

The parent oriented organization

Summary

The author links the parent orientated organization, the parenting theory and the methodology of parent guidance with each other. He also describes how the parenting theory - in particular the second postulate: the parent is consult inquirer and ordering party/customer - can be used to give meaning to the relationship between parents and the organization. Subsequently, the methodology parent guidance is used to create a link between the parent guiding position and the parent oriented organization. In this process, the author refers to one of the buffers in the conceptual scheme of parenthood - the solidarity community - in which the organization can present itself as a representative of the solidarity community in the process of raising the parents' child. Subsequently, five planning principles are described which can be used to view the parent orientation of an organization:

1. The legal and policy framework of parent involvement
2. Parent involvement within the organizational domains
3. Parent involvement on organization levels
4. Levels of parent involvement
5. Parent involvement and the regulatory cycle

With this article the author hopes to contribute to (the reflection on) the development of a parent orientated organization. This is a response to the collective interest of parents and the organizations to which they turn.

Keywords: organization, parent involvement, parenting theory

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Introduction

In 2014 I wrote the article "Parent orientated professionals" in the 17/3 edition of this magazine. It was the product of my lecture on the 16th of April 2014 during a symposium of the magazine "Parenting knowledge". In this lecture I voiced the fact that my parenthood is disrupted by two circumstances:

- A son with multiple handicaps (autism and a mental disability)
- A web of non-transparent healthcare structures, organizational domains, allocation by discipline and a diversity of professional approaching methods

In this article I focus on the second circumstance: the disordering effect of parent unfriendly healthcare structures. Or to put it in a positive tone: I oriented on the organizational side of parent orientation and on how this can facilitate and stimulate parent involvement of employees. I offer some planning principles as a "measuring rod" and orientation points for reflection and dialogue.

Firstly however, I will address some relevant theoretical notes from the parenting theory.

Parenting theory and the parent orientated organization

Alice van der Pas focused on the development of parenting theory and a (profession specific) methodology for parent guidance. The psychology of parenthood and the methodological approach of the parent guide are the orientation of the development of these theories. Possibly more than van der Pas intended, implications for the parent oriented organization can be extracted from this. For example the postulates which are implicit to the so called parent guiding position.

Postulates from the parenting theory for assistance to parents

Just as in my article from 2014, I refer here to the central presupposition that the client/parent has an unconditional sense of responsibility towards the child. The importance of this central presupposition cannot be emphasized enough in an article about the parent oriented organization. After all, this presupposition contains the existential, unconditional and timeless character of parenthood and to what extend parents are interconnected with their child to the core of their existence. When organizations and the professionals that represent these organizations don't pay attention to this central presupposition, it makes parents structurally vulnerable.

From this central presupposition we can extract two postulates:

1. Parenthood creates vulnerability
2. The parent is a consult inquirer and ordering party/customer

The postulate *parenthood creates vulnerability* connects directly to the central presupposition, namely the goal that parents set for themselves (being timelessly and unconditionally responsible for a child) and to the social perspectives on parenthood with which they have to deal – also and especially in contact with organizations and professionals. This also makes parenthood vulnerable!

With the risk of stating the obvious, I would like to point out that – from the perspective of the parenting theory – parenthood is not the same as a partnership or raising a child as a caretaker. Organizations and professionals can take over a part of raising a child as caretakers, but never as parents.

In this article I focus on the second postulate in regards to the parent oriented organization: *the parent is the consult inquirer and ordering party/customer*. This defines and regulates the relationship between parent and organization (and with that the professional that works for the organization). Also, in regards to the organization that offers services or assistance to the child, the parent may consider him- or herself the ordering party/customer.

With this thought the parent tells the organization: "I put my child, my most precious thing, in your hands and I expect that you will act in the interest of my child and at the same time do everything you can to make sure I remain in control. Therefore you, as an organization, are bound to keep an open communication and giving account towards me as a parent". This last point is also mandatory by law. Each organization and professional has to give account to parents of minors (18 years or younger) in regards to the assistance given to the child and has to discuss any further plans with the parents as well.

For the professional who keeps in touch with the parents – on behalf of the organization – this means that from the first moment on, a lot of attention has to be given to the right definition of the relationship. This could require a big change in attitude of the professionals: the parent is no longer an object that depends on professional expertise (and who unfortunately is errant in some organizations), but is now a consult inquirer/customer. If a parent doesn't "parent" or "raises" its children well does not mean the parent should be treated any less than others.

I often compare the relationship a parent has with an organization with the relationship I had with the contractor who recently remodeled my house. This comparison is of course crooked, but it helps to further review the essence of the relationship definition. The contractor – in some cases together with his architect and subcontractors – discusses with me what type of house I would like to build: which lay-out, design, the best way of construction etcetera. The contractor listens to my wishes and demands, but keeps his professional expertise intact. As soon as I start demanding changes in the construction that may jeopardize the safety of the house, he points this out to me. My relationship with the contractor is not a relationship of "You ask, we do", but more of a dialogue and more "interaction orientated". In the relationship between the parent and the professional, I also expect interaction between the knowledge the parent organically gathered and the gained expertise and methodological knowledge of the professional.

This relationship transcends the traditional thinking in terms of a client system and a service- and assistance providing (social work) system. The former, non-mutual service and assistance providing system that guided clients, is now being replaced by one new system with distinguished roles, positions, communicative marks and history.

For the parent orientated organization, this means a fundamental positioning for a partnership model: the parents and professionals are – to speak with the words of professor Carmel Borg (KIB, Zuyd Hogeschool, 27th of November 2014) – each other's teachers.

Therefore parent orientated organizations ensure that their employees are steered by dialogue and interaction in their contact with parents. Parents learn to "see" the professional's perspective and vice versa. Both parties will start looking "through different glasses" and the relationship will become (more) equal. De parent orientated organization ensures that its employees use their expertise in a facilitating, including and supporting manner so that parents can regain, expand or enlarge their competences.

With this I connect to the parenting theory and the methodology of parent assistance. **Van der Pas** speaks, orientated again on the relationship between parent and professional, about the *parent assisting position*: next to each other and not above one another, neither under nor opposite of the parent. This has methodological implications for all the organizational domains (relating to the content – personnel – financials), -levels, -procedures and protocols, for the primary process cycle and for the secondary processes of the organization. So to speak "from the informative flyer at the front to the after-care conversations with parents". Or as Barbara Piskur (KIB, Zuyd Hogeschool, 27th of November 2014) explained during her lecture on her dissertation: "Nothing about us without us".

In conclusion I refer from the methodology parent assistance to the conceptual scheme on parenthood that **Van der Pas** developed (and that I consider known to the reader). In this she distinguishes between:

- The shop floor: everything that has to do with raising a child;
- All the circumstances: the circumstances that influence the shop floor;
- The buffers: key factors that can counterbalance the hazardous influences on the shop floor and the circumstances.

The first buffer is the *solidarity community*. This buffer represents services and support, in regards to raising a child, from the community to parents. Parent orientated organizations present themselves as representatives of a solidarity community! It's the best support that an institution can give to parents and children: solidarity from the community – i.e. the institution – with the efforts of parents to raise their child. Above all, it is – for those who think in terms of buffers – in an ethical sense risky to not involve parents in the efforts concerning their child. When this doesn't happen, the meta position of the parents is taken away as well as "good parent" experiences and the feeling of solidarity from the community.

In the undermentioned, I elucidate the parent orientated organization by five ordering principles:

1. The legal and policy framework of parent involvement
2. Parent involvement within the organizational domains
3. Parent involvement on organization levels
4. Levels of parent involvement
5. Parent involvement and the regulatory cycle

For each ordering principle I'll give a number of questions for the organization, as a reflection.

An absolute condition to become a parent oriented organization is that the management, middle-management and executors also develop a *parent orientated attitude*. In "Parent orientated professionals" I described three core notions that express the parent orientated attitude: parent sensitivity, parent involvement and parent orientation. If this attitude is not underlying and present, the undermentioned ordering principles become formal and mechanical matters. Parent orientation has to be in the "genes of the organization" for justice to be done to the ordering principles.

Ordering principle 1: The legal and policy framework of parent involvement

The former may indicate that developing a parent oriented organization is no longer a matter of positive tendencies of professionals or organizations. The legislator has implemented many laws and regulations that force organizations to enable their customers and clients to voice their opinion on the functioning of the organization, on all levels of the organization. For example, the "*Wet medezeggenschap zorginstellingen*" (Law on co-decision in care institutions) organizes, shapes and regulates the voice of clients.

A further elaboration can be found in participation councils, central client councils, family- and relatives commissions' etcetera. Another source of participation is the quality assurance that an organization has to implement. Think, in this framework of care and wellbeing organizations, about the HKZ (Harmonizing quality assessment in the health care sector). The organization has to ask itself

the question if she meets all the quality and regulatory requirements that make participation and influence of parents in the organization possible. The organization also has to be able to proof this. In short, the question is: does the organization meet the standards of parent involvement as the legal framework and policy measures of the government indicates?

Ordering principle 2: Parent involvement within the organizational domains

A number of organizational domains are always present in every organization. In this section I relate a number of organization domains to the parent oriented organization. In these organization domains we can distinguish four aspects:

- *Content.* An organization always has something to offer: education, assistance and services, care, etcetera. Hereby the organization explains her vision, mission, goals and what she has to offer "content-wise".
- *Organization.* To offer a content, the organization has to be oriented internally and externally. Here you can think of the organization of the primary and secondary processes, PR and marketing, layers in the organization, function and task descriptions, authorizations and responsibilities.
- *Personnel.* There are always employees who give an interpretation to the content and the organization. In this domain the organization strives to have personnel that is equipped for their task, that can develop on a personal level and that can achieve results efficiently. This can be found in strategic personnel policies, HRM and training policies.
- *Finances.* Every organization has a financial framework. This does not only consist of the budget that the organization has or wishes to acquire, but also of the considerations within the financial framework: priorities, distribution of means etcetera.

In undermentioned scheme I show how parent orientation of an organization can be shaped. An overall starting question could be:

If we want to develop ourselves to become a parent oriented organization, what does this mean for our content, organization, personnel and finances?

More specifically we can ask a number of questions regarding parent orientation, on each domain:

- *In regards to content*
What is our vision on parenthood? What do we consider our mission in relation to the parents? From which paradigm do we view the parents in relation to the content (from the perspective of the child or the parent)? Is there sufficient conceptual knowledge related to the content about parenthood in our organization?
- *In regards to the organization*
Do we meet the regulations/conditions with regards to participation and influence of parents in the organization? Are parents represented in all layers of the organization? Where do parents participate in our consultation processes? How are parents involved in the interpretation of our primary process? How are we profiled in our PR and marketing aimed at parents? Is there a parent statue in which we make statements about mutual rights and duties of parents and our organization?

- *In regards to staff*
Is the parent-orientation embedded in our HR-strategy? Do we draft criteria with regards to parent-orientation in the field of staff recruiting and selection? Is the parent-orientation of employees part of the cycle and the process of functioning- and evaluation meetings? Is there an aimed educational policy to stimulate parent-orientation within the action of employees?
- *In regards to finances*
Are resources made available to stimulate parent initiatives? Does the organization make any facilities available for parents in form of rooms, aiding devices, social media and practical matters (such as coffee, tea, lunches)?

In this scheme I summarize the parent orientation on the various organizational areas.

---Scheme pasted in (from PDF)---

Parent involvement and organizational areas (Goossens, 2014)

Classification principle 3: Parent involvement on organizational levels

In classification principle 2 I used organizational areas, but from an organizational perspective it's also possible to use another division. Think about the strategic, tactical and operational level.

Strategic level

What is meant by the strategic level is the layer in the organization where the strategic policy is being formulated. This involves the strategic direction and future of the organization in the following years: what kind of organization do we want to be to address the current healthcare questions, target groups, tendencies, evolutionary government policy, et cetera? What are the financial frameworks for our organizational development? What strategic staff policy are we going to conduct? In short: it's about the strategic policy on the various organizational areas which I described in classification principle 2.

The parent-oriented organization makes sure that, within the organization, it has formulated a strategic policy on the vision of parenting and the placement of parents inside the organization. I saw a school displaying it very nicely in its policy plan on raising a child: 'The relationship between parents and school is to be reviewed from educational partnership'. The critics amongst us would probably say that parents are parents and not educational partners, but at the same time this school gives the parents a clear position within the school. A healthcare institution familiar to me has reconstructed its healthcare vision from 'demand oriented and professional healthcare services to clients (...)' to 'based on a continuing dialogue between parents/relatives, the realization of shared healthcare to clients and professionals'.

Similar policy expressions give direction to the parent-orientation of the organization. That is an entirely different message than 'the child is our moral client'.

The tactical level

The tactical level refers to the layer within the organization where the strategic policy is being operationalized. It is about the translation of strategic policy to middle management and cluster- or unit level. In this sense the above mentioned expression ('based on a continuing dialogue between parents/relatives, the realization of shared healthcare to clients and professionals') is elaborated in

collaborative structures, communication lines and discussion- and consultation moments with parents. More concretely it is about the shaping of parent involvement on cluster and unit level. Think about relative advice councils, discussions about accommodation and installations of groups, work groups of parents and professionals, a structure of healthcare plan discussion with parents, subject discussions with parents, et cetera.

The operational level

This level concerns the layers within the organization where the primary process is being elaborated: where the direct healthcare, the education or the assistance and social service for the child takes shape.

The parent-oriented organization ensures that professionals ‘join the healthcare plan of parents’ instead of ‘letting the parents join the healthcare plan’. On this elaborating level, it is discussed with parents what the most important points of attention are, what role they want to fulfill, in which way they want to be involved as parents (for example as supporter, facilitator or participant) and how they want to carry out in a specific activity or task.

Here it is important to approach parents from a diversity principle. Parent involvement knows many faces: not only having a say in the conversation or participating in a treatment plan discussion, but also cooking within the group, participating in a hiking group, organizing a party or card playing club (also see my plea in *Parent-oriented professionals* for reevaluation of low-graded activities such as drinking coffee together or organizing a visit).

I especially want to pay attention to the range of possibilities from the present information, communication technology and social media. I see great examples of ways in which these possibilities can be used in the organization my son lives in: parents who live far away now Skype three times a week with their child, parents of children with serious behavior disorders see pictures daily via their smartphones (and especially those moments where the behavior disorder of their child is being transcended: the beautiful and relaxing moments). Similar contacts make the world between attitude, professional, parents and their children more accessible. Parents become, via the digital highway, a partner in the treatment of their child!

In this scheme I summarize, once more, the parent-orientation on divers’ organizational levels.

Strategic level	Parent involvement with respect to vision, policy, management, organization, staff policy, primary-process installation, parent statue, et cetera
Tactical level	Parent involvement with respect to cluster- and construction level: accommodation, installation, groups, activities, et cetera
Operational level	Parent involvement with respect to the primary process: parent as participant, facilitator, supporter

Parent involvement on divers organizational levels (Goossens, 2014)

Classification principle 4: Levels of parent involvement

A beautiful model for the different levels of parent involvement is given by Bolks (2011). In *Professional communicating with parents (Professioneel communiceren met ouders)* he writes from

the perspective of an educational organization and offers a matrix for levels of parental involvement on different organizational levels (which below I will translate for a wide range of organizations).

The horizontal axis

The levels of parental involvement are placed on the horizontal axis in an increasing line of influence by and from parents.

Sympathy

The parental influence aims at being informed by the professional about the railing and sailing of the organization. The initiative lies with the organization: they see it as their duty to provide good information, but the professional perspective remains dominant.

Assist

Parents are seen by the organization as a group which can deliver an important contribution to the activities of the organization. Parents are however still less than equal to the organization, the professionals and the activities which they have come up with.

Thinking along

In this context parents are being seen as conversation partners who think along, have an input of thought and wishes, give (unsolicited) advice and enter in conversation. Parents become participants in the thinking processes of the organization. Organization and professionals use each other's insights.

Co-decide

Parents contribute thoughts and have a decision-making power on the mandated terrains of the organization. However, in the co-decision procedure there is more to practicing influence than to contributing thoughts. Because then, parents decide on the choices being made, directions in which they head, steps that are being placed or not. Via their decisions parents can witness support and block or veto intended decisions.

The vertical axis

On the vertical axis the layers on which parents move within the organization are placed: the entire organization, the clusters, the group and the client.

The matrix gives insights on how the different levels of influence in the various layers of the organization will be realized. Is only the co-decision on client level present or also in an organizational level? Will parents only be approached, out of the clusters, about the level of assisting (thus 'hands together') or will they be invited to think along and co-decide.

The matrix can also be used per vertical column. Then for example, it becomes clear how co-deciding takes shape in all layers of the organization: from organization to unit, to group and to client level.

Additionally you can also make a quick scan of the total parent involvement on the different levels within the organization.

The matrix with the different levels of parent involvement are indicated once again in the schematic below.

	Sympathy	Assist	Think along	Co-decide
Organization				
Cluster				
Group				
Client				

Levels of parent involvement (vrij naar Bolks, 2011) (Goossens, 2014)

Classification principle 5: Parent involvement and the regulative cycle

The last classification principle relates to the regulative cycle of the primary process within an organization. With this cycle I mean the entire path from caregiver/child through to the organization: from the first phase of registering to the aftercare discussions after finalizing the entire trajectory. For a solid analysis I refer to the promotion research of Geurts (2010). In her research, she shows how parental involvement – as she speaks about parent participation – receives a spot in the residential treatment of a youngster. Even though the research is colored by its residential context, it serves well as a basis for a broader description of parental involvement in the regulative cycle.

Again, this is a loose translation. The regulative cycle also knows several phases in which parent-oriented activities receive a spot: first phase, registering phase, placement- e.g. intake phase (also known as starters phase), dwelling phase (also known as elaboration phase) and termination phase- e.g. aftercare phase. A parent-oriented approach and several activities can be embedded per phase.

First phase

During the first phase it is important to make a lot of pre-information available to parents. In this pre-information the parent involvement of the organization comes inter alia to expression through: (1) giving information about the vision of the organization with regards to parenting and the place of parents in the organization; (2) making visible how parents (can) become involved in the guiding of their child; (3) to indicate what participation possibilities are there for parents; (4) making clear how they will meet with parent-oriented professionals.

Registration phase

In the registration phase the degree of parent-orientation of the organization will be made visible. Will the intake form be filled in child-oriented, by only discussing the issues of the child? In other words: will the questions be asked to the parents from the perspective of the child or is attention also paid to the parents' perspective, thus for the struggle, dilemmas, moral subjects, feelings of shame or deficiency, motives or convictions which play a role in all parents?

Also the way in which acquaintance takes place between organization and parents is of importance: is it usual for the parents that the organization comes to them or does the organization and its professional get acquainted with the parents in their context? In short: are parents asked to move around in the systematic world or does the systematic world move itself around in the environment of the parents?

Furthermore, there are questions as to how the organization substantively profiles itself towards the parents in this registration phase: are the protocols, intake forms and procedures of the organization placed in a central position or is the demand clarification around the needs and necessities of the parents in a center point? Thus: who is in charge of the registration, the organization or the parents? Referring to the mental models which I covered in *Parent-oriented professionals*: will the parent be

confronted out of the expert model or out of the partnership model? For the parent this will feel as a world of difference in the first acquaintance with the organization.

Placement e.g. intake phase

Here I talk about the intake phase from within the context of a residential setting. However, this setting can be (in my opinion) translated effortlessly to other semi-mural and ambulant contexts. It covers the phase in which the genuine elaboration of the guidance or treatment will 'begin'. The parent-oriented organization ensures that parents will be involved in formulating the guidance- or healthcare plan. With it the needs and questions of the parents will get an explicit place.

Not only in words will parents be involved in formulating the guidance- or healthcare plan: it is actually important in this phase that parent involvement becomes facilitated, initiated and from a 'professional preparedness' communicated. It involves guaranteeing, materializing and operationalizing the place of parents in the future implementation. In which activities are parents involved, who is their contact person or end responsible to whom they can turn to? How do the communication lines run between parents and professionals? Is there attention to seemingly low-graded meetings or are there only formal contacts about the action plan? To sum up: will conditions for actual parental involvement be realized in this phase?

Dwelling phase

This is the phase in which the child will stay in a facility. The profiling as parent-oriented organization transcends – as it appears from the above mentioned – many more moments and activities than the healthcare plan discussions (which always have a more formal character in my opinion). For parental involvement this phase is central to a range of possibilities: information-exchange, daily telephonic contacts, participation of parents in activities, certain tasks done by parents, participation in relaxation activities with their children, organizing visits, etc. Also the offering of subject-nights, parent courses or group conversations can have an amplified meaning to the relationship between parents and children. Once again I refer to all new possibilities from the present information- and communication technology and social media.

The termination- i.e. aftercare phase

The phase in which the contact with an organization is ended offers possibilities to profile the parent involvement of an organization. This can inter alia be through exit- or aftercare conversations in which, together with the parents, reflect retrospectively on the relationship with the organization, the course of the treatment of the child, the way parents have received their role in this situation, how the contact with parents has developed over time, what needs of aftercare or subsequent events are detrimental to the parents, etcetera. The possibility of follow-up meetings and comeback conversations can also be addressed.

In the above mentioned part I described in what way the parent-orientation during the regulative cycle can be formulated. From examples out of the named phases, reflection questions can be formulated. The key-question therefore is: does our organization present itself in all phases as a parent-oriented organization?

In the following table I summarize the different phases once more.

Phase	Examples of parent involvement
First Phase	Good pre-information, preparatory contacts, home-visits
Registration	Information provision, acquaintance, home-visit

Placement/intake	Targets, action, network discussion, healthcare plan
Dwelling/elaboration	Information exchange, telephonic contacts, evaluations, daily activities, responsibilities, tasks, relaxation activities, visits, parent-evenings, courses, group conversations
Termination/aftercare	Exit conversations, aftercare, follow-up conversations

Parental involvement and regulative cyclus (Geurts, 2010) (Goossens, 2014)

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