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Almost on a daily basis, we are confronted with newspaper headlines reporting on failing children’s services and the number of children in welfare states who are suffering chronic abuse or neglect shows little decline. Although at first sight, it seems that many welfare states have formulated legislation to protect children whose safety is endangered while growing up; have commissioned a network of organisations to intervene in cases where children are experiencing physical, emotional or sexual abuse or neglect; have organised case management to coordinate care provision; and have ensured education to train practitioners. Moreover, the child welfare systems are increasingly strengthened by scholars who develop theories and endeavour to prove the effectiveness of interventions and approaches practised. A closer look, however, uncovers one of the major dynamic challenges in child welfare in welfare states. The field suffers from hampering bureaucracy and fragmentation in the networks of child welfare organisations as a consequence of the protocolisation and reduced autonomy of practitioners, both introduced to control risks, increase efficiency and reduce costs. Many unilateral solutions to the hampering bureaucracy and fragmentation, including the integration of child welfare, juvenile justice and other agencies to provide a continuum of services, or working in interprofessional teams to provide integrated care, fell short in providing substantive direction for the reform of child welfare.

The movements towards patient-centred care in the field of (mental) health, however, influenced fundamental reform in child welfare. Scholars and practitioners started to think more critically about the position of children and their respective families and since the 1980s two independently developing orientations on child welfare have replaced the traditional child protection paradigm (characterised by out of home placements of children who suffered from chronic abuse or neglect) that was dominant for many decades. On the one hand, a family services orientation that reflects a more holistic and inclusive perspective on the provision of child welfare services. In this case, not the child, but the child in the context of his family is considered the unit of attention in service provision. On the other hand, a child-focused orientation that finds its origin in the United Nations Convention on the Rights of the Child (UNCRC). Every child in the world has the fundamental right to life, survival and development, to protection from violence, abuse and neglect, to education that enables them to fulfil their potential,
to be raised by, or have a relationship with, their parents, to express their opinions and be listened to. These and other children’s rights are captured in the 54 articles of the United Nations Convention on the Rights of the Child (UNCRC), an international agreement that is ratified by 194 countries worldwide since its establishment in 1989. This orientation has drawn the attention to children’s rights and has paved the way for more active children’s participation.

Although some scholars consider these orientations to be contrasting or conflicting, the orientations can also complement and reinforce each other, as both the family services orientation and the child-focused orientation serve as a means to achieve child safety. In this sense, I refer in this thesis to the notion of child- and family-centred care. It is widely shared that the notion of child- and family-centred care might positively influence child welfare practice and there seems to be a growing interest to bring the notion into practice, which is reflected in the many initiatives that have unfolded over the last decades. However, embedding child- and family-centred care in child welfare practice requires radical change and brings along major challenges on multiple levels, not least for organisations and professionals in the field.

The developments in child welfare do not stand alone. Against a landscape of globalisation, political instability and rapid technological innovations, the world around us is changing faster than ever. Already in the early 1970s, Schön voiced his idea of *the loss of the stable state*, arguing that the stable state was kept in position by humanity for decades to protect us from uncertainty, but in today’s changing society the stable state is no longer tenable. According to Schön, society has to become a *learning society*, learning has to become an integral part of us humans and our world to fully understand and guide transformations in a desirable direction. This transcendent perspective of the learning society, including the influential ideas on learning on individual and organisational level that originate from the learning society, has been the starting point of the studies represented in this thesis.

To better understand the process of embedding the notion of child- and family-centred care in child welfare practice from a learning perspective, this thesis was guided by the following research question:

**How can the embedding of the notion of child- and family-centred care be advanced in child welfare organisations and among child welfare professionals in welfare states?**
Summary

To answer this research question, two research objectives were formulated:

I. To understand the implications of the embedding of the notion of child- and family-centred care in (organisational) practice for organisations and professionals in child welfare;

II. To identify strategies that enhance and support learning and reflection on organisational and professional level to be able to fully embrace the notion of child- and family-centred care.

Insights were gained by studying an innovative child- and family-centred case management approach, viz. Intensive Family Case Management (IFCM), recently developed and implemented by the Amsterdam organisation for Child and Youth Protection Services (CYPSA) in the Netherlands.

**Implications of child- and family-centred care for child welfare organisations and professionals**

Chapter 2 and chapter 3 elaborate on the implications of the embedding of the notion of child- and family-centred care in (organisational) practice for CYPSA and its professionals, in accordance with the first research objective.

In chapter 2 we found that developing a shared purpose (in this case ‘every child permanently safe!’), through a profound interactive process, and often reiterated in subsequent check-plan-do cycles, is key to embedding the notion of child- and family-centred care in an organisation. Moreover, we saw that within CYPSA, rather than considering child- and family-centred care as a new work procedure or intervention to be implemented within an existing, relatively stable organisational system, it was viewed as a fundamental change that starts with a clear vision and has implications for the entire organisational system. The new organisational system of CYPSA and the new case management approach (IFCM) were built upon the values of pattern-oriented, tailor-made, strengths-based and purpose-driven care to meet the diverse needs of children and families in child welfare. Both IFCM and the organisational system of CYPSA are not static, the organisation should constantly adapt and look for the best ways to optimally support professionals in providing the best care by providing *just enough structure*. CYPSA gradually has developed into a learning organisation.

In chapter 3 we found that for professionals to embrace child- and family-centred care, case managers working according to IFCM become *facilitators* of family change, which entails: building an alliance with the family under their supervision to establish a
foundation for conversations about (lack of) safety; exploring sometimes out-of-the-box service provision options to develop a tailor-made plan; empowering families to solve their own problems, possibly with the help of relatives, friends or low-threshold services; convincing care providers and other partner organisations of the value of demand-driven care and engaging them in forms of collaboration in which the family holds an equal position. This not only requires new knowledge or skills to be consistent with the new context of child- and family-centred care, but also a new mind-set to deal with the complexity and wide variety of needs of children and families in child welfare. Put differently, child welfare professionals should adopt the role of reflective practitioner to overcome the challenges that child- and family-centred care entails.

**Strategies that enhance and support learning and reflection**

Arriving at the point where child- and family-centred care is fully embedded in a learning organisation and embodied by reflective practitioners requires radical change at multiple levels. The CYPSA management has deployed many different strategies that mainly focused on enhancing and supporting learning and reflection on organisational and professional level to be able to fully embrace the notion of child- and family-centred care. These strategies are elaborated upon in chapter 4, chapter 5 and chapter 6, in accordance with the second research objective.

In chapter 4, strategies are described that were deployed by CYPSA to transform the organisational system and retain the new system. It was found that transforming the organisational system inevitably comes with uncertainties and challenges. Four organisational paradoxes in terms of learning, belonging, organising and performing were identified at CYPSA during the development and implementation of IFCM, that were overcome by leadership strategies in terms of visioning, empowering and leading learning. Examples of these strategies include (1) using an emergent design (a cycle of check-plan-do) to develop and implement IFCM, (2) choosing for bottom-up implementation with a train-the-trainer concept, (3) establishing meaningful performance indicators and measures, and (4) developing yearly learning audits.

Chapter 5 describes strategies that were deployed by CYPSA to support case managers in their new role. For this purpose, CYPSA has established weekly interprofessional team meetings (ITMs) for reflective case discussions. These ITMs have a unique structure-culture-practice configuration. The structure of the ITMs is characterised by
a unique team composition (a team consists of 6-8 case managers with different backgrounds, a psychologist and a team manager), a specific set-up (case discussions reflecting on both content (what?) and process (how?)), tools for reflection (the family plan, case notes and instruments for programme fidelity) and meaningful measures (safety and progress charts and a management dashboard). In practice, we witnessed professionals who (1) identified cues for reflection and took action, (2) connected theory to practice, and (3) aimed for impact. A culture of safety, equality and beneficence completes the structure-culture-practice configuration of the ITMs at CYPSA.

To bridge the gap between child welfare research and practice, chapter 6 explores the how practitioner-administered research tools can function as meaningful measures for both research and practice, as a unique strategy to enhance and support learning and reflection at the individual and organisational level. Meaningful measures were introduced in CYPSA as part of the Vanguard method to support value work in the organisation. Meaningful measures are regularly monitored and specifically designed to help realise the organisation’s purpose (in this case ‘every child permanently safe!’). The idea of meaningful measures has implications for research tools that are used in the organisation to assess the effectiveness of the new work approach. Whereas in standard research practice in the field of child welfare, researchers are accustomed to entering the organisation with a series of validated research tools, collecting data, analysing data and reporting on findings, in the context of the organisational changes at CYPSA this may not necessarily amount to value work, especially as case managers are expected to administer a number of these research tools on a regular basis. By approaching practitioner-administered as boundary objects, an attempt is made to close the gap between the long research-informed action-learning cycle (i.e. a practice is evaluated, evaluation findings are fed back into the organisation after which changes may or may not be made) and the short practice-informed action-learning cycle (i.e. a practitioner acts and learns while administering the measure at individual case level).

**Scaling-up child- and family-centred practices**

Simply anticipating the implications for organisations and professionals by deploying strategies that enhance and support learning and reflection does not in any way guarantee the survival of IFCM and CYPSA in the competitive Dutch field of child welfare. During the development and implementation of IFCM, organisational
paradoxes (Chapter 4) and professional challenges (Chapter 3) have hindered the embedding of the notion of child- and family-centred care within CYPSA. And it is plausible that, if the surrounding child welfare network does not follow the developments towards child- and family-centred care, relapse into old routines and sticking to old structures and cultures is occasionally more convenient than taking a leap into the unknown. CYPSA, therefore, considers the shift in focus to the wider child welfare network essential to scale up child- and family-centred practices and spread the experiences of working with IFCM. In Chapter 7: Conclusion and Discussion I anticipate this challenge by reflecting on lessons learned on scaling-up interventions within an organisation and comparing these reflections with scientific literature on scaling-up and implementing innovative (evidence-based) practices in new contexts. This taught me that:

I. Due to the intricate relationship between an intervention or work approach and its context, knowledge on the intervention or work approach should be diffused including its context. Adopters should make sense of this rich contextualised body of knowledge to make it valuable and useful in a new setting.

II. Innovative interventions and work approaches are no ready-made packages that come with a handbook and a training manual that can be readily and widely transferred to other organisations outside of their organisation of origin. Implementing these interventions or work approaches in a new context requires (1) alignment strategies to align the different layers of an organisational system, (2) confrontational strategies to explore what elements of an intervention or work approach can be generalised and what elements are context specific, and (3) thick descriptions to transfer not only the explicit, but also the implicit knowledge.

In presenting the first thoughts on embedding the theoretical notion of child- and family-centred care in child welfare practice, based on the case study of IFCM at CYPSA in the Netherlands, this thesis has opened many avenues for future research. For example, research has recently been initiated to demonstrate whether or not IFCM is an effective case management approach that contributes to the safety of children in their family setting on the short and long term. Perhaps the most difficult question is how and to what extent the outcomes for children and families are attributable to
(specific aspects of) IFCM. I expect that the developments around IFCM at CYPsa and child- and family-centred practices in general will be interesting study objects for researchers from many different backgrounds for many years to come.