



Burden: A qualitative analysis

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ARTICLE INFO

Keywords:

Youth care
Interviews
Natural mentor
Parents
Youth
Professionals
Burden

ABSTRACT

Navigating the youth care system may present significant challenges for families and professionals. These challenges may lead to feelings of strain and may contribute to a broader sense of burden among all involved. This qualitative study aims to understand how youth, parents, natural mentors (YIMs), and professionals working with a YIM and the family perceive burden in youth care and the factors contributing to it.

Conducted across four Dutch regions, the study involved semi-structured interviews and rich pictures with ten individuals from each perspective. Based on participants' responses, inductive coding was employed to identify clusters, themes, and subthemes.

Participants described the burden in emotional, mental, and physical terms, with mental burden being the most frequently mentioned across all perspectives. Youth reported feelings of powerlessness, while parents expressed frustration over stagnation. YIMs struggled with their dual roles, and YIM professionals felt pressured by conflicting expectations. Factors contributing to this burden involved deficiencies in personal and social agency, challenges in collaboration, and unmet expectations regarding professionals and the youth care system. All participants identified a lack of agency and unmet expectations. YIMs encountered an unequal power balance in their collaboration with YIM professionals, while YIM professionals faced difficulties in interacting with other professionals and parents. The findings highlight the need to address the sources of burden in youth care. Clarifying mutual expectations and collaboratively addressing burdens could improve experiences within youth care.

1. Introduction

Youth in the Netherlands are among the happiest (Helliwell et al., 2025), yet 1 in 7 receives youth care (Centraal Bureau voor de Statistiek, 2024). While most benefit from it, some do not. Intended to support families in difficulty, youth care may sometimes fall short, inadvertently creating additional challenges (Munford & Sanders, 2021; Weisz et al., 2017). For families and professionals alike, navigating the youth care system can be daunting due to complex bureaucratic processes, fragmented services, and unclear communication (Nooteboom et al. 2020). Sometimes both parents and youth feel overlooked and misunderstood, lacking influence in the decision-making process (Jonge et al., 2022; Nooteboom et al., 2020; Ten Brummelaar et al., 2018). Professionals, responsible for delivering care, sometimes become exhausted from their efforts, which yield minimal results (Himle et al., 1986; Hussein et al., 2014; Jonge et al., 2022; Liu et al., 2022; Novack & Dixon, 2019). This study investigated the experience of burden and the factors contributing

to burden within youth care identified by youth, parents, natural mentors, and professionals.

1.1. Youth care supports families

Youth care can take various forms: light parenting support, basic family care or individual-focused care, specialized (family) care, and (compulsory) residential youth care (Janssens, 2015). If a family's problems stagnate or increase a more severe form of care is deployed. This tiered system does not always adequately meet the needs and perceived burdens of those involved (Jonge et al., 2022).

There is a growing body of research on the effectiveness of youth care (e.g., Weisz et al., 2017; Gutterswijk et al., 2020). Despite evidence supporting the effectiveness of certain interventions—such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) (Hoogsteder et al., 2022), and Mindfulness (Sommers-Spijkerman et al., 2021)—youth care often falls

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short in providing adequate support for families facing multiple, often complex, problems in different areas of life (Hornýák et al., 2023; Jonge et al., 2022; Weisz et al., 2017). Research indicates that only small but statistically significant effects are observed in cases of multi-problem families, suggesting that current approaches may not sufficiently address their needs (Gutterswijk et al., 2020; Hornýák et al., 2023). Also, some studies found harmful effects on youth in (residential) youth care (Commissie-Samson, 2012; Dekker, et al., 2019). Furthermore, youth care for multi-problem families can, in some cases, contribute to additional challenges or unintended negative effects due to the complexity of the families, the fragmented nature of the interventions, a mismatch between available resources and actual needs (Clarijs, 2013; Smit, 2022, Stellaard, 2023; Visser et al., 2021; Weisz et al., 2017). Additionally, there are indications that the current offerings not only cause additional problems for the families but also for professionals (Eton et al., 2012; Munford & Sanders, 2021; Tausendfreund et al., 2016; Weisz et al., 2017).

Examples of additional challenges include parents feeling overlooked or misunderstood, parents and youth missing context or knowledge of how decisions are made, parents lacking guidance by individual problems, and finding professionals symptom-oriented (Eton et al., 2012, 2013; Jonge et al., 2022). Fortunately, there are also improvement opportunities described in an interprofessional collaboration model, which incorporates experts by experience, and demonstrates potential in breaking the cycle of intergenerational problems (Zegwaard et al., 2024). These challenges can be burdensome for all involved, but little research has been done on the subjective experience of this burden within youth care.

1.2. What do we know about burden?

As far as we know there is little literature about the lived burden by all involved in the context of youth care. The term ‘burden’ has mainly been used in studies on the formal or informal caregivers’ burden, patient treatment burden, or the burden associated with chronic diseases within the medical context. Caregiver burden often refers to the emotional, mental, physical, social, and financial stress experienced by those who care for individuals with chronic illnesses or disabilities (Akpan-Idiok et al., 2020; Visser et al., 2021; Zarit, 2008) or elderly care (Kunkle et al., 2021). Patient treatment burden addresses the impact of managing and living with a chronic illness, including the complexities of treatment regimens, lifestyle changes, and the psychological effects of disease management (Eton et al., 2012, 2013; Gallacher et al., 2011; Tran et al., 2014).

There are objective and subjective measurements and perceptions of burden (Akpan-Idiok et al., 2020). In this study, we align with the subjective perception as we aim to generate more attention for the topic of burden as possibly experienced by all stakeholders within youth care, specifically within youth care employing the YIM approach.

1.3. The YIM approach & the present study

The YIM approach, introduced in the Netherlands in 2013, is a form of youth care that integrates natural mentoring (Schwartz et al., 2013) into youth care (Van Dam et al., 2018). A YIM (Youth Initiated Mentor) is a trustworthy and significant person chosen by the youth to serve as their spokesperson, advocate, adviser, and confidant. The YIM collaborates with the parents and professionals to support the youth and enhance their well-being. Natural mentoring relationships can foster positive youth development and serve as a protective factor against the challenges of adolescence (Bowers et al., 2015; Van Dam et al., 2018). The YIM approach applies this concept by incorporating YIMs as a potential intervention within Dutch youth care.

This approach is executed by an intersectoral team consisting of youth care, mental health care, and disability services, which collectively share responsibility for the caseload. Adolescents (aged 12–18)

can be referred to this support when their development is at risk and their family is facing multiple problems (Koper et al., 2024; Van Dam et al., 2021; Van Dam & Verhulst, 2016). A key distinction within this approach is the role of the YIM professional, who differs from a traditional youth care professional. The YIM professional does not take the lead in providing direct care but instead facilitates and supports the youth and their network in finding sustainable solutions. They guide the youth and parents in identifying a suitable YIM, introduce the YIM approach, and ensure that the YIM understands their role. Once a YIM is chosen, the YIM professional organizes a structured meeting with parents, family, friends, and professionals to establish agreements on responsibilities, communication, and confidentiality. Following this, the process focuses on identifying key issues, defining actions and responsibilities, and gradually reducing professional involvement (Van Dam & Verhulst, 2016).

In this study, we explore the concept of burden within youth care from four perspectives: youth, parents, YIMs, and YIM professionals (i.e., the publicly financed professionals working with YIM). We aim to understand how all stakeholders experience burden within youth care. How do youth and parents, who have been in youth care for multiple years, perceive burden? What are the experiences of YIMs who take on this role? What challenges do YIM professionals face in their work, and what burdens do they encounter? Our central research question is: How do youth, parents, YIMs, and YIM professionals perceive burden within youth care and the factors contributing to this burden?

The collected data will give us insight into the similarities and differences in the lived burden by youth, parents, YIMs, and YIM professionals and the factors that contribute to this burden. By providing insight into what those involved in the current youth care system suffer from, this study aims to provide a deeper understanding of how the system’s mission and practices can be adapted to more effectively support both families and professionals. Additionally, by identifying the challenges and burdens faced by youth, parents, YIMs, and YIM professionals, we hope to enhance the overall effectiveness and sustainability of the YIM approach.

2. Method

2.1. Design

This study is part of the research project ‘The power of supportive change’ in the Netherlands, involving stakeholders from practice (youth, parents, YIMs, professionals, and YIM professionals). This qualitative study included an interpretative approach, based on semi-structured interviews with all stakeholders, and is adopted to understand the actors’ meaning. Our aim was to interview 40 participants, with ten participants representing each perspective (youth, parent, YIM, and YIM professional).

The Journal Article Reporting Standards (Levitt et al., 2018) of the APA and the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007) were applied to promote transparency and ensure clear and comprehensive reporting of the study methods. The study has been approved by the Ethics Review Board of the University of Amsterdam (FMG-1954) and gears with the Dutch Code of Conduct for Research Integrity (KNAW et al., 2018).

2.2. Participant selection

We asked four of the nine teams that provide this type of care in the Netherlands, to participate in this research. We selected the teams based on their dispersed locations across the Netherlands. Each team provided a contact person. This person was informed via phone and email about the study, the rationale, the procedure, and the inclusion criteria for the youth and parents. The inclusion criteria for youth and parents were: (i) in treatment for at least 6 months, (ii) but no longer than two years ago, (iii) the youth is between eleven and nineteen years of age, (iv) the youth

should be able to handle the strain of an interview about their burden, and (v) should have the courage to do so. For YIMs and YIM professionals, there were no selection criteria other than being involved with the family.

Participants were initially recruited via convenience sampling. Through each contact person per region, the first step was to identify youth and the parents who met the selection criteria. The idea was that the contact persons would first recruit the youth and then ask the parents, the YIMs, and YIM professionals, to increase the chance of having complete quartets (a youth, at least one of the two parents, YIM, and a YIM professional). We hoped to find four related respondents, each with their perspective on the burden experienced in the same situation. This was, however, not a condition for participation. We focused on an equal distribution of participants per region. Although our sample is small and the qualitative design does not aim for representativeness, we intentionally sought diversity to capture a range of youth care mechanisms and related experiences. By recruiting participants from four different regions and teams, we aimed to include geographical and organizational variation, allowing us to explore a broad spectrum of practice perspectives. This approach aligns with our goal of uncovering multiple dynamics within youth care rather than generalizing to the entire population.

During recruitment and initial analysis, we observed that there was little variation in the responses, regions were unequally represented and no fathers participated. It also became apparent that the quartets recruited in this way were all satisfied for the moment with the YIM professional. We therefore changed to purposive selection for more diversity (dissatisfaction with YIM professional, fathers and more equal distribution of participants over the four regions). We thus decided to prioritize the contributions of more diverse participants over complete quartets, and thus to prioritize possible similarities and differences between youth, parents, YIMs, and YIM professionals over similarities and differences within quartets.

When interested, and agreed on sharing contact information, the contact person shared the phone number and email with the researcher. Participants then received a WhatsApp or call from the researcher to explain more about the interview (topic, length, and location). When participants responded to the call or WhatsApp (usually a YIM or mother as a first contact in the quartet), they received a short video (for the youth) or folder (for parents/ YIM) with substantive information about the research and what is required. Within a week the potential respondent was contacted to plan a meeting, at their choice of location and time, and was asked whether their partner/child/YIM was also willing to participate in this research. When the meeting was scheduled, we also requested an interview with the associated YIM professional, a fact known to the parents, youths, and YIMs involved. All participants gave written informed consent before the interview. For youth under the age of 16, active informed consent for their participation was also obtained by one parent.

In the process of being interested and scheduling a meeting, 17 potential participants declined. They reported the following reasons: unstable situations at home, severe illness, change of mind, general distrust in youth care, lack of time, or fear of the unknown researcher. We explicitly invited four extra fathers via contact persons and the YIM, youth, or mother. But despite this extra effort, we didn't get a response from the fathers we reached out to. YIM professionals, YIMs, and mothers explain that 'he' (the referred father) doesn't want to be involved in youth care or research. Interviews were held between April and December 2023.

2.3. Participants

In total forty participants were interviewed individually: Ten youths (seven male, three female), ten parents (two fathers, eight mothers), ten YIMs (two male, eight female), and ten YIM professionals (three male, seven female). Five quartets were complete. This concerns the quartets:

A, C, E, J, and O (Table 1). We interviewed ten pairs of YIMs and YIM professionals, all of whom were familiar with each other.

Table 1 shows the demographics (quartet (A-R), gender (m/f), age (years), and region (1–4) of the youth ($M = 16.1$ years, $SD = 3.35$), the parents ($M = 45.0$ years, $SD = 6.24$), the YIMs ($M = 45.2$ years, $SD = 15.96$) and the YIM professionals ($M = 49.7$ years, $SD = 7.16$). Four YIM professionals were connected to two or three quartets as they provided multiple participants for whom they were the YIM professional. Region 2 provided the most participants (twelve) and Region 4 provided the fewest (seven).

2.4. Instruments and procedure

To gain more insight into the lived burden experienced by youth, parents, YIM, and YIM professionals, we conducted semi-structured interviews supplemented with rich pictures. The topic list with open-ended questions (this list can be requested from the first author) was developed within the research group. Subsequently, the topic list was pilot-tested on a 22-year-old person with specialized youth care and YIM experience. The topic list was customized afterward by the research group with some additional questions. Ultimately, the interview was structured as follows: (i) asking for personal data (age, gender, region, YIM relation, years within youth care), as well as phone number and email for follow-up during the member check process (ii) explaining the concept of burden and (iii) checking if the other person has understood the explanation, (iv) requesting an example of experienced burden and factors that contribute to their burden, (v) a request to draw this example or if a participant did not want to draw a request to select one or more association cards about emotions, (vi) explanatory and deepening questions following the drawing. Subsequently, (vii) other factors that contributed to their burden were requested, and there were (viii) further deepening questions on the themes and examples provided by the participant.

Ten times a participant refused or was reluctant to make a drawing, then an alternative was offered in choosing one or a selection of 45 association cards to express their feeling or emotions about burden. Five participants chose cards, two participants made use of cards combined with the start of a drawing and three participants chose to do neither. Participants were asked in different ways about their feelings of burden. One participant expressed frustration about the frequent repetition of questions regarding burdens.

At the end of the interview, each participant was asked whether everything was okay or if something else needed to be said. In case the researcher was worried about the well-being of the participant, she offered a phone call the next day or whenever the participant needed to. No one made use of this offer. The interview duration ranged from 30 min to 95 min. The conversations with youth were the shortest (around 35 min). The conversations with the YIM professionals lasted the longest (around 80 min). The YIMs and parents were in between in terms of duration (around 60 min).

Data saturation was reached in each of the four groups—youth, parents, YIMs, and YIM professionals—when new data became redundant to previously collected data (Grady, 1998). This occurred in each group around the eighth interview. By that point, we had spoken to both satisfied and dissatisfied youth, parents, and YIMs about their experiences with the YIM professional. Additionally, we followed an individual-oriented approach to data saturation, ensuring that probing continued until we reached a full understanding of each participant's perspective (Legard et al., 2003).

Most interviews were conducted at home (23 times) or at an office (13 times). Two interviews were conducted online (YIM professionals), one via email (youth), and one via phone (youth). In four interviews somebody else was present in the background. Two youths asked somebody to accompany her/him to the interview. In one interview, a YIM was present, and she helped the youth to express herself. In another interview, five others assisted the youth in answering questions: his

Table 1

List of Participants: Perspective, Quartet, Gender, Age and Region.

Youth				Parents				YIMs				YIM professionals			
Quartet	Gender	Age	Region	Quartet	Gender	Age	Region	Quartet	Gender	Age	Region	Quartet	Gender	Age	Region
A	m	15	1	A	f	46	1	A	f	32	1	A	f	59	1
C	m	13	3	C	f	42	3	B	f	47	1	BJR	f	56	1
E	m	19	4	E	f	52	4	C	f	48	3	C	f	43	3
J	m	18	1	G	m	39	2	D	f	42	3	D	f	58	3
N1	f	11	4	G	f	36	2	E	m	75	4	EN	m	47	4
N2	f	18	4	J	m	54	1	H	f	49	2	E	m	67	4
O	m	16	2	J	f	53	1	I	f	27	2	GO	f	44	2
P	f	17	3	M	f	44	2	J	m	32	1	HM	f	54	2
Q	m	17	2	N	f	41	4	L	f	39	4	I	f	37	2
R	m	17	1	O	f	43	2	O	f	61	2	L	m	32	4

Note. To anonymize the participants, we gave the four different regions in the Netherlands a number.

parents, two YIMs, and the YIM professional. For this youth, who had difficulty expressing himself, the researcher allowed his companions to speak on his behalf but asked the youth to rate how accurately they represented his views.

All 40 participants were interviewed once (where one person's interview was divided into two sessions). Participants were unaware before the interview began that they would receive a €20 gift token as a thank you. They were also assured that all their feelings and opinions were valid and relevant. Interviews were audio recorded (participants all agreed), and field notes were taken during and after the interviews. Transcripts of the interviews were made.

All interviews were conducted by the same researcher (SdR) : female, PhD-candidate, family therapist, and well-known trainer and developer of collaborating with YIMs. She didn't have a relationship with the participants before study commencement, although the ten YIM professionals were aware of her interest in this subject.

2.5. Data analysis

All transcripts were imported into the computer program ATLAS.TI (version 7) for inductive coding and analyzing the text. Next, we started with open coding. The open coding of the segments was done by two researchers where JB coded the segments of the YIM professionals and SdR coded the segments of the youth, parents, and YIMs. During the open coding phase, we discussed three coded transcripts to resolve differences in coding. Our codes were not based on a predetermined theory or framework, nor did the interviews target specific characteristics or themes. After open coding of the first ten transcripts, we started axial coding (Boeije & Bleijenbergh, 2019). In this phase we first categorized the codes into two clusters: a) How do youth, parents, YIMs, and YIM professionals experience burden within youth care? or b) What are the specific factors that are contributing to burden within youth care? Next, —after the initial 200 codes—we wrote each code on separate cards and spread them out on tables. As a research team, we then worked to identify emerging themes. For the first research question (How is burden experienced in youth care?), we quickly reached a consensus that this burden manifests on emotional, mental, and physical levels. Regarding the second question (What factors contributed to burden?), it became evident that some codes pertained to the participant's role and position, while others reflected difficulties in interactions with others. Additionally, a recurring theme was the mismatch between the expectations of youth care and youth care professionals and the actual experiences of participants. The first code tree was developed. The research group then discussed the code tree, and the code tree was adjusted. The more transcripts were coded, the more the code tree was filled.

As we proceeded with coding the final interviews, we identified that the burden related to role and position was primarily linked to a lack of agency. This realization led us to explore the concept of agency in the literature, ultimately drawing on Giddens (1986) and his distinction between personal agency (which is internally driven) and social agency

(which is externally driven). As a result, we were able to distinguish different relational dynamics within the codes related to collaboration. These included the relationship between the YIM and the YIM professional, the YIM and the youth, and the YIM professional and other non-YIM professionals. Finally, during the selective coding phase, we examined the similarities and differences between the perspectives.

We employed the methodology of member checking to enhance the reliability and validity of our findings (Lincoln & Guba, 1985). Participants provided feedback on the findings by responding to a video in which the researcher SdR briefly explained the results. The accompanying questionnaire asked whether the respondent agreed with these conclusions and whether he or she felt something was missing or wanted to add anything. It also offered the option to discuss the findings further during four separate online meetings with the researcher: one, especially for youths, one for parents, one for YIMs, and one for YIM professionals. Sixteen participants replied to the video. In general, they responded that the video was clear and recognizable. One YIM and one YIM professional made use of the opportunity to discuss the findings in a (separate) meeting. The feedback was subsequently incorporated.

3. Results

In 3.1, we explore the lived burdens identified by the four perspectives. We also delineate the similarities and differences among these perspectives. The lived burdens are categorized into three themes: emotional burden (3.1.1), referring to primary inward-directed feelings; mental burden (3.1.2), which describes the impact of these primal feelings; and physical burden (3.1.3), which pertains to bodily sensations.

In 3.2, we examine the specific factors that are contributing to burden and highlight the similarities and differences among the four perspectives. The term 'factors that contribute to burden' refers to specific elements within the youth care system that were identified as directly influencing the burden experienced by the participants. These factors include a lack in agency (3.2.1), collaboration problems (3.2.2), and unmet expectations (3.2.3), all of which play a significant role in shaping the experiences of burden within youth care according to the participants.

For accuracy, credibility, and contextual relevance, we have included quotes from participants. We acknowledge that some nuances of the participants may be altered in translation. We aimed to faithfully capture the participants' intentions.

3.1. The experienced burden within youth care

Table 2 shows the themes of the lived experience of burden from the four perspectives.

3.1.1. Emotional burden

Receiving youth care came with a variety of primary emotions which

Table 2

The Mentioned Experienced Burden within Youth Care per Perspective (n= 10) per Theme.

	Youth	Parents	YIMs	YIM professionals
Emotional	4	9	3	5
Sadness	3	7	3	2
Anger	0	1	2	4
Confusion	3	3	0	0
Stress	1	1	2	2
Fear	0	0	0	3
Mental	6	10	10	10
Frustration	2	4	6	5
Powerlessness	3	4	3	1
Downward spiral	4	5	2	0
Side effects	2	4	1	3
Stuckness	2	4	2	3
Waiting	3	6	4	0
Heaviness	1	4	2	1
Exhaustion	0	0	0	6
Pressure	0	0	0	10
Physical	3	2	0	5
Fatigue	2	1	0	4
Stomachache	1	1	0	1
Other	1	1	0	1

youth, parents, YIMs, and YIM professionals suffered. Emotional burden pertains to primary inward-directed feelings, like sadness, anger, confusion, stress, and fear. A youth explained that being in youth care felt like his favorite ball was deflated. YIMs primarily recognized the pain of the youth like loneliness or the struggle in life which led to sadness and anger. For parents, it's not only the lived burden within youth care but also the reason why they end up in youth care, that leads to sadness.

Mother C: *"Pfff... a lot of grey clouds I guess, at the beginning... Uh, yes, grey clouds, you just don't know how to get it done..."*.

Researcher: *"Yes"*.

Mother C: *"Yes, palpitations, and then the sadness comes out."*

YIMs, a parent, and YIM professionals reported feeling anger as a burden. The youth did not discuss this type of burden when asked about how burden feels.

YIM professional L: *"Uhm, specifically one of these foster parents who, yes, how do you say it, he has something very authoritarian in him that also clashes with me, I must be honest. I don't understand that very well... [...] Ehm, he acts as if he's the teacher in the classroom. And he speaks to you in that way, just in front of everyone. In their home, I stay calm. I handle it well. But when I leave such a conversation... yes, then I think 'asshole!'. It makes me so angry."*

Researcher: *"Completely... how.... just tell me, if I weren't also from youth care, just say it. If it bothers you..., tell me what you think, what do you feel?"*

YIM I: *"Hate."*

Besides sadness youths and parents also mentioned confusion. They described the help received as losing the thread, a quest, vague, and fluctuating reports. What created a burden was the feeling that a mapped-out path could always be adjusted along the way. There were conversations with professionals, but those professionals changed, and what can or cannot be offered can suddenly change. This led to confusion.

Mother N: *"That was actually the biggest stumbling block for us, and uhm 'everything is possible' but then again, 'actually not'. We experienced that, uhm, very much, right from the start, you know. I mean, we went to the doctor, and he referred us to practice support, practice support took it on for 8 months and then said: 'This is quite severe.' So, we had to go to another organization."*

Stress was mentioned from all perspectives. A youth reported feeling

stressed due to all the appointments with a YIM professional. A YIM cited not knowing if her youth had a roof over his head as a source of stress, and a YIM professional mentioned the constant need to be alert as a significant stressor.

Only YIM professionals also spontaneously mentioned experiencing fear. The fear of not being good enough or sometimes feeling fear when things are very tense or unsafe in a family for a child.

YIM professional H: *"Yes, it feels like you might be rejected or disqualified. Or you might feel like you're incapable of doing something. That feeling is present when I feel that burden, that I'm not a good caregiver. I'm not good enough, and I can... So, I also feel fear of being rejected or of having the door slammed in my face."*

3.1.2. Mental burden

Mental burden was the most mentioned theme across the four perspectives when asked about their lived experiences of burden in youth care. Mental burden differs from emotional burden as it concerns what those primal feelings do to you: they make you feel powerless or frustrated. Thus, we have thematized sadness as an emotional burden. However, frustration about the situation has been thematized as a mental burden. The subthemes of mental burden consist of feelings of frustration, powerlessness, being in a downward spiral, side effects, getting stuck, waiting, heaviness, exhaustion, and pressure.

Each perspective mentioned different kinds of mental burden. Youth, parents, and YIMs are frustrated with how things are handled within youth care. Contributing factors of this frustration are being sent from pillar to post, how slow things are going, and the waiting all the time. A youth mentioned the utter frustration when he found out he was removed from the waiting list. For YIMs, this was the most mentioned (sub)theme. Feeling constantly called upon to help but being unable to contribute constructively is a burden that causes frustration for YIM professionals and eventually also leads to exhaustion and feeling pressured.

In the subtheme of powerlessness, contributing factors include feeling hopeless in a situation where no one intervenes (a father), not knowing what the outcome will be (a youth), being in survival mode (parent and youth), and feeling powerless because one cannot provide help (YIM and YIM professional).

YIM B: *"Well... if, if, if only we had a multidisciplinary meeting earlier where we discussed different kinds of possibilities. [...] And you know, there were all kinds of reasons why things went slow: professionals getting ill, professionals leaving, new professionals coming and starting all over again, you name it. It is all human. But these factors were all very disturbing in the timeline."*

For youth, being in a downward spiral is the most frequently mentioned burden. This is also commonly noted by parents. Contributing factors provided include situations where the help led to worsening conditions or led to a new worse situation, where progress was not seen, and primarily among youth, it led to them losing interest in receiving help.

Youth A: *"...that you are on the train to go on a journey, to go towards your journey. [...] But you might just get completely tired on the train, so you just don't feel like it anymore."*

Contributing factors of the subtheme side effects as a mental burden mentioned by parents and youths included becoming depressed or insecure due to the involvement of youth care, feeling damaged, losing the maternal role, and losing trust in people. YIM professionals mentioned side effects that made them feel combative. Having to witness the impact of youth care on youths and parents led YIM professionals to describe themselves as either an FBI agent or a pit bull.

All four perspectives mentioned the burden of feeling stuck. An example of how this burden felt was described as feeling locked up, as if facing a closed door, trapped in a web of caregiving, and feeling unable to move forward.

Youth, parents, and YIMs mentioned waiting as burdensome. Waiting was the most mentioned mental burden by parents. Many quotes

about time were given: It takes a long time, costs time and energy, nothing happens, it wasn't worth the time, a year has passed but nothing has happened, wasted time, being in a waiting period.

All perspectives mentioned examples of how their burden felt heavy. Each perspective provided a metaphorical example of how that burden felt: like a brick, like a bucket of water continuously filling up, it drains a lot of energy, and you need to stand firm to cope with the caregiving.

Mother J: *"Uh...I just say it...like a brick, or like a couple of those heavy concrete balls that you have to keep lifting constantly."*

YIM professionals mentioned the pressure that is imposed on them the most, or that they impose on themselves. Feeling the call and responsibility to act, navigating between different interests, the feeling of being pulled in different directions, and having to walk on eggshells are examples of this pressure. This pressure leads to exhaustion. These subthemes exhaustion and pressure were not mentioned by any other perspective spontaneously. Whereas no professional mentioned spontaneously feeling in a downward spiral or waiting as a burden.

3.1.3. Physical burden

We thematized the physical burden by fatigue, stomachache, and other physical pains, like palpitations. Physical burden encompasses persistent or recurring bodily complaints, such as pain, fatigue, or movement limitations, that may hinder daily functioning and well-being. YIM professionals primarily mentioned feeling fatigued from their work as a significant burden. The constant pushing and pulling, doing things that people don't always want.

YIM professional L: *"It costs me so much energy, it makes me ultra tired."*

Youths mentioned they are getting tired of being in youth care. One youth explained how tiresome he got by all the choices – 'train switches' – he had to make.

Youth J: *"Yeah, no, for me, it was just that there were so many switches because we never knew which switch we had to take, yeah, those train switches."*

A mother shared that sometimes she would prefer to hand her child over to the professional, as she was so exhausted from dealing with him and youth care. YIMs didn't mention physical burden spontaneously.

3.2. The factors that contribute to burden within youth care

In Table 3 the factors that contribute to burden are presented.

Table 3

The Factors that Contribute to Burden in Youth Care: The number of Participants (n = 10) per Theme.

	Youth	Parents	YIMs	YIM case managers
Lack of Agency	10	10	10	10
Personal:	7	8	8	10
Burden of self	6	6	4	10
Negative emotions	3	7	6	4
Role or position	2	3	7	8
Social:	8	10	8	7
Treatment	5	7	2	4
Lack of support	4	8	5	7
Burden of parent(role)	4	3	5	0
Collaboration problems	2	0	7	8
YIM- (YIM) professional	1	0	5	0
YIM- youth	1	0	4	0
YIM professional – parent	0	0	0	6
YIM professional – professional	0	0	0	5
(Unmet) Expectations	9	10	9	10
About (YIM) professionals	7	9	8	10
About youth care	7	9	6	9
About YIM approach	0	0	0	6

3.2.1. Lack of agency

A lack of agency refers to a reduced ability of individuals to act independently and make autonomous choices, shaped by their intentions and power to act within a given structure. All 40 participants gave an example of suffering from a lack of agency. We distinguished between personal and social agency because we observed a difference between a lack of agency that derives from within the individual and a lack of agency that arises in interaction with others.

3.2.1.1. Personal agency. Subthemes of personal agency are suffering from oneself, feeling negative emotions (outward-directed), and suffering from one's role or position. All perspectives delineated factors that contribute to burden in these three subthemes.

Youths, parents, YIMs, and YIM professionals mentioned they feel burdened by themselves. The examples mentioned by youths are about not being able to be yourself (like wearing a mask), drug abuse, suicidal thoughts, creating an eating disorder, thinking badly about yourself, and loneliness.

Youth P: *"Uhm, that I am often alone and that I find it difficult to have and seek social contact. Uhm.... yes that...."*

Parents mentioned trying to do good, but being unsuccessful, and guilty. YIM professionals spoke about crossing their own boundaries and when work and private life intertwine. YIMs struggled with themselves due to recognition of the youth's problem and crossing their own boundaries.

YIM B: *"[...] but it mainly led to me shouting and shouting louder [to professionals]. And I was used to that as a child, my mother was psychiatric, I only got help if I screamed very loudly and didn't stop."*

Parents and YIMs also spoke about suffering from negative emotions, outward-directed (as opposed to inwardly directed emotions, as mentioned under emotional burden in 3.1.1). They mentioned fear of losing a child (placed out of home, arrested by the police, or by suicide) and anger towards persons involved (the other partner, the professional, the youth care system, the situation).

YIMs and YIM professionals indicated they feel burdened by their role or position. YIM professionals indicated their views about their position: How do they relate to the other person, how do others see them, and do they feel safe in the team. They even wonder whether they are more concerned with their position than with the youth.

YIM professional G: *"Well, I also immediately start thinking that this is related to my position and my role, like, how important am I? [...] Then I wonder, is this about her or him? Is it about the youth or is it about this..."*

YIMs mentioned several factors that made their role feel burdensome: Having a double role, never being free of YIM, having to watch from the sidelines, and when your role changes as YIM.

YIM B: *"I was a network foster parent but also a YIM, that was a bit complicated. A dual role that I sometimes found difficult because sometimes as a parent I would say something different as YIM. As YIM you are more of an extension of the child, and you really try to think from his perspective. As a parent, I was more of an educator. He lived in my house so here are my rules."*

3.2.1.2. Social agency. Social agency is about one's ability to exert influence within social structures and systems, such as youth care. Subthemes within this theme that contributed to burden are how someone was treated by professionals, a lack of support, and the parental role experienced as burdensome.

Youths and parents indicated that they don't like how they are treated in youth care. An issue within this subtheme is the perceived power difference between youth, parents, and professionals. Parents, youths, and YIMs spoke about being belittled, being talked behind their back, being rolled over, and being looked at, it must be done the professional way and being monitored by professionals.

Mother E: *"And the only thing they see [professionals], the only thing they see is: 'Oh look, the mother gets angry', but a lot had happened before the"*

meeting. They are not aware of that.”.

Youth N2: “Most of the professionals I spoke to wandered off to problems I didn’t seek help for. I wanted help for other problems but that was ignored or was seen as a subproblem of the ‘real’ problem.”.

Youth Q: “I don’t know how to visualize it.... I guess a lot of scratches. Yeah... Like a knife in your back.”.

The four perspectives mentioned the lack of support being burdensome. They gave examples like feeling they’re on their own, having to do it alone, they must be loud or else they wouldn’t be heard, being thrown into the deep end, and that you had to fight to get somewhere.

Youth O: “Yes, I just don’t feel understood and then it seems as if there is no one around me, so to speak. No professionals I mean.”.

Father G: “Yeah, yeah, yeah... they [(YIM) professionals] are writing down all kinds of things again. Then I think ‘Yes, come on, give me something. Give me some support.’ [...] I have never had that feeling, never no, so...”.

YIM professional C: “When it’s hard... in the end it’s me sitting there with that family, not the directing practitioner [in Dutch: *regiebehandelaar*]. I’ll be there again, I must do it.”.

Youths, parents, and YIMs all mentioned difficulties with the parental role, often expressing frustrations about the (other) parent, which they found burdensome. YIM professionals did not mention this. But they did mention the problems they have with parents within the context of collaboration (3.2.2.).

Youth E: “And I felt that my parents could not take good care of him [his little brother] actually. And that I was also a bit in between with [name uncle] actually and there... That is one of the biggest things that also bothered me, still actually. Hmm... that... yes.”.

YIM J: “[...] but when it comes to the parents, sometimes you think ‘well, you have to raise him differently’. But on the one hand, yes, that is also my role to say things like that. But on the other hand, it is difficult to say to your uncle and aunt: ‘What you are doing is not good’.”.

3.2.2. Collaboration problems

The second theme of burden concerns collaboration problems mentioned by YIMs and YIM professionals. The difference is that YIMs experienced difficulties in collaborating with professionals, sometimes also with YIM professionals, and feared the damage it could cause to their relationship with the youth. While YIM professionals mentioned experiencing difficulties in collaborating with parents and other professionals, their peers.

Just like treatment issues (3.2.1.2), most YIMs experience a significant difference between their treatment by YIM professionals (equality in collaboration) and other professionals (inequality in collaboration). However, YIMs also mentioned that they did not entirely see eye to eye with their current YIM professional. Since all YIMs and YIM professionals knew each other (pairs within a quartet), we noted that YIMs identified more issues in their relationship with the YIM professional than the YIM professionals identified. Further probing revealed that YIMs had not discussed these issues with their YIM professional. The reasons they gave included: “She is so proud that things are going well,” “I also do this at work—say yes, but think no,” and “She always calls briefly in between appointments, so I find it difficult to bring it up.” YIM J speaks highly of his YIM professional about the latter. They had an intense start and collaboration for his cousin, but now, when things go well, he lacks support, but he finds it difficult to bring this up.

YIM J: “I’m sure she will make time for it.... Yes, but I must realize that I need to discuss it separately, not just about [name of his cousin] but also about my role and my feelings, and that’s difficult. It’s always difficult. It’s easy to talk about someone else’s behavior, feelings, and whatever, but when you must talk about your feelings with someone else, it’s always a bigger step.”.

YIMs indicated that they experienced inequality and dependency in collaboration with (YIM) professionals and that this harmed their relationship with their youth.

YIM H: “I’m one of many people... who are you going to believe? That’s the thing, I guess.

Researcher: “You are dependent on that same professional, whether he or she has a connection with you and trusts you?”.

YIM H: “Yes, I think so. As a matter of fact, yes. Well said.”.

YIM A: “I don’t know if I can help him. The context is very complex, I don’t know if I can manage to help him with all that he needs. We need others [professionals] too. I worry, I don’t want to let him down too.”.

YIM professionals indicated that they experienced difficulty in collaborating with parents and colleagues. They talked about the lack of collaboration and the time pressure they feel from the local authority and the referrers. They experience a significant pressure to solve the problem as quickly as possible, whereas they would prefer to calmly first figure out ‘the who’; that is, to search for a YIM for the youth.

YIM professional N: “And I think that’s what we accomplished in the initial phase of the YIM approach: we deliberately sought space, thinking, ‘can we first address the ‘who’ [YIM] before the ‘what’? [problem exploration].’ It was challenging, and we advocated for it, but now you’ll notice that such space is increasingly scarce due to the immense pressure on YIM professionals, leaving them without enough time. Often, we lack a clear point of contact, and in this caregiving field, there’s so much happening that it’s not just the parents who are confused—we are too, due to the lack of effective collaboration. And then you just begin exploring the problem, but ideally, you would start as we did four or five years ago, by first sitting down calmly together.”.

YIM professional E: “This boy had lived with us at [youth care institution] for a while. And he was, in our opinion, ready to go back home. The family and YIM were ready too, and we advocated for that. But we simply couldn’t make it happen with the family guardian. She did not support it, so it did not proceed.”.

Parents and youths did not spontaneously mention experiencing collaboration difficulties. Except for the youth recognizing collaboration issues between YIM and other (non-YIM) professionals.

3.2.3. (Unmet) expectations

The third theme is about (unmet) expectations as a factor that contributes to burden. Almost every participant (38) mentioned a list of (unmet) expectations that bothered them. The subthemes are unmet expectations about (YIM) professionals, youth care, and the YIM approach.

The unmet expectations regarding (YIM) professionals, which were experienced as burdensome for youth, parents, and YIMs, included: missed appointments, no clear plan or commitment, perceived indifference, lack of action, indecisiveness, failure to provide requested assistance, incomplete understanding of the situation, and perceived incompetence.

YIM L: “Uhm, well, [...] is that the conversations remain just conversations and there is no decisiveness behind them in my opinion.”.

YIM professionals felt burdened by all the expectations of what youth, parents, YIMs, and other professionals put on them: they should take responsibility, fix the problem, know it all, have the expertise, have a plan, and unite all stakeholders.

YIM professional A: “It is a burden, people who say to you: ‘I have a problem, solve it for me, I don’t know what to do anymore.’ And then they start looking at you expectantly. And then I think, hmm...”.

On the other hand, YIM professionals put expectations on themselves too. They continue to critically evaluate themselves, thinking about how things can be done and how one can do better.

YIM professional D: “But I’m always trying to see: where do I stand? How can I connect? Am I too....? Am I, uh, looking at goals, am I still doing the right thing? Am I still, uh uh, am I going too fast with that parent? Should I slow down? Yes, I’m still very much searching for that, even after 27 years.”.

Youths, parents, and YIMs indicated about the youth care system (before the YIM professional): that they were bothered by the fact that there was no appropriate care for them, that the wrong help was

provided, that it was aimed too much at the child, that there was no one standing next to the child, that care provided more conflict between parents, ensured that forced care caused more struggle and that more time was spent on procedures than on the child. It was also indicated that protocols were more important than the well-being of the child, that no one felt responsible, that medication was provided too quickly, long waiting times, too many changes in care providers, and that they were sent from pillar to post.

Youth A: *"[...] it just took a lot of time and a lot of effort before I could get here. Yes, that just bothers me. After all, it should have happened sooner because everyone just knew that things were no longer safe at home. But they still wanted to try all that other shit that we had tried so many times that didn't work. Yes, what do you expect?"*

Some parents didn't expect any good at all from youth care. Mostly due to the fact of experiences in their childhood.

Mother O: *"I find the care system terrible, I don't think it's good at all. There might be some good people in it, don't get me wrong, but I don't trust them just like that. It takes a very long time for me." [...] "I've received care which was terrible. I was, I also had a child protection order, you know. I was under juvenile court."*

Since YIMs have not been (recently) involved in youth care for years like most parents and youth who were interviewed, they are not tainted with earlier negative experiences. Yet YIMs also mentioned painful contributing factors of youth care not helping.

YIM A: *"Yes, and that is very difficult and, ... apart from what it really did to me in the sense that I sometimes found my boundaries very difficult, I also became very angry with the entire system because of how he was treated. And by how parents are treated and what was not there. And how many mistakes were made. That this boy has seen a lot of people and has received help, but never has the feeling that there was someone next to him. And I listened to him..... and professionals were talking about how he had no confidence in youth care. How come I only needed 3 min to get to him?!"*

The burden of the youth care system for YIM professionals was that they suffer from the high workload, the bureaucratic system, injustice, and the system that is failing (people are excluded, too much is thought up for people, people are not heard) and that the system is too complicated.

YIM professional D: *"You must think about the indication, the referral, are you on time? [...] Have I done everything I needed to be doing? Because I don't want to disadvantage my client. [...] That bothers me so much, very much. How do I stay sane and not tip over? Because on Thursday afternoon, I am knackered."*

While all participating YIM professionals expressed great enthusiasm for the YIM approach, they also felt a simultaneous sense of pressure; There is a perceived urgency and obligation to find a YIM as quickly as possible, the assumptions, expectations, and prejudices about the YIM approach by other professionals and being inexperienced while wanting to maintain the positive image of the YIM approach.

YIM professional B: *"In the beginning when I wasn't an experienced YIM professional, it weighed heavy on me. I didn't have any successful experiences yet. [...] For me, it was a burden and a huge responsibility. [...] I wondered if I was presenting the YIM concept correctly."*

4. Discussion

What types of burdens are experienced by youths, parents, YIMs, and YIM professionals within the youth care system? This qualitative study addressed the inquiry in two parts: firstly, exploring how this burden is experienced, and secondly, identifying the specific factors that contributed to this burden.

The interviews revealed that burden was experienced in three ways: emotional, mental and physical. The nature and intensity of these burdens varied significantly between the four groups. Emotional burden manifested as sadness among youths, parents, and YIMs whereas YIM professionals more frequently articulated anger. Youths described their sadness in terms of feelings of loss and helplessness, while parents

associated their sadness not only with their experiences in youth care but also with the circumstances leading to their involvement in the system. YIMs primarily identified sadness in response to the suffering of the youths they supported. In contrast, YIM professionals reported anger, often directed at bureaucratic obstacles or perceived injustices within the system. Unlike the other three groups, youths did not mention anger as a significant emotional burden.

Mental burden was the most frequently mentioned form of burden across all perspectives, yet the specific experiences differed markedly. For youths, the mental burden involved feelings of being in a downward spiral, feeling that youth care interventions often led to worsening conditions or disillusionment with the help provided. Parents most frequently reported frustration with long waiting times. YIMs expressed frustration with the ambiguous and often dependent nature of their role. YIM professionals, in contrast, primarily described pressure as their dominant mental burden, experiencing high expectations, competing demands, and the challenge of navigating conflicting professional responsibilities.

Physical burden, while mentioned across perspectives, was most pronounced among YIM professionals and youths. Youths reported exhaustion due to the overwhelming number of choices they had to face within youth care. YIM professionals, on the other hand, described fatigue stemming from the constant demands of their role, particularly the need to mediate between families, youth, and the broader care system. Parents mentioned physical symptoms such as stress-induced palpitations, but these were not as central to their experience as they were for YIM professionals and youths. YIMs did not report physical burden.

According to Akpan-Idiok (2020), burden entails emotional, mental, physical, social, and financial elements. In our study, we didn't find the social and financial elements that Akpan-Idiok mentioned. Participants did not indicate experiencing time pressure or a lack of personal time for their activities. It is possible that other forms of burden were more pronounced, or that these burdens were less relevant in this specific type of care. This could indeed be the case, given that these YIM professionals conduct home visits at flexible hours. Therefore, parents (and YIMs) are spared the effort and expense of travel or arranging childcare for other children.

The specific factors that contributed to burden encompassed a lack in personal and social agency, challenges in collaborative interactions, and unmet expectations concerning the professional or sometimes the YIM professional and the youth care system. However, the way these factors manifested differed. A dearth of personal agency, akin to self-burden, was cited by both youths and YIM professionals. Youths often felt powerless over their circumstances, whereas YIM professionals described this burden in terms of their position. YIMs mainly portrayed personal agency as feeling encumbered by their role. Parents noted negative emotions towards others or a specific situation rather than a broader sense of powerlessness. Social agency, such as being poorly treated, was predominantly mentioned by parents and youths. They reported instances of feeling unheard or disregarded. YIMs, while also reporting a lack of support, framed this more in terms of their ambiguous role and the dependency they experienced on professionals. YIM professionals similarly cited a lack of support, but in their case, it was due to difficulties in collaborating with other professionals unfamiliar with the YIM approach. They also noted struggles in their interactions with parents.

A critical finding was the universality of unmet expectations. All four perspectives reported burden due to discrepancies between their expectations and the realities of youth care. Youths, parents, and YIMs felt let down by the system and by professionals, while YIM professionals also faced pressures stemming from unrealistic assumptions and expectations from colleagues unfamiliar with the YIM approach. This discrepancy between expectations and reality appeared to exacerbate the burden across all groups, with YIM professionals feeling particularly strained by the gap between what was expected of them and what they could realistically deliver.

Our study confirms previous research showing that highly burdened families experience additional burdens, a finding that also applies to YIMs and YIM professionals. Highly burdened families experience additional strain on many different fronts within the youth care context (Pannebakker et al., 2018; Tausendfreund et al., 2016). Additionally, the participants confirm the previous findings that youth care does not always align with their burden (Clarijs, 2013; Stellaard, 2023; Weisz et al., 2017), but rather exacerbates it (Eton et al., 2012, 2013; Munford & Sanders, 2021; Weisz et al., 2017), or even adds further harm (Commissie-Samson, 2012; Dekker, et al., 2019). The exhaustion of YIM professionals found in this study aligns with the results of previous studies among other professionals in youth care (Himle et al., 1986; Hussein et al., 2014; Jonge et al., 2022; Liu et al., 2022; Novack & Dixon, 2019).

Other research (Sekreve et al., 2020) indicated that roles and responsibilities need to be discussed between YIMs and YIM professionals. This study provides further insight into what should be discussed. YIMs appear to experience more burden related to their role (dual role, ambiguity, dependency on the professional), while YIM professionals seem to experience more burden from their position (not being on one page with other non-YIM professionals). It is noteworthy that these YIM professionals did not spontaneously mention experiencing collaboration issues with YIMs. YIM professionals may have had a blind spot in this regard. It seems that despite good intentions and awareness of creating a good relationship with the YIM, there is still an unequal power balance in effect. YIMs appeared to speak out or express less of what they needed. Initially, YIM professionals paid specific attention to this aspect of the YIM approach, but over time, this vigilance seems to diminish. The question is whether an expansion of this vigilance is needed or if it calls for a different approach. It seems YIM professionals might underestimate the importance of giving constant qualitative attention to the YIM. Or are YIM professionals so enthusiastic about the YIM approach because it alleviates their burden but creates a new burden for YIMs?

What stands out is the lack of agency among all participants, coupled with unmet expectations regarding (YIM) professionals and the youth care system. It appears understandable that youths, parents, and YIMs experienced frustration consequently, thereby adding pressure on YIM professionals. This raises the fundamental question of what can realistically be expected from youth care. Professionals feel pressured and exhausted by the constant demands and high expectations of what they cannot deliver. Negotiating mutual expectations and burdens could potentially offer a more effective approach. There is evidence that positive expectations contribute to better outcomes of assistance. When youths and parents have positive expectations about the provided help and trust in the approach, we see that this translates into results (Hubble et al., 2010). It also affects collaboration; they often experience fewer obstacles (De Greef et al., 2018).

4.1. Strengths and limitations

In this study, strength lies in our exploration of burden within the youth care context, a novel approach that had not been undertaken previously. Furthermore, we approached this investigation from four distinct perspectives: youth, parents, YIMs, and professionals.

The conversational skills and practical knowledge of the researcher were significant strengths. This enabled her to effectively connect and probe further, leading participants to share a lot about their burdens. A further strength was that a member check was carried out (Lincoln & Guba, 1985). All the results were presented to the 40 participants in a video of nine minutes. Sixteen out of 40 participants responded, and their comments were considered. The member check confirmed that asking about burdens is meaningful and important, yielding insights that resonate with individuals. A mother remarked that it is comforting to know that she's not alone in experiencing these burdens. As part of the member check, we gained more insight into recruitment aspects, understanding reasons for participation or non-participation, and power

inequality: a YIM (of her underage sister) mentioned that her parents and sister would not be honest with the researcher (they declined for this research) as they distrust anyone linked to youth care. Perhaps the responses might have differed if interviews had been conducted by an experienced parent in youth care or a former youth themselves. It may be valuable to involve experts by experience in similar situations as co-researchers.

A limitation is that we relied on contact persons as gatekeepers for the selection of participants (Kay, 2019). This may have introduced a selection bias because contact persons applied pre-existing criteria when approaching youths, parents, and YIMs they perceived as willing, capable, and comfortable to participate. To anticipate this selection bias, in our contact with the contact person, we specifically asked for youths, parents, or YIMs who were not satisfied. We invested extra time in recruiting individuals who were less inclined to participate, like people with mild intellectual disabilities, angry parents, and youths. This effort proved successful. Several parents expressed their discontent and youth who first declined did participate when adjustments were promised, like a phone call instead of a meeting or a meeting with parents and/or YIMs nearby. The researcher asked the contact person of the respective team to provide the individuals with mild intellectual disabilities with information about the research themselves, to facilitate the transition to scheduling an appointment more smoothly. Because of the drawings or cards, those who were less verbal were also able to effectively articulate what they were struggling with.

The involvement of the primary researcher with YIM can also be viewed as a limitation as she may have biases or steer toward certain questions and answers. The YIM professionals were aware of her involvement, but the YIMs, parents, and youths were not. This may have made YIM professionals more cautious in what they said about the YIM approach. Conscious of this bias, the researcher tried to convey to the YIM professionals that they could share everything, including the drawbacks, about the YIM approach. In our view, familiarity with YIM has enhanced the depth of the interviews. To prevent bias, another researcher (JB) conducted the coding for the YIM professionals, and within the research group, we double-checked the data and the findings.

Although no new themes or subthemes emerged in the parent group after eight interviews, suggesting data saturation, it should be noted that only two fathers participated. If more fathers had been included, additional insights might have been gained. Unfortunately, our attempts to engage more fathers have not yielded the desired results. Previous research has highlighted that fathers often require different recruitment strategies to engage them effectively in studies (Yaremych & Persky, 2023).

4.2. Recommendations

Youth care aims to help multi-problem families. (YIM) professionals need to work effectively and purposefully. This creates high expectations among the youths, parents, YIMs, and (YIM) professionals. When these expectations are not met, it causes a mental burden for everyone. Because burden is so prevalent, a logical question is what someone needs in this context. This leads to care ethics, such as the work of Tronto (1993). She states that care ethics emphasizes the importance of recognizing and addressing the needs and vulnerabilities of all individuals within the caregiving process. Tronto's work highlights that care is a relational and dynamic process that requires ongoing attention to the evolving needs of individuals. She asserts that care is intrinsically linked to power, gender, and time. It is not merely about the dependency of care receivers but also involves the conditions of interdependence between caregivers and care receivers. By emphasizing these principles, she highlights the ethical dimensions of caregiving and the moral obligation to provide care that genuinely meets the needs of all involved. This perspective should be more central to current thinking and practices within youth care.

4.2.1. Recommendations for practice

Firstly, regarding the YIM approach, youth, parents, YIMs, and YIM professionals need to have an honest and modest conversation about what they can expect from each other. What are their expectations and are they realistic?

Secondly, the unmet high expectations appear to have another effect: reduced agency among youths, parents, YIMs, and YIM professionals. For YIM professionals, it even leads to exhaustion. To turn the tide, it would be helpful for all involved—youth, parents, YIMs, YIM professionals, other professionals, team managers, and policymakers—to contemplate the following questions together: what the mandate of youth care is, what does that require of each of them? To gain more agency, all perspectives will need to have a voice in reflecting on what youth care stands for, defining the mandate of YIM professionals/ professionals, and discussing these expectations along with their corresponding roles.

Thirdly, YIM professionals/ professionals possess expertise about the needs for support and the specifics of available services, whereas others, such as public sector commissioning officers, are responsible for procuring these services. This can lead to a mismatch between what is required and what is provided (Blanken, 2024). Closer collaboration between buyers and YIM professionals/ professionals is needed to make more appropriate decisions about what is required in practice.

Fourthly, YIM professionals need to address power differences among youth, parents, YIMs, and themselves. Needing care puts parents and youth in a dependent position and this affects the interaction they have with a YIM professional. If YIM professionals are not vigilant about this, they may inadvertently increase the burden on YIMs and the individuals seeking help. Working with a youth, YIM already exposes this power imbalance. Even for the YIM professionals, it seems impossible to be continuously alert and respond adequately to this power imbalance. For genuine collaboration between youth, parents, YIMs, and YIM professionals, we need a power shift (Homan, 2013). Conversations and making new agreements about this theme are necessary among youth, parents, YIMs, YIM professionals, other professionals, teams within youth care organizations, and policymakers.

Although this study primarily focused on the factors that contributed to the burdens experienced by those involved in youth care, we acknowledge the significant potential of the YIM approach as a valuable and promising intervention within youth care. When the positive aspects of the YIM approach are further enhanced, as demonstrated by the meta-analysis conducted by Van Dam et al. (2018), it is likely to contribute positively to the well-being of youth and their social engagement. This suggests that refining the approach and addressing existing challenges could have a meaningful impact on the outcomes for the youth, parents, YIMs and YIM professionals.

4.2.2. Recommendations for research

The YIM approach appears to generate a different dynamic among all four perspectives, thereby redistributing the burdens differently. Firstly, further research is needed to understand how fathers and immigrants experience youth care and what burdens they encounter as they are underrepresented. Secondly, it is necessary to conduct further research into what is needed to give YIMs an equal place and position within youth care. Thirdly, further research would be valuable to explore how the YIM approach alleviates the burden on professionals without unintentionally increasing the pressure for YIMs. Gaining a better understanding of how the YIM approach reduces professionals' pressure could help optimize collaboration with YIMs.

4.3. Conclusion

As indicated in the literature, youth care for multi-problem families can, in some cases, lead to additional challenges or unintended negative effects. The interviews with participants in this study provide further insight into these complexities. Factors that contribute to these

challenges are a lack of agency, collaboration issues and unmet expectations. Additionally, all participants reported that the mental burden was the most prevalent within the context of youth care, followed by emotional and, in some cases, physical burdens.

This highlights the importance of further exploring ways to enhance the collaboration between YIMs and YIM professionals. Overall, the findings suggest a need to reflect on the sources of burden within the youth care system and consider how the system's mission and practices can be shaped to better support both families and professionals.

Funding: This research is funded by BOEG (BOvenregionaal Expertisenetwerk Gelderland). Grantnumber: VPL-00000308246

Data availability statement

The data that has been used is confidential and thus not useable.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: [Suzanne de Ruig reports personal interest in YIM as she is co-founder of the YIM foundation. All other authors declare that they have no conflicts of interest].

Data availability

The data that has been used is confidential.

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