Ouders in actie:

An investigation of experiences of parents with a peer group intervention.

Gemeente Rotterdam

Ouders in Actie:

An investigation of experiences of parents with a peer group intervention.

Final Version. 06-08-2018

Rosanne Verdegaal (2577261)

VU supervisor: Seda Muftugil-Yalcin (seda.yalcin@vu.nl)

Internship placement: Gemeente Rotterdam, afdeling Onderzoek en Business Intelligence.

On-site Supervisor: Toine Wentink (amhc.wentink@rotterdam.nl)

Master: Management, Policy Analysis and Entrepreneurship in the Health and Life Sciences.

Specialisation: Policy.

Acknowledgements

Table of contents

Summary

Ouders in Actie is a peer parenting intervention based in Rotterdam, in which parents receive training to voluntarily organise parenting groups in their own network. It aims to provide care in the so-called zero line. Three different types of health care can be identified in the Netherlands, of which two can be considered formal health care and one informal care. First line care is available to all inhabitants and refers to care freely available, such as care from a general physician or by the centre for youth and family (CJG). Second line care is specialized care that is only available through a referral by a healthcare professional. A third type of care that is provided outside the formal care institutions is zero line care, and this refers to care that is provided in the community, among friends, family and neighbours.

Ouders in Actie intervention is currently coordinated by the centre for youth and family of Rotterdam (CJG Rijnmond) in cooperation with different welfare organisations in different neighbourhoods in Rotterdam. during the training, volunteers learn skills how to organise group sessions, and they receive a folder with information about 33 topics that can be used to guide the group sessions. The aim is to improve the pedagogic civil society, and thereby increase social capital, normalise parenting problems, reach parents that are normally difficult to reach in regular child support and to form a bridge to professional organisations. The municipality of Rotterdam is interested in what the experiences of participants are with regards to this intervention.

To study the experiences of participants, four important concepts were identified and studied, namely 'pedagogic civil society', 'social capital', 'psychological capital' and 'cultural capital'. The pedagogical civil society is a term that was studied extensively by different Dutch researchers and organisations, and is in coherence with ideas of the transition youth care in the Netherlands in 2015, in which the individual strength of children and parents is put central. The pedagogic civil society refers to a joint responsibility of civilians for the wellbeing and upbringing of children. Social capital was studied as the support that individuals provide and receive in the groups. Psychological capital refers to positive attitudes and functioning of an individual, and cultural capital refers to different types of knowledge an individual may possess.

A theoretical model was created based on the four mentioned concepts and an interview guide was designed. In total, eleven participants from five different groups agreed to participate in interviews. All participants were female and had a non-Dutch background. All participants spoke Dutch. With regards to the civil society, participants stated that their environment was positive or neutral with regards to them visiting the groups. Seven participants felt strongly connected with the other participants of the group. Emotional support and informational support were received and provided most frequently, followed by instrumental support and appraisal support. With regards to psychological capital, nine participants stated they felt they became more resilient and thus were able to deal with adverse situations better, and ten participants felt more confident. As of cultural capital, all participants stated that they learned something from the groups, mainly practical skills, behaviours or new beliefs with regards to parenting.

Based on the results, Ouders in Actie seems to have improved the social networks of participants which was one of the goals of the intervention and this demonstrates that the pedagogic civil society has been strengthened. Participants felt supported, and received emotional support and informational support from the fellow participants. Furthermore, almost all participants provided

a form of support to others of the group. This is an indication that social capital has been improved as a result of Ouders in Actie. With regards to psychological capital, almost all participants stated they have become more confident and were able to deal with difficult situations better. Ouders in Actie has as a goal to normalize parenting problems, to improve the confidence of parents and create recognition of not being alone, which was identified in the results of this study as well. Something that was emphasized during the interviews and was also observed during the meetings the researcher was present at, was a focus on wellbeing of the participating parents. The CJG provides tips to volunteers how to promote wellbeing among the participants of their groups. The final concept in this study was cultural capital, and all participants stated that they have learned something in the Ouders in Actie sessions, such as new behaviours and changed beliefs. The CJG and the intervention Ouders in Actie promotes an authoritative parenting style, which focuses on speaking to, cuddling with and praising of the children, and such changes of behaviour and beliefs were identified in answers of interviewees.

In conclusion, based on previously discussed results, experienced outcomes are that Ouders in Actie provides a place for participants to talk with like-minded individuals, and share experiences and tips with regards to parenting and the upbringing of children. It provides a place to learn and gives participants a reason to get out of the house for. Participants feel more confident, know better how to deal with difficult situations in parenting and learned new skills and knowledge of parenting, such as the importance of listening to your children.

1 Introduction

Recently, major changes have been made to the health care system in the Netherlands to keep health care affordable, especially with the rising health care costs and aging population (Ministerie van VWS, 2012). Since January 2015, health care is arranged by four laws: the Social Support Act (Wet Maatschappelijke Ondersteuning, WMO), the Law Long Term Care (wet Langdurige Zorg, WIZ), the Youth Law (de Jeugdwet) and Health Insurance Law (Zorgverzekeringswet) (Ministerie van VWS, 2014). All these laws are designed to increase the individual and societal responsibility and make healthcare suitable to the needs of the individual.

The change of the Youth Law, which was also referred to as 'transition youthcare', resulted in a full responsibility of municipalities for the execution of youthcare from January 2015 onward (Ministerie van VWS, 2014). This was done to provide more integral and efficient care to children and families, and to provide greater possibilities for preventive care. Furthermore, the aim was to promote strength of the individual, leading to healthier and more resilient adults later in life (Rijksoverheid, 2013). To achieve this, an important goal was to strengthen the pedagogical civil society in families, schools and neighbourhoods (Movisie, 2015).

'Ouders in Actie' (OiA) is a voluntary community based intervention, designed for parents of children between 0 and 18 years old (Lecluijze, 2013). Currently, OiA is executed by the Centre for Youth and Family (CJG) in the region of Rijnmond, to which the locations in Rotterdam belong to (CJG Rijnmond, s.d. b). In the OiA sessions, parents can discuss questions or issues they encounter when raising their children under the facilitation of trained volunteers (Horrevorts & van Rijckevorsel-Scheele, 2016). The sessions are free and given in a location accessible and familiar for both the volunteer and the participants to keep the threshold as low as possible. Four training sessions are provided to volunteers by the CJG in which different skills are taught such as how to prepare and facilitate a group session, and how to deal with different situations that can arise during these sessions (CJG Rijnmond, 2016). A folder with 33 topics and workforms is provided to the volunteers that can be used to structure the OiA meetings (CJG, 2016).

A descriptive observational study has been performed of OiA previously (Lecluijze, 2013), as well as a literature review to investigate the effectiveness of similar parent interventions (Horrevorts & van Rijckevorsel-Scheele, 2016). However, no study has qualitatively investigated perspectives of parents that participate in OiA meetings. The municipality of Rotterdam and CJG Rijnmond would like to know how what the experienced outcome is for the participants. The objective of this exploratory study is to provide policy advice to the municipality of Rotterdam and the CJG Rijnmond about the intervention 'Ouders in Actie', by investigating the experiences and perspectives of participants of OiA meetings. The research question is: "What are the experienced outcomes of Ouders in Actie according to participants?"

2 Contextual Background

In this chapter the organisation of youth care in the Netherlands, and more specifically, Rotterdam is explained, benefits of volunteer based parent interventions will be discussed and Ouders in Actie will be clarified.

2.1 Academic Workspace in Rotterdam: ST-RAW

During the transition of youth care in the Netherlands, twelve academic networks were initiated by Netherlands Organisation for Health Research and Development (ZonMW). These workplaces provide knowledge to municipalities and organizations to aid in the transition of youthcare (ZonMW, s.d.). The academic workspace ST-RAW was set up as a cooperation between the municipality of Rotterdam, the Erasmus University, the Rotterdam University of Applied Sciences, the CJG and other (youth) organizations. The aim is to create a better, more efficient and more innovative youth care system and to make sure families and individuals are self-reliant, and support is available when necessary (ST-RAW, 2016-2017). ST-RAW focusses on translating and sharing knowledge, developing interventions and innovating policy and execution on a municipal level with regards to youth care in Rotterdam (ST-RAW, 2016-2017). The current study is performed in cooperation with ST-RAW as part of the project 'power of prevention' and aims to increase knowledge on prevention by volunteers in neighbourhoods (Horrevorts & Rijckevorsel-Scheele 2016).

2.2 Rotterdam as a context

Rotterdam is the second largest city in the Netherlands with approximately 630.000 inhabitants (CBS Statline, 2017). Approximately 29 percent of households in Rotterdam consist of one or multiple adults with one or more children living at home (Gezondheidsatlas GGD, 2017b). In total, 30 percent of the inhabitants of Rotterdam is under the age of 19; five percent under the age of three, nine percent between the ages of four and eleven and seven percent between the age of twelve and eighteen (Gezondheidsatlas GGD, 2017a). Of all children under eighteen years old living in Rotterdam, 15.000, almost eleven percent, received a form of youth support in 2015. The majority (9.9%) received support from the neighbourhood team or ambulatory help, while 1.5% received youth support with residency, such as an eviction order (Anschutz et al., 2016).

Inhabitants of Rotterdam have a diverse background, as 49.7 percent is Dutch, and the remaining has a different nationality or cultural background (Gezondheidsatlas GGD, 2017c). The Surinamese are the largest group, with 8.3%, followed by Turkish (7.5%) Moroccan (6.9%) and Dutch Caribbean (3.9%) (Gezondheidsatlas GGD, 2017c). Parents from these non-western migrant groups generally use preventive parenting support to a lesser extent compared to western migrant parents and Dutch parents (van Leeuwen, 2010) and non-western migrant parents are sometimes more difficult to reach in the preventive care system (Vos et al., 2009; Anschutz et al., 2016). Furthermore, the need for parenting support is higher among nonwestern parents (Speetjens, van der Linden, & Goossens, 2009) and children from non-western migrant families are over-represented in second line youth care in Rotterdam (van Leeuwen, 2010, Ras et al., 2014). This indicates the need to promote preventive measures and low threshold parenting support amongst non-western migrant parents.

2.3 The organisation of youth care in the Netherlands

In January 2015, responsibility for youth care was transferred from the national Dutch government to the municipalities, which was referred to as 'transition youth care' (NJI, 2018). The government wanted to promote independence and motivate civilians to look for support in their own network before appealing for publicly financed facilities (Ministerie van VWS, 2013a). A stronger focus on 'individual strength' was a result of this transition, in which individuals rely on their own responsibility and possibilities with the use of their social network (NJI, s.d.). The transition youth care should lead to a cheaper, more effective and efficient youth care model and decrease the demand for more expensive specialist care as problems are already dealt with early in the process (Ministerie van VWS, 2013a). Important goals were to demedicalize youth and normalize parenting problems, as well as strengthening the pedagogical climate in families, schools and neighbourhoods (Ministerie van VWS, 2013b).

Different types of formal care can be identified in the Netherlands, namely collective facilities and individual facilities. Collective facilities, otherwise referred to as first line care, consists of care that is freely available to everyone without referral from a general practitioner (NJI, 2014). The centre for youth and family (CJG) and the general practitioner are examples of (health) care providers that play a role in first line care (Bot et al., 2013). Different tasks are appointed to first line youth care, which is mainly executed by the CJG's in the Netherlands. Examples are monitoring children the first 18 years of their life, ensuring the national vaccination program is executed and referring youth to more specialized second line care when necessary (NJI, 2014). Furthermore, first line care aims to support parents, children and families by strengthening a climate in which children and youth can grow up safely, by strengthening the pedagogic civil society (NJI, 2014). Second line care is individual, specialist care for psychological, psychiatric or behavioural issues that cannot be resolved by first line care (Gemeente Rotterdam, 2013). Second line care is only accessible after referral from a care professional in first line care (Bot et al., 2013).

A third type of care and support that takes place outside formal care institutions is called zero line care. Zero line care is care and support provided by friends, family or professionals that do not work in professional youth care, such as school teachers or sport trainers (Bot et al., 2013). This zero line care often arises spontaneously and individuals that provide zero line care can play a role in referring individuals to first line care when issues cannot be solved within the informal network (Bot et al., 2013). The different levels of youth care that can be identified can be seen in figure 1.
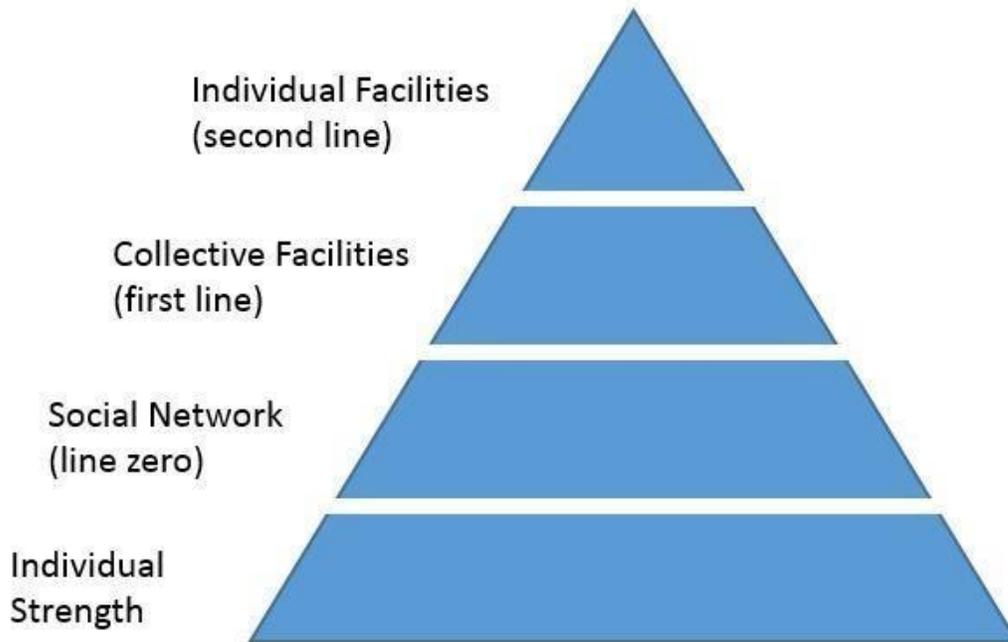
Figure 1: A visual overview of different types of care that are present in the Netherlands.

The 'New Rotterdam youth system' was designed to get reinstated for the 2015 transition youth care by the municipality of Rotterdam. In this system, prevention received a large role to decrease costs for first and second line care. Furthermore, the importance of strengthening the pedagogic civil society was stretched (Gemeente Rotterdam, 2013). In total, five goals were determined: more youth in Rotterdam to grow up as strong independent adults, more parents are independent, suitable youth care for the situation, faster availability of youth care, and finally, acceptable costs of youth care (Gemeente Rotterdam, 2013). Parents are responsible for the upbringing of their children in the first place, but friends, family, neighbours and the school can play a role as well. From 2015, neighbourhood teams were instituted in each neighbourhood in Rotterdam (Gemeente Rotterdam, 2013). Neighbourhood teams consist of a wide variety of professionals that can provide initial care and direct towards specialist care when necessary. These professionals were trained to increase individual strength of parents and children, as well as making use of formal and informal networks around families to decrease the need for professional help (Gemeente Rotterdam, 2013). The CJG functions in this system as a front office for parents in Rotterdam, by providing basic youth care, answers to parenting questions and parenting support.

2.4 Community volunteer parent interventions

Not many studies investigate interventions that focus on providing informal support to parents at a low threshold (Speetjens et al., 2009). An example of a volunteer based parent intervention in the Netherlands is Home-Start. In Home-Start, volunteers visit families to prevent everyday

issues from becoming more serious problems, and focus on the strength of the parent and family (Ince, 2004). A parent that feels good can be a better parent for his or her children. Positive outcomes have been observed with regards to experienced parenting stress, and experienced pedagogic competence of the participating parents (Ince, 2004). Home-Start is considered an effective intervention by the Dutch Youth Institute (NJI, 2006).

Different studies identified positive aspects that are associated with parent peer interventions. Moran et al., (2004) identified different evidence based benefits of parent interventions, such as social interactions. The provision of practical tips about the upbringing was found to have a positive effect on outcomes of parent intervention groups as well (Moran et al., 2004). Participants of parent intervention groups in two studies developed friendships and would meet up outside of the organised group sessions (Solomon, Pistrang & Barker, 2001; Lo, 2010). Furthermore, by participating in a parent peer group intervention, parents have the opportunity to provide help to others, which can increase feelings of self-esteem and self efficacy (Chinman et al., 2001; Simoni et al., 2011). Ainbinder et al., (1998) identified several benefits of peer parent groups for parents of children with a disability, such as improved management of everyday challenges, gaining practical parenting tips and future reassurance and feelings of empowerment and well-being.

In 2016, an extensive literature review was conducted by ST-RAW to find foundations to guide the evaluation of OiA (Horrevorts & Rijckevorsel-Scheele, 2016). They identified studies of eight support groups. Of these, five studies identified a short term increase in feelings of support among the parents (Kingsnorth et al., 2011; Circle of parents National evaluation, 2011; Solomon et al., 2001; Zeedyk et al., 2003; McDonell et al., 2015). However, on the long term, social support did not remain (Zeedyk et al., 2003; McDonell et al., 2015). Furthermore, one group did not identify a difference in perceived support between experimental and control groups (Lipman & Boyle, 2015). Kingsnorth et al., 2011 found that parents were more confident about the future, and multiple studies identified an increase in confidence as a result of participation in parent support groups (Falconer et al., 2008; Moore et al., 2014; Bridges et al., 2012). Zeedyk et al., (2003) found that the peer parent intervention group studied in their article contributed to normalising parenting problems.

2.5 What is Ouders in Actie?

Ouders in Actie is a preventive intervention that was initially set up between August 2008 and June 2009 as a pilot by Stichting de Meeuw in Rotterdam, which was taken over by the CJG Rijnmond when stichting de Meeuw ceased to exist (ZonMw, 2012). Groups of OiA take place in the community (zero line care), but the project is coordinated by first line care, by for example professionals from the CJG. This makes it unclear whether OiA can be categorized under zero line care, first line care or somewhere in-between.

The main aim of the intervention is prevention: decreasing the number of individuals in first and second line care by taking early action against potential problems. For the CJG it is important to reach populations of parents that would potentially benefit from parent support (Leijcluize, 2012). In total, four sub goals were formulated that contribute to achieving this goal. The first goal focuses on connecting parents that are difficult to reach, for example because they have little social connections or do not speak Dutch very well. Secondly, OiA aims to normalize parenting problems, by putting these issues into perspective and show parents they are not alone. Next, OiA aims to strengthen the pedagogic civil society as well as increasing social capital of

individuals, by using the social networks of volunteers. Finally, OiA aims to form a bridge to professional help, in which the volunteers can help participating parents find the right type of support when necessary (Horrevorts & van Rijckevorsel-Scheele, 2016).

OiA promotes an authoritative parenting style, in which children receive love from their parents. Furthermore, rules and boundaries are set by the parents (CJG, 2016). A short definition of this parenting style according to the CJG is provided in the folder that is used to train the volunteers (CJG Rijnmond, s.d. a),: *"Parents respond positively to what the child does or says. They listen with attention and take the time to do so. They praise and cuddle with their child. They stimulate their child by undertaking activities together and talking to each other.".* It is important that the child understands why some things are allowed and others things are not (Evans et al., 2013). The reasoning behind rules is explained by the parents, and a child's rights and responsibilities are balanced (Evans et al., 2013). This parenting style is considered to lead to optimal fulfilment of development of a child into an adult (de Winter, 2012). Parents should be encouraging, supportive and have realistic expectations of their children and themselves (CJG, 2016). Furthermore, OiA promotes parents to take care of themselves, as parents that feel well raise their children in a more relaxed and confident way (CJG, 2016).

Currently, volunteers are trained by professionals from CJG Rijnmond and welfare organisations within neighbourhoods to facilitate group sessions (CJG Rijnmond, s.d. b.). Four training sessions about how to organise groups are provided, followed by three guidance sessions, in which the volunteer receives feedback from a professional who attended a group session organised by the volunteer. When these are successfully executed, the volunteer receives a certificate. A handbook and a complementary USB stick with information of 33 topics that can be used to guide the sessions is provided to the volunteers (CJG Rijnmond, s.d. c). To become a volunteer, a number of requirements apply (CJG Rijnmond, s.d. d). The volunteers should be able to read and understand the Dutch language, because the information provided during the training sessions will be in Dutch. However, the execution of the groups can be done in the native language of the volunteer. Furthermore, it is important that volunteers support the authoritative parenting style, are motivated, and have the ability to connect parents and organise groups (CJG Rijnmond, s.d. d).

It is not entirely clear how many parents have been trained by the CJG and professionals from welfare organisations to become a volunteer. Reason for this is that not every participant completed the training, or organised guidance sessions after completion of the training and have thus never received a certificate. The database in which contact information of previous and current volunteers is kept is currently being updated and was not finished when this report was published. No access was provided to the researcher to view this database. It was estimated by the program coordinators of the CJG that 80 to 100 parents have received training between 2009 and 2018 to become a volunteer. Currently, 25 to 30 volunteers are actively organising meetings for parents in their environment according to the CJG. All volunteers except for one is female, and the ethnic background of the volunteers is very diverse including Dutch, Moroccan, Turkish, Iranian, Eritrean, Syrian, Surinamese, Antillean and Egyptian volunteers among other nationalities. The frequency of meetings is variable between groups, ranging from every week to only when there is a need to talk between participants. Some groups also engage in other activities such as cooking together, and are thus not only meeting up to discuss parenting topics. Locations of the meetings vary, ranging from churches or mosques, neighbourhood houses, at the home of the volunteer or in schools.

3 Theoretical Background

In this chapter, different theories will be discussed that were used in this study to investigate experiences of participants of Ouders in Actie. The used theories were applied in a model and operationalised.

3.1 Pedagogic civil society

The civil society is viewed as a place where skills of citizenship are taught, as well as norms and values (Edwards, 2014. p14). The pedagogic civil society is an extension of the civil society and refers to the specific part of the civil society that is related to the upbringing of children (Broeders et al., 2011). The term pedagogic civil society was initially introduced by Micha de Winter in 2008, and refers to "*the readiness of civilians to share responsibilities to raise children in the public domain, in social networks and by mutual support and informal social control.*" (Adapted from Dutch, De Winter, 2008).

The term pedagogic civil society was studied to a large extent by the ZonMw as part of the programme 'voluntary effort for and by youth and family' (Broeders et al., 2011), and was also used as an important concept in the New Rotterdam Youth system (Gemeente Rotterdam, 2014). This system, as explained before, focuses on the strength of individuals and families. Professional support aims to help families to solve problems in their own network (Gemeente Rotterdam, 2014). The pedagogic civil society is not widely scientifically studied or operationalised outside of these contexts in the Netherlands. It provides an idealized format in which youthcare should be organized. To create a successful pedagogic civil society it is important that the responsibility of the individual or family is emphasized, in combination with their social network and civilians in the public domain (Broeders et al., 2011). All civilians should feel a joint responsibility for the wellbeing and upbringing of the children in the community (Hermanns, 2009).

Different positive effects can be attributed to a strong pedagogic civil society. Using the resources that communities have to offer. A community based approach in raising children can have a strong preventive and curative effect (Hermanns, 2009). Strong ties between individuals and families, and high levels of social control and social cohesion in a neighbourhood seem to work protective against abuse, neglect and criminality (de Winter 2012). Interventions to prevent these situations should thus look beyond just the family sphere, and should be aimed at strengthening social ties and integration of a family within a neighbourhood (de Winter, 2012).

3.2 What is capital?

Many different philosophers and researchers investigated capital in different fields (Lin, 1999). In sociology, Bourdieu is one philosopher who contributed to the definition and use of the term capital to a large extent (Vrooman et al., 2014; Wentink et al., 2014). Bourdieu refers to capital as accumulated labor and originally identified three different types of capital: economic capital, cultural capital and social capital (Bourdieu 1986). These different types of capital can be converted in one another (Bourdieu, 1986). For this study both social capital and cultural capital are relevant. However, economic capital mainly refers to capital in the form of money and wealth

(Bourdieu, 1986). OiA does not aim to directly alter economic capital with its volunteers nor its participants, and will thus be left out in this study. However, studying social and cultural capital alone would result in missing an important aspect of OiA, namely the psychological influence of OiA on participants. Therefore, psychological capital is the third type of capital that is included in this study. All aforementioned types of capital will be discussed and operationalised hereafter.

3.2.1 Social capital

Social capital is a collection of actual and potential resources that are created by being member of a group and having relationships with other individuals (Bourdieu, 1986). The members of this group are supported by the collectively owned capital resulting from these relationships (Bourdieu, 1986). The amount of social capital is, according to Putnam, dependent on the size of the network of an individual, the possession of other forms of capital, as well as the combined possession of all types of capital of individuals in a network (Putnam, 2000).

A high level of social capital displayed higher levels of wellbeing and health of individuals in a community (de Winter, 2012). Putnam stated that social capital contributes to the development of children and adolescents, as involvement of parents in their children's schools is generally higher and there are relatively fewer behavioural problems amongst these children (Putnam, 2000). Social capital facilitates certain actions of actors and exists in the relations between people (Coleman, 1988). Social capital is seen as a (potential) source for support within the network and can be defined as social resources that are available in formal and informal relationships (Gottlieb & Bergen, 2009; Cohen et al., 2000).

House (1981) identified four types of so-called supportive behaviours or acts. These types of informal support can, when effective, have a preventive effect on the need for formal support, and potentially reduce stress as well (House, 1981). The first type was emotional support, namely acts of empathy, love or trust, and this was considered most important. Secondly, instrumental support are behaviours that directly help other people, for example by taking care of them. The third type of support identified is informational support, which means providing others with information that can be used to cope or deal with a situation. The final type of support is appraisal support, and refers to information that is used by individuals to evaluate themselves. Informational support and appraisal support are, compared to the other two, more difficult to characterize. Both the potential as well as the actual use of these types of support are relevant (Vrooman et al., 2014).

3.2.2 Psychological capital

Psychological capital refers to '*processes by which positive attitudes, feedback and criticism contribute to the functioning and development of an individual*' (Çavuş & Gökçen, 2015) and is often divided in four components, namely self-efficacy, hope, optimism and resilience (Çavuş & Gökçen, 2015; Luthans et al., 2004). It contains measurable and developable functions that are related to the psychological capacity of an individual (Çavuş & Gökçen, 2015). Positive psychological capital is often used to study organisational behaviour of employees, but is in this study used to investigate whether OiA improves different psychological capacities of participants.

Self-efficacy represents the positive belief an individual has about his or her abilities and directs individuals to successfully execute an assignment and this is sometimes referred to as

confidence (Çavuş & Gökçen, 2015; Luthans et al., 2004). Hope refers to the willpower or desire to achieve certain goals, as well as the ways to reach these goals (Çavuş & Gökçen, 2015; Luthans et al., 2004). Optimism refers to expectation for the best possible outcome, and the mindset that positive situations or outcomes may happen (Çavuş & Gökçen, 2015; Luthans et al., 2004). Resilience refers to the ability to cope with and recover from adverse events, and resilience is enhanced by positive emotions (Luthans et al., 2004). These four dimensions interact with each other and they can influence each other (Çavuş & Gökçen, 2015) and they can help an individual to act efficiently, and to realize one's full potential (Çavuş & Gökçen, 2015).

3.2.3 Cultural capital

Bourdieu described cultural capital as 'investments of the individual in reproducing symbols and meanings to internalize these symbols and meanings' (Lin, 1999). In other words, it consists of 'qualifications, skills and knowledge, and the ability to internalize these' (Wentink et al., 2014). These reproducible meanings are important in the creation and continuation of communal differences (Vrooman et al., 2014), as Bourdieu stated that cultural capital marks the difference between socioeconomic classes (Bourdieu, 1986). Bourdieu originally identified three types of cultural capital: the embodied state, the objectified state and the institutionalized state. The embodied state refers to external wealth that has become an integral part of the individual, such as language, norms and values associated with different social classes (Bourdieu, 1986; Vrooman et al., 2014). Secondly, the objectified state refers to materialized objects of culture, such as paintings, monuments or writings (Bourdieu, 1986; Vrooman et al., 2014). The third form of cultural capital, the institutionalized state, and this refers to official qualifications, such as academic diplomas and certificates (Bourdieu, 1986; Vrooman et al., 2014). These are a material product of educational qualifications someone possesses (Bourdieu, 1986).

According to Bourdieu, differences in cultural capital result in differences between different classes in society (Bourdieu, 1979). In society, cultural capital of higher classes, such as language and certain cultural products is dominant, and it is thus easier to conform for children that were raised in these higher social classes (Vrooman et al., 2014). Cultural capital is frequently studied in connection with educational outcomes or academic achievement of children and youth from different backgrounds (Lee & Bowen, 2006; Reay, 2004;).

3.3 Conceptual model

In the previous paragraphs, different theories were explained to provide more insight into the civil society and different types of capital associated with this civil society. The conceptual model that is created for this study consists of three aforementioned types of capital, namely psychological capital, cultural capital and social capital. These three types of capital will be taken as a base to investigate the perceived effects of OiA, to answer the research question proposed in the introduction: What are the experienced effects for participants of Ouders in Actie? The proposed model will be used to guide this study.
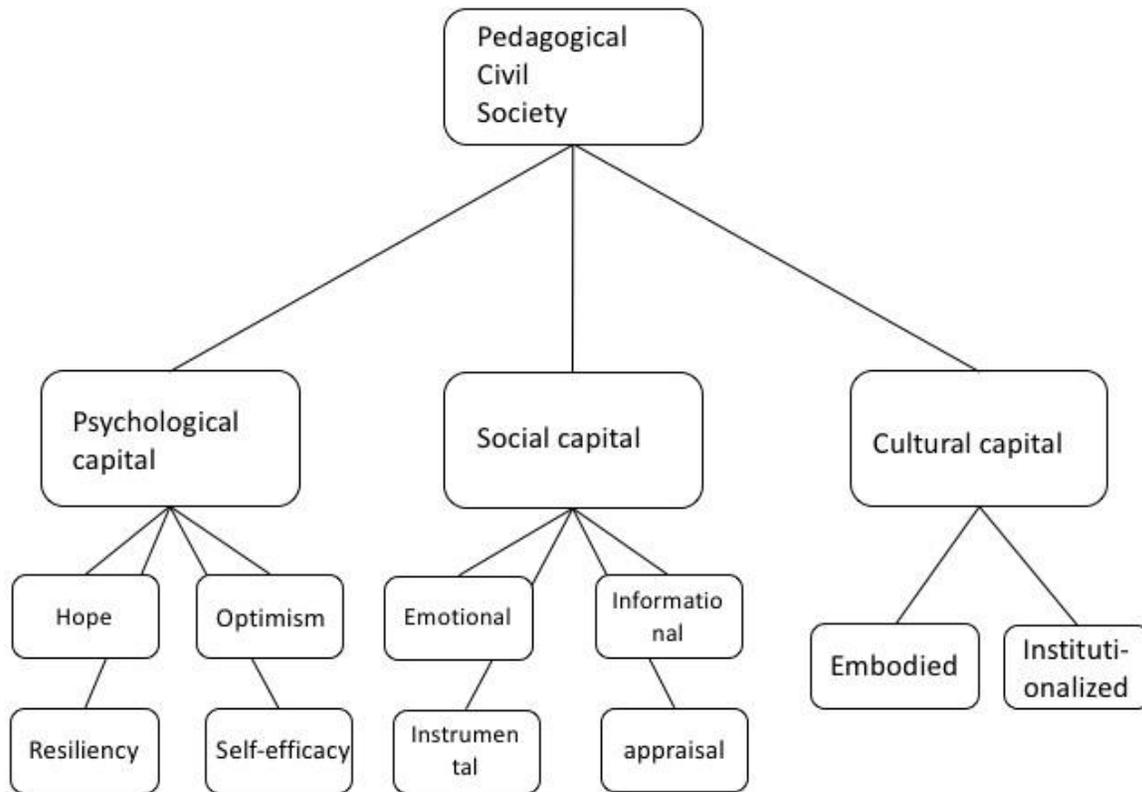
Figure 2: A visual representation of the conceptual model.

In this study it will be investigated whether OiA has contributed to strengthening of the pedagogic civil society by studying changes of different aspects that contribute to a strong pedagogic civil society. The role of civil societies is to foster culture, teaching skills and create social norms of citizenship. Social capital is essential because it creates connections between individuals (Edwards, 2014, p14). While the civil society refers to the willingness of participants to create a good environment for children to grow up in, social capital refers to the actual interactions that take place in this environment with tangible outcomes.

For this study, the distinction proposed by House (1981) was used to identify the different types of support provided and received by participants in OiA groups. OiA aims to increase social capital of participants and therefore it was investigated in which way OiA influences social capital according to participants, and which forms of social support are present. Psychological capital is divided into four main dimensions in this model, namely self-efficacy, hope, resilience and optimism.

With regards to cultural capital, only two of the three previously mentioned aspects will be studied, namely the institutionalised state and the embodied state. OiA does not aim to influence the 'materialized objects of culture' that fall under the objectified state such as possession of books and art and thus will be left out of the model. The embodied state refers to norms and values an individual has. In this study the norms and values and resulting beliefs towards the upbringing of children will be studied, as well as the influence of OiA on these norms and values. Furthermore, the institutionalized state refers to acquired knowledge, in the form of diplomas and certifications.

No certifications or diplomas are provided to participating parents, however, knowledge about parenting and general knowledge about the Dutch youth care system can possibly be acquired through participation in OiA meetings. This increase in knowledge as a result of OiA was studied under the institutionalised state of cultural capital. Furthermore, behavioural changes as a result of this increase in knowledge were also studied under the institutionalised state.

The different types of capital are connected, because they can be converted in one another to a certain extent (Vrooman et al., 2014; Bourdieu, 1986). An example of this convertibility could be when an increase in self-efficacy of an individual leads to an increase in social support a participant provides to individuals in his or her network. Because of time constraints no sub questions were formulated about interactions between different types of capital, because this requires a .

The main question of this study is "What are the experienced outcomes of Ouders in Actie according to participants?". In total, four sub questions, based on the model in figure 1, were formulated to guide this study.

- What is the influence of Ouders in Actie on social capital of participants?
- What is the influence of Ouders In Actie on psychological capital of participants?
- What is the influence of Ouders In Actie on cultural capital of participants?
- Does Ouders in Actie contribute to a stronger pedagogic civil society?

4 Methodology

In this chapter, the methods used for this study are described, as well as participant selection, validity and analysis of the data.

4.1 Approach

This study qualitatively investigated the perceived effectiveness of OiA according to participants. A qualitative approach was chosen for this study since this provides detailed insight into the experiences and opinions with regards to OiA. Data was collected in the form of observations of the group sessions, as well as semi-structured interviews with participants present at these sessions. These two methods provided insight by providing an objective description of the course of group sessions, as well as personal experiences of the participants. The perspectives of the volunteers and professionals associated with OiA towards the intervention Ouders in Actie were studied by a fellow researcher.

4.2 Inclusion and exclusion criteria

The most important inclusion criteria of this study was that the participants should have children and should have actively participated in more than one OiA session. Furthermore, it was important that the participant spoke Dutch to be able to answer the interview questions.

4.3 Participant selection and recruitment

Because of privacy reasons, the CJG served as a gatekeeper in this study by requesting cooperation from volunteers and provide the researcher with contact information after the volunteers consented. An appointment was made with the volunteers to be present at one of the OiA meetings, and they were asked whether they know participating parents in their group that would be interested in taking part in the interview. Recruitment of interview participants happened during the OiA meetings and depended on voluntary participation of the participants of the meetings the researcher was present at. Interviews were performed in a separate room during or after the OiA meetings.

4.4 Data Collection: Observations

Observational data was collected to examine how the volunteers provide the group sessions and how the participants respond and interact during these. Individuals were aware that they were being observed, but it was emphasized that they remained anonymous, and no recordings or pictures would be made. An observation guide was created to guide the observation session to make sure that no important topics were missed by the observer. This guide can be found in appendix 1. Field notes were made with pen and paper and a summary of the meeting was created, including experiential data of the researcher, emphasized in italics in the report of the meeting (Gray, 2014). A short report was created of each of the visited groups.

4.5 Data collection: Semi structured interviews

An interview guide was designed and can be found in appendix 1, consisting of one main question per concept that was extracted from theoretical framework. These main questions were complemented with follow-up or probing questions when necessary. Evers (2015), Gray (2014) and Rowley (2012) were used to guide the formulation of clear and specific questions, that are not leading, to decrease potential bias. Pilot interviews were held with a peer before starting the interview process to make sure all questions are clear and understandable (Rowley, 2014).

Semi structured interviews were performed because these are beneficial when studying views and opinions of participants (Gray, 2014, p386). Semi structured interviews provide an in depth impression as to how Ouders in Actie meetings are experienced, as well as what the perceived outcomes are according to participants. Initially, the aim was to perform at least twelve interviews or until data saturation was reached (Rowley, 2014). However, because of time constraints 10 interviews were performed with eleven participants from five different groups. Participants from different groups were interviewed, to ensure geographical spread within Rotterdam and control for potential influence of one volunteer.

4.6 Processing and Analysis

Interviews were recorded with the use of the recorder on a phone and transcribed verbatim after the interview. The interviews were anonymised and each interviewee was provided with a number in coherence with the interview number to ensure anonymity. Furthermore, other names and identifiable details were anonymised and are only known by the researcher. Only the researcher listened to recordings of the interviews, and these were deleted after transcription.

Analysis of the interviews was performed with the use of the program ATLAS.ti (version 8.2.2). The data was analysed by thematic analysis (Gray, 2014 P. 609). The six steps Braun and Clarke (2006) proposed were followed in the analysis of data. After the data was transcribed (step 1), initial codes were generated (step 2) and data were allocated to these codes. Next, codes were grouped together in themes (step 3), ideally in accordance with the theoretical framework. The themes were reviewed (step 4), defined and when necessarily adapted (step 5). Finally, the report was written and passages of interviews that represented the outcome were selected (step 6).

4.7 Validation & Reliability

To ensure internal validity, a member check was performed with the interviewee, by providing them with a summary of the interview transcript. Other researchers working on the same project were asked to check observation reports they were present at and the coding of the interviews. External validity does not have to be accounted for, as this study only focuses on Ouders in Actie and results do not have to be translated to different contexts (Gray, 2014).

Results from the interviews were compared to observational data to increase internal validity. All interviews were performed by the same researcher thus there is no bias of multiple interviewers. With the use of the interview guide that can be found in the appendix it was aimed to execute the interviews largely in the same order, to ensure reliability of this study.

4.8 Ethical Considerations

In accordance with ethical guidelines of the municipality of Rotterdam, participants were asked for their informed consent verbally with regards to participation in this study. Before and after the interview, participants were reassured that participation in this study was anonymous and they have the right to withdraw from the study without enclosing their reasoning. Recordings of the interviews were destroyed after transcriptions were created, and transcriptions will be stored on secure servers for a maximum of 10 years. Transcriptions were anonymized with the use of numbers and alternative names when necessary, and cannot be traced back to specific individuals.

5 Results

In this chapter, results of interviews and observations will be discussed. First demographics from interviewees and observations will be shared, after which results are discussed per concept.

5.1 Participants' background

In total, 10 interviews were held with eleven participants from five groups. All participants were female, and had children. All participants were individuals with a non-Dutch background, from different countries, of which Morocco (five times) came up most frequently. When asked about work, two out of eleven stated they currently have paid work, five have worked before but do not currently work, and four stated they were primarily a housewife. Furthermore, three unemployed participants stated that they currently participate in volunteer work on a regular basis. Three participants only had adult children, six had at least one child in the age group under 12 years old, and the remaining two at least one child between 12 and 18 years old. Details of gender and ages of the children can be found in table 1 in the appendix 2. Not all participants felt comfortable providing exact details. Two participants stated they had twins (P1 and P5), and two explained that they had a child with a handicap or a serious disease (P8 and P11). It is important to note that participants in the group d. already visited the parents room present in the school where OiA groups were held.

No interview question was asked with regards to reasons individuals had to take part in the OiA group sessions. However, seven participants stated one or multiple reasons why they visited the group sessions. An extensive overview of reasons of participants to take part in OiA meetings can be found in table 2 of the appendix. Most commonly mentioned reasons to participate in OiA meetings were 'to get out of the house', followed by 'to learn something'. Other reasons mentioned were to relax, have social interactions and the need to share stories.

"I am always curious, I want to join and learn new things. (...) It is my time, it is my resting time, that is why I come here."

P5, mother of 6. Group 2.

Participants were not asked what topics were discussed during the groups, however, some individuals shared some of the topics that were previously discussed. Examples of this were social media and technology, how to deal with different emotions, puberty and sexual education, healthy eating and the importance of taking care of yourself as a parent when raising children.

5.2 Observational data

During the observations it was clear that there was a variety between the different visited groups with regards to composition of the groups and topics discussed. However, the structure of the groups was overall the same. Participants were welcomed by the volunteer, drinks and sometimes food was shared between the participants and offered to the researcher. In four out of five groups the participants were talking with each other. The volunteer started the group and the topic was introduced. Topics that were discussed during the sessions the researcher was present at were 'emotions', 'being relaxed as a parent', 'sexual education' and 'communication'.

27

In two groups, a specific work form took place; writing down experiences and choosing a card on which a situation was described as a conversation starter. Two groups were provided mainly in Arabic, one in Tigrigna (language spoken in Eritrea) and two in Dutch.

In two of the observations, a relaxing exercise was performed, during which the participants were asked to close their eyes and take a few deep breaths. After the introduction of the topic, participants of the groups had the chance to share their stories or experiences, from which conversation arose between the participants. Interaction between the participants seemed friendly and supportive. Experiences and tips were exchanged. The atmosphere in the different groups was friendly and open and this showed that the participants knew each other well. They listened to each other's stories. The role of the volunteer was, in the visited groups, mainly to guide the session, to provide background information and give every participant a chance to speak. Sometimes the volunteer would ask questions as well, to guide the conversation and support people to find answers to questions themselves. After one to one and a half hour the groups were finished, and participants left again. Sometimes they shook hands or kiss as a goodbye.

5.3 Civil society

Participants were asked what their environment thought of them visiting the parenting groups, whether they felt a sense of connection with other participants and the neighbourhood, and whether participants meet up outside of the group. A more extensive overview can be found in table 3 in the appendix.

The environment was mainly neutral or positive about the participant going to the groups and three participants said they shared things they learned in the groups with their environment.

"Yes, I do tell [my partner] about parenting, what I learned in the group. I also tell my daughter, so that she can help me with her brothers."

P7, mother of 3. Group 1.

Some participants were explicitly stimulated by their family members to visit OiA meetings.

"My children say 'good that you do something mum, it is not good when you are alone all day, it's good to get out of the house.' "

P9, mother of 5. Group 4.

When participants were asked if they felt connected to the group, and the fellow group members, the answers varied to a large extent. Seven of the participants stated that the other participants feel as if they are (close) friends, and three of these from one group (group 1.) stated that the fellow participants felt as if they were family members.

"We really feel as if we are family. If someone is not present, it feels as if someone of the family is missing. We really have a family bond."

P1, mother of 3. Group 1.

28

Three participants stated that they did feel connected, but did not specify the type of bond this was, and one participant stated that she did not feel connected to the other parents in the OiA group she visited.

Whether individuals felt connected with the neighbourhood or school seemed dependent on the nature of the group. Three participants of group 2. visited a number of meetings organised inside the school of their children in which also other activities took place regularly. These three participants felt strongly connected to the school. Two of these three participants stated that they also participated in the parent board. Five participants did not state whether they felt connected to the neighbourhood or school, and two stated that they felt connected to the neighbourhood house, because they visited this regularly for the OiA groups.

The final question with regards to civil society was asked about whether participants met up with others from the groups they participated in. Two stated they did not meet up outside of organised groups. The remaining nine stated they saw the other participants outside of organised groups. Answers to this question ranged from having a meal together, visiting each other during birthdays to meeting up somewhere with the children so they could play together.

"With friends from the group, we go out for dinner or shopping. We visit each other at home, and sometimes at mine. Also with the children, to have play time."

P5, mother of 6. Group 2.

5.4 Social capital

Two questions were asked to investigate the level of social capital and in that way support participants experienced, namely whether the participants received support, and whether they provided support to other participants of the groups.

Most important types of support that were received in this study were emotional support, such as empathy from others, and informational support, in the form of tips and advice that participants shared between each other. An extensive overview of the results can be found in table 4 in Appendix 2. Eight participants believed they provided emotional and informational support, by listening to others and comforting them, and by sharing their tips. Sharing their worries with other parents felt as a relief. They would ask the fellow participants whether and how they had experienced a certain situation and how they solved a potential problem.

"My youngest, he can be very pesky. I discuss that with them to share experiences. (...) Yes I receive tips from [OiA] and others, that really helps."

P7, mother of 3. Group 1.

In the interviews, two participants stated that they did not receive instrumental support, because it was not necessary. However, they did state that they provided support to others. This indicates that participants are willing to help, despite not needing or receiving instrumental support themselves. Four participants stated that they provided instrumental support such as picking up each other's children or help others with their Dutch.

"I help them with Dutch. People that don't speak Dutch, or have difficulties, I help them." P6,
mother of 2. Group 2.

One parent gave an explicit example of the instrumental support she received from fellow
participants

*"Last year, around this time, I was in the hospital. I received support from [fellow participant].
She brought and picked up my daughter every day [to and from school]."*

P8, mother of 3. Group 1.

Interestingly, one lady from group 1 stated that they have a money jar in the group, in which
everyone drops some coins after their meeting. However, none of the other participants that were
interviewed from that group mentioned this. This can also be seen as a form of instrumental
support.

*"We also extended it for poor people, we have a jar. We collect, it doesn't matter, 1 euro, 2 euro
or 50 cents, every time you throw something in. When someone needs something, we use that
jar."*

P1, mother of 3. Group 1.

The fourth type of support that was used in this study was appraisal support which is information
that is used by people to evaluate themselves. In this study, two participants explicitly stated that
hearing stories from others made them realise they are actually good parents.

*"Sometimes you are not sure if you do the right thing. If you hear that others do the same things
as you, it gives you a good feeling. I am not a bad mother."*

P6, mother of 2. Group 2.

5.5 Psychological capital

Psychological capital was divided in the four concepts that were used in the model and a question
was asked about each concept. The definitions from the chapter conceptual model were used to
distinguish between the different concepts. However, during coding it turned out that the different
concepts hope, optimism, self-efficacy and resilience were not always clearly distinct from each
other. Some results may therefore overlap. An extensive overview of this can be found in table 5
in the Appendix 2.

Hope refers to the desire or willpower to achieve certain goals and optimism is the expectation
of the best possible outcome, and that these may happen. During the interview these concepts
were difficult to distinguish from each other. When asked whether participants were optimistic
with regards to the future, all confirmed. Especially the participants with children, below 12 stated
that they felt positive about the future, and talked about the goals they wanted to reach. The
following quote covers both hope and optimism.

*"My goal now is to be aware with puberty. My daughter is almost 11 years old and I notice many
changes are coming. I want to focus on puberty and how to deal with this. (...) [my goal is that]
everything runs smoothly, without too many problems and stress."*

P1, mother of 3. Group 1.

Resilience refers to the ability to deal with adverse circumstances. Five interviewees stated that OiA meetings had helped them in dealing with adverse situations or presented the belief that OiA would be useful when they would encounter an adverse situation in the future. Some mentioned they felt comfortable knowing what to do in certain situations, not only for themselves, but for when these situations would happen to family members or friends as well. For example, Participant 8 (mother of 3. Group 1.) stated:

"Sometimes you hear something, or you learn something, and later, family of neighbours have that problem. (...) Then I have an idea and give them advice. (...) I don't only come here to learn how to raise my children, I come to learn what can happen, [how to solve] problems."

With regards to self-efficacy, ten participants stated they felt more confident because of participation in the OiA groups, while one said she was already confident, and not much changed. In total, four participants explicitly stated they felt stronger, and they were able to stand up for themselves and sometimes for their children as well.

"I always say yes yes yes, but now I started saying no no no. Not always, but in some situations I started saying no. (...) I don't want other people to profit of me anymore."

P3, mother of 2. Group 3.

5.6 Cultural capital

Based on the model, norms and values (embodied state) were studied, as well as the increase in factual knowledge (institutionalized state) as a result of OiA. These two concepts were difficult to investigate and analyse as such, thus it was decided to study what beliefs participants had with regards to parenting, whether these beliefs had changed as a result of OiA and whether this change in believe lead to a change in parenting with regards to behaviour or the gain of new skills or parenting knowledge. An overview of the results can be found in table 6 in the appendix.

All participants stated they had learned something from the meetings they visited. This could be practical skills, but also changed beliefs with regards to parenting and specific topics. A change in belief that was mentioned by seven participants was that they learned that it is important to listen to their child and two participants stretched the importance of a child being able to make their own decisions and learning how to be independent.

"[before], children did not have their say. But children can also make decisions. The child also has the right to share their stories, and it's not like children always lie. Maybe they are right"

P5, mother of 6. Group 2.

Five parents gave clear examples of behavioural changes they made as a result of OiA with regards to their parenting style or behaviour, such as P7:

"Before I had different ways of parenting, (...) if [my son] did not want to do something, I used to shout: you have to do this. Now I talk to him and he understands why he has to do it."

P7, mother of 3. Group 1.

Besides listening to and talking with their children, five participants stated that OiA has helped them to learn how to take care of themselves as a parent, with regards to their personal wellbeing.

"I receive advice from the OiA, about how to raise my children, without getting tired or becoming stressed"

P7, mother of 3. Group 1.

References to differences between Dutch and the native culture of participants were initially not a point of interest, but during interviews it was a topic that came up in four interviews and was discussed in the group sessions that were visited by the researcher as well. Participants stated that they struggled with the differences between the Dutch culture and their native culture, and that OiA has helped these participants in dealing with these differences.

"I realise now that the culture here is different than the culture I grew up in. Here it is multicultural. The lessons helped me to find a place in the community, but I could also help my children with this."

P10, parent of 5. Group 5.

Parents were asked whether they knew where to go if their child encountered difficulties, only three responded to that question by giving examples of professionals they could visit, such as their child's teacher or community workers. The remaining participants did not seem to fully understand the question and did not provide an answer, or stated other knowledge they acquired in the groups, which was presented above.

5.7 Additional results

Trust between participants or a safe environment were topics that came up during the interviews. Participants stated that it was important that they could trust the other participants of the group when they shared personal stories, because it was important for them the personal information and stories remained within the group.

"You are also careful. (...) You first look at how a person is, can I trust them? And then you can be open and discuss everything."

P3, mother of 2. Group 3.

6 Discussion & Conclusion

In the discussion, the research questions will be answered followed by strengths and limitations and a conclusion.

6.1 Answers to the research questions

6.1.1 Does Ouders in Actie contribute to a stronger pedagogic civil society?

The aspects of the civil society relevant for this study were the increase of social networks in which parents could meet and the viewpoint of the already existing network of the participants. The neutral to positive response of the environment of participants about visiting the group sessions could indicate that the individuals in the environment promote the ideas behind OiA with regards to the pedagogic civil society, such as the shared responsibility of raising children, importance of social networks and mutual support. Almost all participants felt like they were connected to the other participants of the group they visited and saw the other participants as friends and sometimes even as family. Despite this was not the case for all participants, some stated that activities were organised outside of the usual group gatherings and that they also saw each other outside of the group. Based on these results, the social networks of individuals participating in OiA seemed have been increased, which was one of the goals of OiA. Based on these results it can be assumed that OiA has a positive effect on the pedagogic civil society.

6.1.2 What is the influence of Ouders in Actie on social capital of participants?

Based on the results in the previous chapter, it seems that OiA has a positive effect on social capital. All participants stated that they received social support, mainly in the form of emotional support or informational support, and ten stated that they also felt they provided social support to others in the groups. Information and support was shared between participant and volunteer, and between different participants. It is important to note as well that not many participants stated they received or provided instrumental support, but instead said that when they would be in need, they believed the other participants of the group would give a helping hand, or they would help others themselves. This implies that the potential for instrumental support is present in the groups.

Emotional support and informational support were found most frequently in this study and these types of support, seemed to contribute to the established goals of OiA to the greatest extent. Hearing stories of other people and realising that they approached situations the same, could contribute to an increase of normalisation of parenting problems. Furthermore, these results suggest that OiA provides an environment in which opportunities to increase social capital between participants exist.

6.1.3 What is the influence of Ouders In Actie on psychological capital of participants?

Initially it was unclear which aspects of psychological capital were relevant for this study. During the interviews and analysis of the data it turned out that not all answers by participants were unambiguous with regards to the corresponding concept of the question. Nevertheless, useful data was retrieved from the interviews. Participants felt positive when looking to the future and felt more confident as a parent. Almost all stated they were able to deal with difficult situations better or felt they were able to deal with potential problems when these may arise in the future. The feelings of knowing what to do in certain adverse situations, either for their own children or the children of family or friends indicates the willingness of participants to help others and implies possible feelings of a shared responsibility in raising children, which is important in the conceptualisation of the pedagogic civil society.

An increase in self-efficacy contributed to the goal of normalisation parenting problems that the CJG aimed to achieve with OiA. The CJG accentuates psychological wellbeing of parents that participate in OiA. Topics such as taking care of yourself and asking for help when needed are important topics that are discussed in the training folder for volunteers (CJG Rijnmond, s.d. a). Based on the results of interviews and observations, these topics were put in practice by the volunteer, for example by having a relaxing exercise at the beginning or end of a group session. Furthermore, in the training folder tips are provided how to strengthen competences of the participants by listening to them, focussing on individual strength of parents and supporting them in finding their own solutions (CJG Rijnmond, s.d. a). These goals seemed to have been successfully transferred to participants of OiA.

6.1.4 What is the influence of Ouders In Actie on cultural capital of participants?

Parents stated that they, as a result of participation in OiA groups, changed their beliefs and learned new behaviours and skills, such as talking with their child. This behaviour is in coherence with information that is provided during the training of volunteers, which promotes an authoritative parenting style, in which talking, cuddling and praising children is promoted (CJG Rijnmond, s.d. a). Furthermore, the idea of a relaxed parent came up a number of times in the interviews. This is an important theme that is discussed with the volunteers when they receive training and seemed to have successfully transferred to the participants (CJG Rijnmond, s.d. a). An important assumption that is made by the CJG is that all parents are knowledgeable, and that the process of talking about parenting to become a better parent is important (CJG, s.d. a). The role of the volunteer is here to introduce the topic, facilitate the group session and help parents to find solutions to problems themselves. An increase in knowledge with regards to available youth care in the Netherlands seemed limited based on the results, but could have been caused by a misunderstanding of the question regarding this topic.

6.1.5 Interaction between different types of capital

In this study, it became clear that the civil society and different types of capital have a complex interaction. Some participants stated that they became more confident as a result of informational support or appraisal support they received during the groups. Interactions like these were underlined by research as well. Solomon et al., (2001) stated for example that an improvement

in parenting skills and knowledge could have an effect on parents' feelings of selfefficacy. A large longitudinal study should be undertaken to investigate interactions between different types of capital and the civil society to a larger extent.

6.1.6 What are the experienced outcomes of Ouders in Actie according to participants?

In this study, parents that participate in the low threshold parenting intervention OiA benefit from this intervention in different ways. In conclusion, based on previously discussed results, experienced outcomes are that OiA provides a place for participants to talk with like-minded individuals, and share experiences and tips with regards to parenting. It provides a place to learn and to get out of the house for. Participants feel more confident, know better how to deal with difficult situations in parenting and learned new skills and knowledge of parenting, such as the importance of listening to your children. Furthermore, OiA also provides a place to meet new people and expand the social network.

The first goal of OiA was to reach parents that would otherwise not have been reached. It is difficult to make conclusions about this, as this was not studied. Most participants that were interviewed were already active parents, who for example had a job or worked as a volunteer and had a certain level of Dutch. However, during observations it was seen that many participants in the groups did not speak any Dutch, and for them OiA may be a low threshold method to exchange parenting information in their native language. Secondly, normalizing parenting problems was seemed to have been achieved. Parents stated they felt more confident with regards to issues they encountered and they realised they were not alone with certain problems. The goal of strengthening social capital of participants seemed to have improved. Participants felt supported and the social network of participants seemed to have expanded as a result of participation in OiA groups. Finally, creating a bridge towards professional organisations was the final goal discussed in the contextual background. Based on the results of this study, it is unclear if this goal is achieved. The question that was asked with regards to this topic seemed to be misunderstood by most of the parents, and thus no conclusions can be made whether OiA has contributed to a stronger connection with professional organisations.

6.2 Strengths and limitations

It is important that the results of this study are interpreted carefully for a number of reasons. A major limitation during this study was the language barrier between the researcher and participants. While all interviewees spoke Dutch, some did not understand all questions asked by the researcher. This could have led to inaccurate or incomplete answers. Three interviews with participants from one group were dismissed because of this language barrier. When the interviewer asked if they participated in OiA meetings, all stated that they did not, and talked about language and knitting lessons they did participate in. When the volunteer organising the groups was asked whether these three participants did or did not take part in the OiA groups, she stated that they did and they might have misunderstood the researcher.

A different group, group 2 took place in a parent coffee room in a school, in which different events take place during the school year. OiA sessions were administered in the 6 weeks prior to the interviews, but it is unclear whether the changes participants noticed were actually a result of OiA

or if these were influenced by other, previously organised meetings that participants may have visited.

A further limitation was the time it took to connect to the volunteers to observe a group and interview participants. Because of privacy reasons, contact information could not be shared with the researchers without consent of the volunteers. The program coordinators from the CJG also stated that it was often difficult to contact the volunteers, which was experienced by the researcher when making appointments for observations and interviews as well. Furthermore, not all contact information of volunteers was up to date, and the CJG had no clear overview of which volunteers were currently actively organizing groups. Updating the contact information was still executed while writing this report.

Something that may be considered a strength is the variety of participants that were interviewed with regards to cultural background and geographical spread within Rotterdam. It is unfortunately unclear whether the interviewees represents the actual population of participants of OiA, because there is no overview of current active groups and volunteers. A different strength of this study was the fact that both observations and interviews were executed. This provided an insight of how the volunteers facilitated and how participants interacted with each other.

6.3 Advice for the municipality of Rotterdam and CJG Rijnmond.

Firstly, it is important for the CJG to create a database in which information of trained volunteers is kept up to date, potentially in cooperation of the supporting organisations in the neighbourhood. This can provide a more clear fact-based overview of which volunteers are actively organising OiA sessions, and can contribute to OiA becoming acknowledged as an effective parenting intervention in the Netherlands. Currently, primarily women visit the OiA groups. A request of some participants was whether something can be arranged for the fathers as well. The municipality and CJG are currently working on an intervention called 'Vaders in Actie' to target fathers.

With regards to future research, it is important to investigate the progress parents make when they start visiting OiA, and what influence is on the family, and especially the children. A longitudinal study in which the environment of participants of OiA is included as well could be suitable to investigate this matter. This longitudinal study could investigate whether increases in confidence and parenting knowledge observed in this study contributed in a decrease in behavioural problems of children, and on the long term, a potential decrease in the need for second line care and lower costs for youth care in the municipality of Rotterdam. Furthermore it is important to investigate whether OiA actually achieves to reach parents that are difficult to reach otherwise, as this is an important goal of OiA as well. This study was based on voluntary participation and because only a small number of the total amount of the existing OiA groups was visited it is not possible to make any conclusions regarding this topic.

7 Discussie en conclusie

In deze conclusie worden de onderzoeksvragen van het onderzoek naar de ervaringen van deelnemers van de interventie Ouders in Actie beantwoord.

7.1 Draagt Ouders in Actie bij aan een sterkere pedagogische civil society

De relevante onderdelen van de civil society in dit onderzoek waren de vergroting van sociale netwerken waarin ouders elkaar konden ontmoeten, en de mening van personen in de al bestaande netwerken over Ouders in Actie. Over het algemeen waren de reacties van de omgeving neutraal tot positief, en dit zou kunnen betekenen dat de personen in de omgeving van deelnemers achter de ideeën van de pedagogische civil society staan. Dit gaat dan om de gedeelde verantwoordelijkheid voor de opvoeding van kinderen, het belang van sociale netwerken en wederzijdse steun.
Bijna alle deelnemers voelden zich verbonden met de andere deelnemers van de groep die zij bezochten en zagen hen als vrienden en soms zelfs als familie. In sommige gevallen werden ook activiteiten buiten de vaste bijeenkomsten georganiseerd. Gebaseerd op deze resultaten lijken de sociale netwerken van de deelnemers te zijn vergroot, wat overeenkomt met een van de doelen van Ouders in Actie. Het kan worden aangenomen dat Ouders in Actie een positief effect heeft op de pedagogische civil society.

7.2 Wat is de invloed van Ouders in Actie op het sociale kapitaal van deelnemers?

Gebaseerd op de resultaten uit dit onderzoek lijkt het dat Ouders in Actie een positief effect heeft op sociaal kapitaal van de deelnemers. Alle deelnemers bevestigden dat zij sociale steun ontvingen, met name in de vorm van emotionele steun of informationele steun. Daarnaast zeiden tien van de ondervraagden dat zij ook dachten dat zij zelf steun gaven aan andere deelnemers van de Ouders in Actie groepen. Het is belangrijk om te vermelden dat veel deelnemers vertelden dat zij niet eerder instrumentele steun hadden ontvangen of gegeven, maar dit zouden doen of hierom vragen wanneer dit nodig zou zijn. Dit geeft aan dat er potentieel aanwezig is voor instrumentele steun.
Emotionele en informationele steun kwamen het vaakst voor in dit onderzoek, en deze vormen van steun leken de grootste bijdrage te leveren aan de doelen vastgesteld voor Ouders in Actie. Het horen van verhalen van andere deelnemers en het realiseren dat de anderen vergelijkbare problemen vergelijkbaar oplosten droeg bij aan het normaliseren van opvoedproblemen. Daarnaast geeft dit aan dat Ouders in Actie een omgeving bevordert waarin mogelijkheden om sociaal kapitaal te vergroten.

7.3 Wat is de invloed van Ouders in Actie op psychologisch kapitaal van de deelnemers?

Tijdens de interviews en analyse hiervan bleek dat niet alle antwoorden eenduidig waren met betrekking tot het psychologisch kapitaal. Desalniettemin werden er toch nuttige uitkomsten gevonden. Deelnemers voelden zich positief wanneer zij naar de toekomst keken, en voelden zich zelfverzekerder als ouder. Zij zeiden bijna allemaal dat zij beter konden omgaan met moeilijke situaties, of dat zij vertrouwden dit te kunnen wanneer zij problemen zouden ervaren in de toekomst. Het gevoel te weten wat te doen in moeilijke situaties, met betrekking tot hun eigen

kinderen of die van vrienden en familie geeft de bereidheid aan anderen te helpen. Daarnaast impliceert dit een gevoel van gedeelde verantwoording voor de opvoeding van kinderen wat een belangrijk onderdeel is van de pedagogische civil society.

Een vergroting van het zelfvertrouwen droeg bij aan het doel van normalisatie van opvoedproblemen. Het Centrum voor Jeugd en Gezin in regio Rijnmond promoot dan ook het psychologische welzijn van ouders die deelnemen aan de Ouders in Actie groepen. Onderwerpen zoals voor jezelf zorgen en om hulp vragen zijn belangrijke onderwerpen die in de vrijwilligerstraining worden besproken. Gebaseerd op resultaten van de interviews en observaties bleek dat deze onderwerpen ook in de praktijk werden gebracht. Een Voorbeeld hiervan waren het uitvoeren van een ontspannende oefening aan het begin of het einde van een bijeenkomst. Daarnaast bevat de informatie die vrijwilligers ontvangen tips over hoe de vrijwilligers competenties van deelnemers versterkt kunnen worden door naar hen te luisteren, te focussen op hun individuele kracht en hen te ondersteunen in het vinden van oplossingen. Deze doelen leken succesvol te worden bereikt door de deelnemers van Ouders in Actie.

7.4 Wat is de invloed van Ouder in Actie op cultureel kapitaal van de deelnemers?

Deelnemende ouders vertelden dat de ideeën en overtuigingen die zij hadden over opvoeding door deelname aan Ouders in Actie waren veranderd. Zij hebben nieuwe gedragingen en vaardigheden aangeleerd zoals praten met hun kinderen. Deze veranderingen komen overeen met informatie die vrijwilligers leren tijdens hun trainingen zoals het promoten van een authoritatieve opvoedstijl, waarbij praten met, en het prijzen van de kinderen als belangrijk wordt gezien. Daarnaast werd het thema ontspannen opvoeden meerdere keren genoemd in de interviews. Dit is een belangrijk thema dat wordt besproken tijdens de vrijwilligerstrainingen en lijkt te zijn overgedragen naar de deelnemers.

Een belangrijke aanname die wordt gedaan door het Centrum voor Jeugd en Gezin is dat alle ouders deskundig zijn in de opvoeding, en dat het proces van praten over de opvoeding belangrijk is om daadwerkelijk een betere ouder te worden. De rol van de vrijwilliger is hierbij dan ook om het onderwerp van een bijeenkomst te introduceren, de groepssessie te faciliteren en ouders te helpen om problemen zelf op te lossen. Een vergroting van kennis met betrekking tot beschikbare jeugdzorg in Nederland lijkt beperkt onder de deelnemers, maar kan ook zijn veroorzaakt door misvatting van de vraag gesteld over dit onderwerp.

7.5 Interactie tussen de verschillende vormen van kapitaal.

Tijdens dit onderzoek werd het duidelijk dat de civil society en verschillende vormen van kapitaal een complexe interactie hebben. Sommige deelnemers zeiden dat zij zich zelfverzekerder voelden door de informationele steun of 'appraisal support' die zij tijdens de groepen ontvingen. Een longitudinale studie met een grotere onderzoekspopulatie kan worden uitgevoerd om de interacties die tussen kapitaal en de civil society bestaan en het belang hiervan te onderzoeken.

7.6 Wat zijn de ervaren uitkomsten van Ouders in Actie volgens de deelnemers?

Deelnemers van Ouders in Actie hebben baat bij deze interventie om verschillende redenen. Ouders in Actie biedt deelnemers een plek om met gelijkgestemden te praten en om ervaringen en tips met betrekking tot de opvoeding te delen. Ouders in Actie biedt een plek buitenshuis om te bezoeken Deelnemers voelen zich zelfverzekerder en weten beter hoe om te gaan moeilijke

situaties in het ouderschap. Daarnaast hebben zij nieuwe kennis vergaard en vaardigheden geleerd, zoals het belang van het luisteren naar hun kinderen. Daarnaast biedt Ouders in Actie een plek om nieuwe mensen te ontmoeten en het sociale netwerk te vergroten.

Het eerste doel van Ouders in Actie was om ouders te bereiken die anders niet of moeilijk bereikbaar waren. Gebaseerd op de gevonden resultaten is het moeilijk om conclusies te trekken met betrekking tot dit doel, aangezien dit niet direct onderzocht was. De meeste deelnemers die werden geïnterviewd waren al actief in de samenleving, zo hadden zij bijvoorbeeld een baan of deden vrijwilligerswerk en spraken de Nederlandse taal redelijk tot goed. Desalniettemin bleek bij de observaties wel dat de meeste deelnemers in de bezochte groepen geen tot weinig Nederlands spraken. Voor deze personen kan Ouders in Actie een plek bieden om op een laagdrempelige manier informatie over het ouderschap uit te wisselen.

Het tweede doel van de interventie, het normaliseren van opvoedproblemen lijkt wel te zijn gerealiseerd. Ouders noemden dat zij zich zelfverzekerder voelden met betrekking tot situaties die zij tegenkwamen in de opvoeding en zij noemden dat de bijeenkomsten hebben bijgedragen aan een gevoel dat zij niet de enige zijn. Het versterken van sociaal kapitaal lijkt ook te zijn verbeterd door deelname aan Ouders in Actie. Deelnemers voelden zich gesteund en het leek alsof het sociale netwerk van de deelnemers was vergroot door deelname aan de bijeenkomsten. Wat betreft het laatste doel, de brugfunctie naar professionele organisaties, is het onduidelijk of deze daadwerkelijk wordt bereikt. De vraag die werd gesteld over dit onderwerp werd vaak niet begrepen of niet eenduidig beantwoord en hierdoor konden geen conclusies worden getrokken met betrekking tot dit doel.

7.7 Sterke punten en beperkingen van dit onderzoek

Het is van belang om de resultaten van dit onderzoek voorzichtig te interpreteren, om meerdere redenen. Ten eerste was er een taalbarrière tussen de onderzoekers en enkelen van de deelnemers. Alle deelnemers spraken Nederlands, maar enkelen begrepen niet alle vragen die werden gesteld door de onderzoeker. Het is mogelijk dat hierdoor onjuiste of incomplete antwoorden zijn gegeven door de deelnemers.

Een andere groep bezocht de ouderkoffiekamer in een school, waarin verschillende activiteiten plaatsvinden tijdens het school jaar. De bijeenkomsten van Ouders in Actie vonden plaats in de 6 weken voor de interviews. Door deze korte periode is het onduidelijk of de veranderingen die de deelnemers noemden daadwerkelijk een gevolg van Ouders in Actie waren, of dat deze door eerdere activiteiten zijn veroorzaakt.

Een verdere beperking was de tijd die het kostte om contact te krijgen met de vrijwilligers om een groep te observeren en interviews te houden met de deelnemers. Om privacy redenen mocht contactinformatie niet direct gedeeld worden met de onderzoeker maar moest eerst toestemming worden gegeven door de vrijwilligers. De programmacoördinators van het Centrum voor Jeugd en Gezin vertelden uit eigen ervaring dat het voor hen vaak moeilijk was om contact op te nemen en afspraken te maken met de deelnemers. Daarnaast was niet alle informatie van vrijwilligers up to date. Hier werd nog aan gewerkt tijdens de publicatie van dit rapport.

Een kracht van dit onderzoek was de variatie van de verschillende deelnemers met betrekking tot culturele achtergrond en spreiding door Rotterdam. Het is op dit moment onduidelijk of de geïnterviewde deelnemers representatief zijn voor de daadwerkelijke populatie van Ouders in Actie deelnemers, omdat er op dit moment geen duidelijk overzicht bestaat van de vrijwilligers die op dit moment actief groepen organiseren. Daarnaast is het een kracht dat zowel interviews als observaties zijn uitgevoerd

7.8 Advies voor de gemeente Rotterdam en het Centrum voor Jeugd en Gezin

Ten eerste is het belangrijk voor het CJG om een up to date database te creëren, mogelijk in samenwerking met ondersteunende organisaties die in de wijk werken. Dit kan een beter overzicht geven en bijdragen aan een meer op feiten en data gebaseerde aanpak. Op dit moment bezoeken vooral vrouwen de groepen. Enkele geïnterviewde vroegen of er ook iets voor de mannen kon worden georganiseerd. Op dit moment zijn het CJG en de gemeente bezig met het opzetten van Vaders in Actie.

Met betrekking tot toekomstig onderzoek is het belangrijk om de vooruitgang te onderzoeken die ouders maken door deelname aan Ouders in Actie en wat het effect op het gezin is. Een longitudinale studie zou hierbij kunnen onderzoeken of verbeteringen in zelfvertrouwen of opvoedkennis bijdraagt aan een vermindering van gedragsproblemen bij kinderen, en of dit op lange termijn mogelijk een verlaging van behoefte aan tweedelijnszorg leidt. Het is daarnaast belangrijk om te onderzoeken of deze interventie daadwerkelijk ouders bereikt die niet op een andere manier bereikt worden, aangezien dit ook een belangrijk doel is van Ouders in Actie.

Literature

Anschütz, J., de Haan, C., Mieloo, C., Rietveld, L., Wentink, T. & van Zeele, S. (2016). Evaluatie nieuw Rotterdams jeugdstelsel - Tussenmeting. Retrieved from: https://www.rotterdam.nl/wonen-leven/jeugd/Nieuw-RotterdamsJeugdstelsel.pdf.

Bot, S., de Roos, S., Sadiraj, K., Keuzenkamp, S., van den Broek, A., & Kleijnen, E. (2013). Terecht in de jeugdzorg.

Bourdieu, P. (2011). The forms of capital.(1986). *Cultural theory: An anthology*, *1*, 81-93.

Bridges M, Cohen S, Fuller B. (2012). Abriendo Puertas: Opening Doors to Opportunity. A national evaluation of second-generation trainers. UC Berkely.

Broeders, A. M. (2012). *Opvoeden samen met de buurt: buurtanalyse en eindconclusies: voorbeelden van pedagogische kracht in wijken en buurten: factsheets*. DSP-groep

Broeders, A., Duijvestijn, P., Wolswinkel, L., Broenink, N., & Fransen, N. (2011). Opvoeden samen met de buurt. De pedagogische civil society: een inhoudelijke oriëntatie.

Bourdieu, P. (1979). Symbolic power. *Critique of anthropology*, *4*(13-14), 77-85.

Bourdieu, P. (2011). The forms of capital.(1986). *Cultural theory: An anthology*, *1*, 81-93.

Çavuş, M. F., & Gökçen, A. (2015). Psychological capital: Definition, components and effects. *British Journal of Education, Society and Behavioural Science*, *5*(3), 244-255.

Chinman, M., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: Improving personenvironment fit through a consumer-run service. Community Mental Health Journal, 37, 215–229.

CJG Rijnmond, (s.d. a) De training Ouders in Actie. Een training voor actieve ouders. Trainersmap. provided as online document to researchers by CJG Rijnmond.

CJG Rijnmond (s.d. b) Ouders in Actie. Webpage. Accessed on 10-07-2018 on https://centrumvoorjeugdengezin.nl/oudersinactie/

CJG rijnmond (s.d. c) Folder voor werving. Provided as online document to researchers by CJG Rijnmond.

CJG Rijnmond (s.d. d) Wie worden ouders in actie criteria. Provided as online document to researchers by CJG Rijnmond.

CJG Rijnmond, 2016. De training Ouder in Actie. Een training voor actieve ouders. Paper folder, provided to researchers by CJG Rijnmond.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American journal of sociology*, *94*, S95-S120.

Cohen, S. S., & Fields, G. (2000). Social Capital and Capital Gains: An Examination of Social Capital. *Understanding silicon valley: The anatomy of an entrepreneurial region*, 190.

van Dam, H. A., van der Horst, F. G., Knoops, L., Ryckman, R. M., Crebolder, H. F., & van den Borne, B. H. (2005). Social support in diabetes: a systematic review of controlled intervention studies. Patient education and counseling, 59(1), 1-12.

Day C, Michelson D, Thomson S, Penney C, Draper L (2012a). Innovations in Practice: Empowering Parents, Empowering Communities: A Pilot Evaluation of a Peer-led Parenting Programme. Child and Adolescent Mental Health 17:52–57.

Edwards, M. (2009). *Civil society*. Polity.

Evans, N., Carlson, L., & Hoy, M. (2013). Coddling our kids: Can parenting style affect attitudes toward advergames? *Journal of Advertising, 42*(2/3), 228-240.

Evers, J., & ...[et al.]. (2015). *Kwalitatieve analyse: kunst en kunde*. Boom Lemma.

Falconer M, Haskett M, McDaniels L, Dirkes T, Siegel E. (2008). Evaluation of support groups for child abuse prevention: outcomes of four state evaluations. Social work with groups 31:165-182.

Gemeente Rotterdam. (2013). Nieuw Rotterdams Jeugdstelsel. Retrieved from: https://www.rotterdam.nl/wonenleven/jeugd/Nieuw-Rotterdams-Jeugdstelsel.pdf on 15-02-2018.

Gemeente Rotterdam. (2014). Beleidsplan Nieuw Rotterdams Jeugdstelsel, 2015-2018. Retrieved from: https://www.rotterdam.nl/wonen-leven/jeugd/Beleidsplan_NRJ_2015-2018.pdf on 05-02-2018.

Gezondheidsatlas GGD. (2017a). Leeftijdsgroepen gezondheidsmonitor 2017. Retrieved from: https://gezondheidsatlasrotterdamrijnmond.nl/admin/jive?workspace_guid=3984542c-6ad9-4ed4-823f-b9465ba56a33 on 16-02-2018.

Gezondheidsatlas GGD. (2017b). Huishoudsamenstelling. Retrieved from: https://gezondheidsatlasrotterdamrijnmond.nl/dashboard/Bevolking/Huishoudsamenstelling--285/ on 12-02-2018.

Gezondheidsatlas GGD. (2017c). Percentage inwoners land van herkomst 2017. Retrieved from: https://gezondheidsatlasrotterdamrijnmond.nl/admin/jive?workspace_guid=3984542c-6ad9-4ed4-823f-b9465ba56a33 on 17-02-2018

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: theory, research, and practice.* John Wiley & Sons.

Gray, D. E. (2013). *Doing research in the real world*. Sage.

Helgeson, V. S., & Cohen, S. (1996). Social support and adjustment to cancer: reconciling descriptive, correlational, and intervention research. Health Psychology, 15(2), 135.

Hilhorst, P., Zonneveld, M., & de Winter, M. (2013). *De gewoonste zaak van de wereld: Radicaal kiezen voor de pedagogische civil society*. RMO, Raad voor Maatschappelijke Ontwikkeling.

Hermanns, J. M. A. (2009). Het opvoeden verleerd. (Oratiereeks). Amsterdam: Vossiuspers.

Horrevorts, E. & van Rijckevorsel-Scheele, J. (2016). Ouders in Actie - een literatuurstudie naar het effect van nonprofessionele hulpgroepen voor ouders met opvoedvragen. Retrieved from: http://st-raw.nl/wp-content/uploads/2016/01/Ouders-in-Actie-Literatuurstudie-naar-het-effect-van-non-professionele-hulpgroepen-voorouders-met-opvoedvragen.pdf

Ince, D. (2013). Wat werkt in Opvoedingsondersteuning?. *Retrieved on June*, *18*, 2015.

Kingsnorth S, Gall C, Beayni S, Rigby P (2011). Parents as transition experts? Qualitative findings from a pilot parent-led peer support group. Child Care Health Dev, 37:833-840.

Law, M., King, S., Stewart, D., & King, G. (2002). The perceived effects of parent-led support groups for parents of children with disabilities. Physical & Occupational Therapy in Pediatrics, 21(2-3), 29-48.

Lecluijze, S. (2012). Beschrijving en theoretische onderbouwing van Ouder in Actie in de Kocatepe moskee in Rotterdam. Retrieved from: http://www.vrijwillige-inzet.nl/fileadmin/www.vrijwilligeinzet.nl/Producten/P019_Onderbouwing_Ouder_in_Actie.pdf on 06-2-2018.

Lee, J. S., & Bowen, N. K. (2006). Parent involvement, cultural capital, and the achievement gap among elementary school children. *American educational research journal*, *43*(2), 193-218.

Leeuwen, van M. (2010). Kennisdossier Preventieve Opvoedondersteuning voor Migrantenouders. Retrieved from http://www.pharos.nl/documents/doc/kd-opvoeding_pdf.pdf on 04-05-2018.

Lin, N. (1999). Building a network theory of social capital. In *Social capital* (pp. 3-28). Routledge.

Lipman E, Boyle M. (2005). Social support and education groups for single mothers: a randomized controlled trial of a community-based program. CMAJ 173:1451-1456

Lo, L. (2010). Perceived benefits experienced in support groups for Chinese families of children with disabilities. Early Child Development and Care, 180(3), 405-415.

Luthans, F., Luthans, K. W., & Luthans, B. C. (2004). Positive psychological capital: Beyond human and social capital.

McDonell JR, Ben-Arieh A, Melton G. (2015). Strong Communities for Children: Results of a multi-year communitybased initiative to protect children from harm. Child Abuse & neglect 41:79-96.

Ministerie van VWS, 2013. Memorie van toelichting. Retrieved from https://www.nji.nl/nl/Download-NJi/Jeugdwetmemorie-van-toelichting-27-juni-2013.pdf on 18-02-2018.

Ministerie van VWS, (2013b). Hoofdlijnen wetsvoorstel jeugdwet. Retrieved from:
https://www.nji.nl/nl/DownloadNJi/Factsheet-Hoofdlijnen-wetsvoorstel-Jeugdwet.pdf on 18-02-2018.

Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence.* London: Department for Education and Skills

Nederlands jeugd instituut (s.d.) eigen kracht stimuleren. Webpage. Accessed on 15-07-2018.
https://www.nji.nl/nl/Kennis/Dossier/Sterke-basis-voor-de-jeugd/De-rol-van-de-gemeente/Eigen-kracht-stimuleren

Nederlands Jeugd Instituut. (2006). Databank effectieve jeugdinterventies: Home-Start. Retrieved from: https://www.nji.nl/nl/Databank/Databank-Effectieve-Jeugdinterventies/Erkende-interventies/Home-Start.html on 1902-2018.

Nederlands Jeugd Instituut. (2018). Transformatie jeugdwet. Retrieved from: https://www.nji.nl/Jeugdwet on 12-022018.

Ras, M., Pommer, E., & Sadiraj, K. (2014). *Kostenverschillen in de jeugdzorg*. SCP.

Reay, D. (2004). Education and cultural capital: The implications of changing trends in education policies. *Cultural trends*, *13*(2), 73-86.

Rowley, J. (2012). Conducting research interviews. *Management Research Review, 35*(3-4), 260-271. doi:10.1108/01409171211210154

Schrimshaw, E., & Siegel, K. (2003). Perceived barriers to social support from family and friends among older adults with hIV/AIDS. Journal of Health Psychology, 8(6), 738-752.

Shilling, V., Morris, C., Thompson- Coon, J., Ukoumunne, O., Rogers, M., & Logan, S. (2013). Peer support for parents of children with chronic disabling conditions: a systematic review of quantitative and qualitative studies. Developmental Medicine & Child Neurology, 55(7), 602-609.

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, *27*(4), 392.

Solomon, M., Pistrang, N., & Barker, C. (2001). The benefits of mutual support groups for parents of children with disabilities. *American Journal of Community Psychology*, *29*(1), 113-132.

Speetjens, P., van der Linden, D. & Goossens, F. (2009). *Kennis over opvoeden: De vragen van ouders, het aanbod van de overheid en de mogelijkheden van de markt.* Utrecht: Trimbos- instituut.

ST-RAW. ST-RAW (2016-2017). Retrieved from: http://st-raw.nl/ on 26-04-2018.

Putnam, R. D. (2000). Bowling alone: America's declining social capital. In *Culture and politics* (pp. 223-234). Palgrave Macmillan, New York.

Thompson, R. A., & Ontai, L. (2000). Striving to do well what comes naturally: Social support, developmental psychopathology, and social policy. *Development and Psychopathology*, *12*(4), 657-675.

Verschuren, P., Doorewaard, H., & Mellion, M. J. (2010). *Designing a research project* (Vol. 2). The Hague: Eleven International publishing house.

Vos, R., Vreeswijk, M., Jerkovic, N. (2009). Interculturalisatie CJG Rotterdam. Retrieved from: http://www.pharos.nl/documents/doc/centrum_jeugd_en_gezin_rotterdam_interculturalisatie_eindrapport_0.pdf on 04-05-2018.

Vrooman, C., Gijsberts, M., & Boelhouwer, J. (2014). Verschil in Nederland. Retrieved from:https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2014/Verschil_in_Nederland on 13-04-2018.

Wentink, T., Reijnen, A., van Toorn, M. (2014). Voorstel indicatoren "outcome"-meting monitor sociaal domein. Gemeente Rotterdam.

De Winter, M. (2012). *Socialization and civil society: How parents, teachers and others could foster a democratic way of life*. Springer Science & Business Media.

Zeedyk S, Werritty I, Riach C. (2003). Promoting emotional health through a parenting support programme: what motivates parents to enrol? International journal of mental health promotion 5:21-31.

Zeedyk, M. S., Werritty, I., & Riach, C. (2008). One year on: perceptions of the lasting benefits of involvement in a parenting support programme. Children & Society, 22(2), 99-111.

ZonMw. s.d. ZonMw-programma Academische Werkplaatsen Transformatie Jeugd. Retrieved from: https://www.zonmw.nl/fileadmin/documenten/AWTJ/ZonMwprogramma_Academische_Werkplaats en_Transformatie_Jeugd.pdf on 22-03-2018.

ZonMw. (2012). Project ouders in actie. Consulted at: https://www.zonmw.nl/nl/onderzoekresultaten/jeugd/programmas/project-detail/vrijwillige-inzet-voor-en-door-jeugd-en-gezin/ouder-in-actie/ on 14-022018.

Appendix 1.

Interview guide

- Rosanne, afstudeeropdracht voor de Vrije Universiteit
- Bedankt dat u wilt meewerken
- Onderzoek gaat naar uw ervaringen van Ouders in Actie. Het is dus heel belangrijk dat u eerlijk bent. Alle antwoorden zijn goed, positief, negatief en ook als u het niet helemaal goed weet
- Alles wordt anoniem verwerkt, en niemand zal er dus achter komen wat er precies is gezegd. Het zal geen nadelige gevolgen hebben voor u en uw gezin, de ouder in actie of een van de deelnemers.
- Mag het interview worden opgenomen? Dit zal mij heel erg helpen met het verwerken, en ik verwijder het meteen zodra ik klaar ben met de opname. Ik ben de enige die hier naar zal luisteren.
- Heeft u nog vragen?

Algemene vragen	Kunt u iets over uzelf vertellen
	   • Leeftijd, beroep, opleiding
	   • Culturele achtergrond
	   • Kinderen en leeftijd
	   • Partner
	   • Hoe lang in NL?
	   • Welke groep en hoe vaak
	
	Hoe bent u bij deze groep/OiA terecht gekomen?
	Via school, bekenden oid? Hoe ging dat?

Civil Society	Weet uw omgeving dat u deelneemt aan deze groepen? • Wat vinden zij hiervan? Partner, kinderen, familie? Voelt u zich verbonden met de andere deelnemers? Voelt u zich meer verbonden met de school/buurt? Ontmoet u de deelnemers ook wel eens buiten Ouders in Actie ontmoetingen om?

Social Capital	Heeft u steun aan de groep?
	   • Krijgt u wel eens emotionele steun? •
	   Krijgt u wel eens praktische steun?
	
	Geeft u steun aan anderen tijdens de ouders in actie groep? •
	   Kunt u een voorbeeld geven?

Psychologisch kapitaal	Heeft u veranderingen opgemerkt in bijvoorbeeld de manier waarop u uw kinderen opvoedt door deelname aan de OiA groep? • Voorbeeld Bent u door deelname aan OiA zelfverzekerder geworden als ouder? Gaat u door deelname aan OiA anders om met moeilijke opvoedsituaties? Kijkt u door deelname aan ouders in actie anders aan tegen de toekomst met betrekking tot de opvoeding? Heeft u bepaalde doelen die u had met betrekking tot de opvoeding bereikt na deelname aan de groepen/door dingen die u in de groepen heeft geleerd?
Cultureel Kapitaal	Zijn uw ideeën over opvoeding verandert door deelname aan ouders in actie? Op welke manier Heeft u door deelname nieuwe dingen geleerd over opvoeden? Heeft u door deelname nieuwe dingen geleerd over bijvoorbeeld het schoolsysteem in Nederland/jeugdzorg
OiA algemeen	Hoe kijkt u aan tegen (naam vrijwilliger)? Welke dingen vindt u goed van OiA? Welke dingen vindt u minder goed van OiA? Heeft u nog opmerkingen of vragen?

Observational guide

Datum:
Naam Ouder in Actie:
Locatie van samenkomen:
Frequentie van samenkomen:
Aantal deelnemende ouders:
Voertaal van de bijeenkomst:
Achtergrond deelnemers (indien bekend):

Is er een programma van de bijeenkomst? Wat is het programma van de bijeenkomst?

Wat is de rol van de Ouder in Actie? Hoe wordt hij/zij gezien door deelnemers?

Is er een discussie over een onderwerp? Doen alle deelnemers mee met de discussie? Hoe gaat dit er aan toe: vragen stellen, advies geven, rustig, luid pratend etc.

Worden problemen/ervaringen uitgewisseld door de deelnemers? Wordt er advies gegeven?