanbod van activiteiten en diensten.

Als spin in het web richt de Welle zich op het behalen van maatschappelijk rendement. Wij voeren activiteiten uit, welke de samenleving 'nodig heeft om het zelf te doen' en die aansluiten bij vraag en behoefte. Daarnaast ligt onze kracht in het aangaan van nieuwe verbindingen, versterken van bestaande en nieuwe oplossingen presenteren. Wij komen bij mensen achter de deur en hebben daardoor een belangrijke signalerende functie.

Programma's: peuterspeelzaal, voor en vroegschoolse educatie.

Hengelo:

Budgetalert(61)

Bij budgetalert kunt u terecht met al uw vragen over schuldhulpverlening. De medewerkers van budgetalert kunnen samen met u een plan maken om uit de geldzorgen te komen. Budgetalert is een samenwerkingsverband tussen de gemeente Hengelo en Wijkracht. We richten op ons integrale schuldhulpverlening, dat houdt in dat er niet alleen aandacht voor de schulden is maar ook voor de aanwezige achterliggende problematiek.

Wijkracht(43)

Wij bieden sociale zorg en cliëntondersteuning. Sociale zorg betekent dat waar nodig tijdelijk een steuntje in de rug geboden kan worden, waarbij we zo veel mogelijk gebruik maken van het eigen netwerk van de burgers.

Hof van Twente

Gemeente (44)

Animatievideo. Er zijn diverse financiële regelingen voor mensen met een laag inkomen. Deze regelingen zorgen er bijvoorbeeld voor dat chronische zieken, als dat nodig is, ondersteund worden bij het betalen van hun ziekenkostenverzekering, en kinderen uit een gezin met een laag inkomen toch kunnen sporten of mee kunnen op een schoolreisje. In de animatievideo wordt dit in grote lijnen uitgelegd.

Losser

Gemeente(45)

Voor inwoners tot 18 jaar: Stichting leergeld Losser. Alle kinderen mogen meedoen, want nu meedoen is straks meetellen. Zij ondersteunen ouders, zodat hun kinderen mee kunnen doen aan sport, muziek, een schoolreis.

Voor inwoners vanaf 18 jaar: Kortingsregeling. De kortingsregeling is bedoeld om deelname te bevorderen vanaf 18 jaar aan activiteiten van verenigingen en instellingen binnen de gemeente Losser.

Vernieuwd armoedebeleid:

Als uitgangspunt voor het vernieuwde armoedebeleid kiest de gemeente Losser voor de volgende volgorde: zelfredzaamheid, samenredzaamheid, professionele hulp. Mensen zijn in eerste instantie zelf verantwoordelijk voor hun financiële situatie. Maar waar nodig is worden mensen ondersteund bij voorkeur door hun eigen sociale omgeving, door particuliere initiatieven, waar veel vrijwilligers zich voor inzetten, of door de inzet van professionals. De sociale teams, maar ook andere instanties, spelen een belangrijke rol bij het tijdig signaleren van financiële problemen.

Wijkkracht(62)

Werken samen met het CJG Losser en het sociale team. Het CJG-team wordt aangestuurd door proces coördinatoren van de gemeente Losser.

Stichting Cluster(21)

Programma's: kook- en bak club, kindertheater, bewegen en dansen op muziek, fitnesstraining voor kinderen, kinderjoga, hell you, de accu junior, techniek/knutselmiddag, boetseerclub, de club.

Oldenzaal

Impuls(46)

Impuls helpt mensen in armoede de juiste weg te vinden, zodat zij optimaal geholpen kunnen worden. En het liefst ook geholpen worden op de langere termijn: op zoek naar hulp om weer uit de armoede te komen, weer overzicht te krijgen en weer zelf de touwtjes in handen te hebben. Impuls heeft het overzicht als het gaat om welke instanties het beste kunnen helpen, zodat mensen die hulp nodig hebben bij de juiste hulpverleners terecht komen.

Programma's(21): het mammacafe, kledingbank, gezondheid-consultatiebureau, bureau Loes- Loes opvoedondersteuning, verjaardagsbox, stichting leergeld, vincentiusvereniging Oldenzaal, refuel, computerbank.

Meedo en Oldenzaal(63)

Een platform voor alle organisaties die hulp bieden wanneer Oldenzalers ondersteuning kunnen gebruiken. Het is er voor kinderen en jongeren die uit een gezin komen die geen of weinig geld hebben voor leuke dingen. Ook volwassenen kunnen bij Meedo Oldenzaal terecht.

Programma's(21): doe mee club, kidsinloop, meidenloop, sport inn, streetdance, vakantiespelweek, vTB kinderclub.

Rijssen-Holten

Stichting Waander Companje(64)

Het doel van deze stichting is het financieel ondersteunen van kinderen uit gezinnen waar onvoldoende financiële middelen aanwezig zijn om kinderen tot en met 16 jaar aan allerlei activiteiten mee te laten doen.

Het sociaal plein(65)

De medewerkers van het sociaal plein brengen uw hulpvraag samen met u in beeld. Ze denken met u mee over hoe uw hulpvraag snel opgelost kan worden. Soms ligt de oplossing in uw eigen netwerk of bestaan er regelingen waarvan u gebruik kan maken om uw hulpvraag op te lossen. Het kan ook zijn dat er een andere organisatie is die u verder kan helpen met uw hulpvraag. In dat geval verwijzen we u door. Samen met u werken zij aan een oplossing waarin problemen zo veel mogelijk in samenhang worden opgepakt.

Maatschappelijk werk Noordwest Twente, Tubbergen(21)

Maatschappelijk Werk noordwest Twente: Jong of oud, getrouwd, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen. Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen. Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Viavie Welzijn(21)

Wij maken ons dus sterk voor een goed welzijn. Plezier en het nuttig zijn voor de samenleving spelen hierbij een belangrijke rol. Hierbij richten wij ons vooral op wijk- en buurtprojecten en het bij elkaar brengen van mensen. Onze rol is vooral

signaleren en coördineren: luisteren naar wensen en ideeën van inwoners en waar mogelijk de juiste partijen bij elkaar brengen. Ons vertrouwde team van medewerkers en ruim 200 vrijwilligers staat dan ook dagelijks voor u klaar om uw vragen te beantwoorden.

Stichting ViaVie Welzijn heeft ten doel het bevorderen van het welzijn van alle inwoners van de gemeente Rijssen-Holten en alles wat daarmee verband houdt of daartoe bevorderlijk kan zijn in de ruimste zin van het woord.

Programma's: peuterspeelzalen, voor en vroegschoolse educatie, verhuur spelmateriaal, Holtense olympische spelen.

Tubbergen

Zie Dinkelland

Maatschappelijk werk Noordwest Twente, Tubbergen(21)

Maatschappelijk Werk noordwest Twente: Jong of oud, getrouwde, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden. Moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen. Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen. Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Twenterand

Stichting Boot(47)

Het is een particuliere organisatie die nauw samenwerkt met de gemeente en andere hulpverlenende instanties zoals de woningstichting en maatschappelijk werk, maar ook de diaconieën van de kerken in Twenterand. Maatjes zijn vaak mensen die een financiële achtergrond hebben. Soms zijn de maatjes ook ervaringsdeskundigen, omdat ze zelf ook schulden hebben gehad. Ze werken nauw samen met de landelijke vereniging Schuldhulpmaatjes en. Dat is een initiatief van kerken in Nederland en bieden hulp aan mensen die te maken hebben met (dreigende) schulden. Om een vicieuze cirkel te voorkomen, richten zij zich op de langere termijn ook op zelfredzaamheid en bewust financieel gedrag.

Maatschappelijk werk Noordwest Twente, Tubbergen(21)

Maatschappelijk Werk noordwest Twente: Jong of oud, getrouwde, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden. Moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen. Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen. Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Het

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Wierden

Stichting Bowie(48)

Budget Ordenen Wierden Enter, is opgericht op initiatief van de gezamenlijke kerken in Wierden en Enter en zit zich in om personen en gezinnen te begeleiden die moeite hebben om hun financiën op orde te brengen en te houden. Ze zetten hiervoor vrijwilligers in, dat zijn schuldhulpmaatjes. De stichting werkt nauw samen met plaatselijke kerken en de Afdeling Werk, Inkomen en Zorg van de gemeente Wierden. Ook is er een goede samenwerking met andere maatschappelijke organisaties, zoals de stichting Maatschappelijk werk Noordwest Twente, de stadsbank Oost-Nederland en instellingen voor jeugd en verslavingszorg.

Stichting de Welle(21)

Stichting De Welle is een brede welzijnsorganisatie in de gemeente Hellendoorn en de gemeente Wierden. Wij richten ons op peuters, jongeren, ouderen, vluchtelingen, vrijwilligers, wijken en buurten door een breed aanbod van activiteiten en diensten.

Als spin in het web richt de Welle zich op het behalen van maatschappelijk rendement. Wij voeren activiteiten uit, welke de samenleving 'nodig heeft om het zelf te doen' en die aansluiten bij vraag en behoefte. Daarnaast ligt onze kracht in het aangaan van nieuwe verbindingen, versterken van bestaande en nieuwe oplossingen presenteren. Wij komen bij mensen achter de deur en hebben daardoor een belangrijke signalerende functie.

Maatschappelijk werk Noordwest Twente, Wierden(21)

Maatschappelijk Werk noordwest Twente: Jong of oud, getrouwde, ongetrouwde, arm of rijk: iedereen heeft weleens moeilijkheden. Moeilijkheden horen bij het leven, zo ook het zoeken naar oplossingen. Meestal lukt het om zelf of samen met anderen de juiste oplossingen te vinden. Maar soms kunnen moeilijkheden zich opstapelen tot problemen. Problemen waar mensen zelf, ook met behulp van familie of vrienden, niet meer uit kunnen komen. Als je in zo'n situatie komt is het goed een deskundige hulpverlener in te schakelen. Dat kan door een beroep te doen op het maatschappelijk werk. Je kunt bij het maatschappelijk werk terecht met problemen die te maken hebben met jou en jouw kinderen samen.

Het

Programma's: schoolgericht maatschappelijk werk, alle ouders gaan scheiden, opvoeden zo.

Appendix 2: Interview protocol

Inleiding

- Kennismaking
- Doel onderzoek
 - Met een aantal instellingen (GGD, Universiteit Twente, Saxion) een nieuwe werkwijze ontwikkelen voor gezinnen in armoede
 - We weten dat het leven in armoede de gezondheid van kinderen kan beïnvloeden. Hier bedoelen we niet alleen de lichamelijke gezondheid mee, maar ook welzijn en participatie in de samenleving.
 - Doel van de nieuwe werkwijze is het vergroten van de gezondheid van kinderen van 4 – 12 jaar
- Doel groepsdiscussie
 - Meedenken over de nieuwe werkwijze: inhoud en vorm
 - Gaat over de gezondheid van het kind (lichamelijk, geestelijk en sociaal)
- Proces groepsdiscussie
 - Geen goede of foute antwoorden.
 - Rol gespreksleider: zorgen dat iedereen aan het woord komt, sturing
- Vertrouwelijkheid
 - Data worden opgenomen en uitgeschreven
 - Resultaten zijn niet herleidbaar naar individuele personen (anonimiteit)
 - Informed consent tekenen. Uitleg hierover naar de deelnemers.

Appendix 3: Interview scheme

Onderwerp	Vragen
BESCHRIJVEN SITUATIE	<ul style="list-style-type: none"> - Kunt u wat vertellen over hoe u in uw werk te maken hebt met gezinnen in armoede? - Hoe signaleren jullie armoede bij gezinnen? - Wat zijn gevolgen voor het kind als hij/zij in armoede opgroeit? - School, gezondheid, sociaal
INHOUDELIJK PROGRAMMA (THEMA'S)	<p><i>Jullie hebben een aantal situaties genoemd waar jullie in het werken met gezinnen die leven in armoede In de nieuwe werkwijze willen we zoveel mogelijk aansluiten bij thema's die spelen voor mensen die in armoede leven.</i></p> <ul style="list-style-type: none"> - Wat zijn interessante onderwerpen om te bespreken?
VORM (GROEPSINTERVENTIE)	<p><i>De nieuwe werkwijze die we gaan ontwikkelen, zal bestaan uit een aantal (ongeveer 5) groepsbijeenkomsten waarbij ongeveer tien mensen bij elkaar komen die allemaal met armoede te maken hebben. Doordat zij hier allemaal mee te maken hebben, verwachten we dat er ervaringen uitgewisseld kunnen worden. B.v. over manieren om gebruik te maken van fondsen, maar ook over hoe het gaat met de kinderen.</i></p> <ul style="list-style-type: none"> - Wat vind je van deze vorm? - Voor- en nadelen - Onbekendheid van anderen (vertrouwen, openheid) - Welke onderwerpen zijn geschikt voor een groepsgesprek? Welke niet? - Interessant - Van elkaar leren
DEELNEMERS CENTRAAL (eigen kracht)	<p><i>Het is de bedoeling dat de bijeenkomsten zoveel mogelijk door de deelnemers zelf worden gedragen: zelf de onderwerpen kiezen, zelf de werkvorm kiezen (uit diverse mogelijkheden bv). We proberen zoveel mogelijk gebruik te maken van de mogelijkheden van de ouders en hun ervaring. De professional speelt een wat minder grote rol. Door gebruik te maken van eigen mogelijkheden en mogelijkheden van mensen in dezelfde situatie hopen we hen te ondersteunen.</i></p> <ul style="list-style-type: none"> - Wat vinden jullie van deze aanpak (het inzetten op eigen mogelijkheden en het delen van ervaringen)?
ROL VAN PROFESSIONAL	<p><i>Bij de bijeenkomsten zal ook een professional aanwezig zijn. Dit kan b.v. een maatschappelijk werker zijn of een onderzoeker. Deze is niet inhoudelijk betrokken, maar kan waar nodig tips en adviezen en geven en bewaken dat het programma wordt gevuld.</i></p> <ul style="list-style-type: none"> - Wat voor professional kan het beste deze rol kan vervullen?

	<ul style="list-style-type: none"> - Taken (b.v. meepraten, gespreksleiding)
INCLUSIE/ Nieuwe deelnemers	<p><i>Het is niet altijd gemakkelijk om deelnemers geïnteresseerd te krijgen voor het meedoen aan onderzoek of aan een nieuwe aanpak.</i></p> <ul style="list-style-type: none"> - Hoe denken jullie dat we het beste mensen kunnen benaderen met de vraag of ze deel willen nemen aan de nieuwe werkwijze? - Kanaal (JGZ, mond-tot-mond, school, maatschappelijk werk, voedselbank, kledingbank, gemeente, kerk) - Informatie (brochure, telefonisch, facebook) - Wat zou de belangrijkste reden zijn waarom mensen niet willen deelnemen aan de nieuwe werkwijze? <p><i>Wat zou de belangrijkste reden zijn waarom gezinnen niet willen deelnemen?</i></p>
CREEREN EN BEHOUDEN VAN BETROKKENHEID	<p><i>Om een prettige sfeer te creëren en elkaar te leren kennen is het belangrijk dat de opkomst bij iedere bijeenkomst zo hoog mogelijk is.</i></p> <ul style="list-style-type: none"> - Hoe kunnen we de bijeenkomsten zo aantrekkelijk mogelijk maken voor ouders? (Zodat zij iedere bijeenkomst komen?) - Attentie/cadeautje (welke vorm, wanneer?) - Herinneringen (hoe?)
PRAKTISCHE ORGANISATIE	<p><i>Naast het bepalen waar de groepsbijeenkomsten over zullen gaan, moeten we ook nadelen over de praktische organisatie van de bijeenkomsten, bijvoorbeeld als het gaat om de plaats en de tijd.</i></p> <ul style="list-style-type: none"> - Waar kunnen volgens jullie de groepsbijeenkomsten het beste plaats vinden? <ul style="list-style-type: none"> - Vanuit praktisch oogpunt - Prettige omgeving - Welke momenten zijn het meest geschikt om de bijeenkomsten te plannen? <ul style="list-style-type: none"> - Welke dag/dagdeel/tijdstip - Kinderopvang - Duur <p><i>Het plan is om een aantal keer bij elkaar te komen om diverse onderwerpen te bespreken (frequentie). Afhankelijk van het aantal onderwerpen zullen we een aantal bijeenkomsten organiseren. We kunnen daarom nu nog niet precies zeggen om hoeveel bijeenkomsten het gaat.</i></p> <ul style="list-style-type: none"> - Wat is een geschikt aantal bijeenkomsten om te organiseren? - Waarom?
GASTSPREKER	<p><i>Afhankelijk van het thema van de groepsbijeenkomsten zouden we iemand kunnen uitnodigen die hier meer over kan vertellen. B.v. iemand van de gemeente of schuldhulpverlening.</i></p> <ul style="list-style-type: none"> - Wat vinden jullie hiervan?

KIND CENTRAAL	<i>Het doel van de bijeenkomsten is uiteindelijk het vergroten van de gezondheid van de kinderen.</i>
	<ul style="list-style-type: none"> - Hoe kunnen we ervoor zorgen dat het belang van het kind voorop staat? - B.v groepsbijeenkomsten voor kinderen (b.v. naast de groepsbijeenkomst voor ouders, op een ander moment, gezamenlijke bijeenkomst)
DIVERSITEIT	<i>Deelnemers kunnen vanuit zeer uiteenlopende achtergronden of situaties deelnemen aan de groepsbijeenkomsten.</i>
	<ul style="list-style-type: none"> - Hoe kijken jullie aan tegen de samenstelling van de groep? (wenselijke samenstelling, verschillend/gelijke achtergrond/kenmerken)
ONLINE CONTACT	<ul style="list-style-type: none"> - Hoe kijken jullie aan tegen het online onderhouden van onderlinge contacten van de gezinnen die leven in armoede? <ul style="list-style-type: none"> - Kanaal (Whatsapp, Facebook etc.) - Functie (ervaringen delen, afspraken maken) - Wat zijn voordelen van online contact? - Wat zijn belemmeringen voor online contact?
AFSLUITING	<ul style="list-style-type: none"> - Onderwerpen die niet aan bod zijn gekomen - Vraag hoe men de groepsdiscussie heeft gevonden - Bedanken voor aanwezigheid

Appendix 4: Informed consent



Toestemmingsverklaring Interview Academische Werkplaats Jeugd

Titel onderzoek: Interventie kinderen in armoede

Verantwoordelijke onderzoekers: dr. Marjon Rouwette, drs. Mariska Jacobs, dr. Margriet Braun, Kimberly de Jonge

In te vullen door de deelnemer

Aan mij is op een duidelijke manier verteld over het onderzoek: over het doel, de methode en wat het van mij vraagt. Ik weet dat de gegevens en resultaten van het onderzoek alleen anoniem en vertrouwelijk worden gepresenteerd en gedeeld. Mijn naam komt dus niet terug in rapporten, presentaties of andere publicatievormen. Wat ik heb verteld, wordt alleen gedeeld op een vertrouwelijke manier. Ik ben tevreden over hoe mijn vragen zijn beantwoord.

Ik ga akkoord met het opnemen van de focusgroep m.b.v. audio-apparatuur. Ik begrijp dat geluidsmateriaal of bewerking daarvan uitsluitend voor analyse en/of (wetenschappelijke) presentaties en rapportages zal worden gebruikt.

Ik doe geheel vrijwillig mee met dit onderzoek.

Naam deelnemer:

Datum: 2017

Handtekening deelnemer:

Ondergetekende verklaart dat de hierboven genoemde persoon zowel mondeling als schriftelijk over het bovenvermelde onderzoek geïnformeerd is. Hij/zij verklaart tevens dat een voortijdige beëindiging van de deelname door bovengenoemde persoon, geen enkele gevolgen zal hebben.

Naam Kimberly de Jonge

Functie Master HS, Utrecht, AWJT

Handtekening

Appendix 5: Table responses professionals linked to empowerment

Subject		What professionals indicate	What professionals indicate				1*	2*	3*	4*
			Dimensions of empowerment	1*	2*	3*	4*			
<i>What do the people who live in poverty need?</i>	Practical	The ways to the services they can use and requests and their rules	x					Rhythm and rituals in their daily life	x	
		Ways to let their children participate						Direct care and actions		x
		Ways to make the worries of the children less						Food and saving tips		
		Intrinsic motivation		x				Bring what they already can and have above	x	
		Meaning		x				Help to get over the shame they experience		
	Psychical	Learn how to be emotional available for their children						Feeling that they are visible	x	
		Awareness		x				Suggest what their own needs are	x	
		Long-term thinking		x						
		Make the right choices for nutrition						Request for services		
		Ask their network for help		x				Do something with your children		
<i>What can they do to help themselves in this situation?</i>	Practical	Minimize the experience of poverty on children						Savings		
		Come out of self-pity		x				Realize what their goal is and that they have to do it themselves	x	x
		Put what you have and can forward to solve problems		x				Break the cycle	x	
	Psychical	Be emotionally available						Long-term thinking	x	

<i>What can their network do to support these people in this situation</i>	During the group meeting	Indicate where they need support	x			
		Exchange knowledge about organizations, services and professionals	x	Get tips	x	
		Show what went well	x x x	Expenditure of their network	x	
		Help to use the available network	x	Getting to know other people in the same situation	x	
		Thinking along with problems	x	Look together to the possibilities	x	x
		Come up with tips together	x	Exchange experiences	x	
		Exchange things with each other	x		x	
	Besides the meetings	Prevention of relapse	x	Support	x	
		Get the feeling that you are visible	x	Lower the boundary for finding support	x	
		Create the together feeling	x		x	
<i>What can the professional do to support these people in this situation</i>	Practical	Show the way to services, money, support, care		Show how you can support children in their development		
		Give parental support		Give lifestyle support		
		Give feedback of what you have done to support them		Give information about the consequences of poverty		
		Help with reading and writing off and on forms		Direct care or direct solutions for problems	x	
		Help with practical solutions				
	Mental	Help to stay positive and support them in a positive way	x x	Keep the responsibility to themselves	x	
		Help with long-term thinking	x	Approach the people personal	x	
		Help to come out of their circle		Bet on togetherness and self-reliance	x x	
		Create awareness	x	Prevent or solve self-pity		
		Take away insecurities	x	Stand beside the people		

* 1) ownership, 2) empowerment, 3) motivation, 4) contacts.