Chapter 1
Chapter 1. Introduction

1.1 Aim and scope of this thesis

The child welfare system in welfare states is a complex and extensive field. 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 (e.g. Wodarski, Holosko, & Feit, 2015). In addition, the role of science is becoming increasingly important, for example, in developing theories and acquiring insight into the effectiveness of interventions and approaches practised (e.g. Aarons & Palinkas, 2007; Kessler, Gira, & Poertner, 2005).

At the same time, the number of children who are suffering chronic abuse or neglect in welfare states shows little decline; every year 4-16% of children (0-18 years old) are physically abused and 10% are neglected or psychologically abused (R. Gilbert et al., 2009), mainly by their primary care-givers. In addition, the headlines of major newspapers continue to highlight failing children’s services (Figure 1.1). It is believed that these cases are not isolated incidents, but rather tips of the iceberg. This raises the question: Why are we not able to provide the help needed to protect children who are growing up in unsafe settings, while we seem to be equipped with a plethora of services, organisations, well-trained practitioners, increasing knowledge and scientific evidence? The precarious state of the child welfare system has inspired me, from the start of my academic career, to immerse myself in this field, to better understand challenges faced by organisations and practitioners and to seek new directions.

A closer look at the history of the system of child welfare reveals some of the underlying challenges, which are quite comparable in many welfare states. Until the 1980s child welfare professionals mainly based their practices on their clinical knowledge and experience, resulting in a wide variety of approaches that were usually not evidence-based. Although the public saw these professionals as experts, scholars were critical, calling for greater accountability of professionals and organisations, auditable practices and a substantial role for scientific knowledge (Chaffin & Friedrich, 2004).
Chapter 1

Le cri d’alarme de la protection de l’enfance

Le Monde, France, May 4, 2011

Failed by the system: 25 abused children die under the noses of social workers

Daily Mail Online, UK, April 12, 2011

Rotterdamse baby dood ‘door falende jeugdzorg’

NRC, The Netherlands, December 17, 2008

Social services failure puts 5,000 children back in care each year

The Guardian, UK, September 2014

Justitie vervolgt gezinsvoogd vermoord meisje Savanna (3)

de Volkskrant, The Netherlands, December 9, 2006

Figure 1.1: Headlines highlighting failing children’s services in welfare states

After the 1980s, under the influence of New Public Management (NPM) (Gruening, 2001; Hood, 1995), the child welfare system was formalised in many welfare states. Approaches were replaced by standardised procedures, practices were captured in protocols, and professionals were restricted by control measures – all to increase efficiency and reduce costs. This movement was, however, disputed. In just a few decades the child welfare system was criticised for having become fragmented, because organisations focused on their core business to increase their efficiency and reduce costs, rather than making an effort to improve inter-agency collaboration or to deliver public value (Hood, 1995). Child welfare professionals, once seen as experts, increasingly became executors of pre-defined procedures, who were entangled in a
bureaucratic web, step by step losing their autonomy (Behn, 1995; Bezes et al., 2012). Moreover, the formalisation and standardisation of the child welfare system fostered stereotyping: children and their families were classified based on their problem typologies and referred to the first available programme or intervention, not taking into account the unique child and family context. For these reasons, scholars and practitioners alike agreed that the child welfare system was in urgent need of reform (e.g. Denhardt & Denhardt, 2000; Waldfogel, 2000).

Over the years, numerous strategies were suggested to overcome fragmentation and strengthen the inter-organisational collaborative networks. Howell et al. (2004) pleaded for the integration of child welfare, juvenile justice and other agencies to provide a continuum of services. In a similar vein, Lowe and O’Hara (2000) argued that working in interprofessional teams would be useful to provide integrated care and overcome the limitations of mono-disciplinary work processes that lack a client focus, are based on rigid standards and contend with operational inefficiencies. In addition, case management has been put forward as an integrative coordination mechanism (S. T. Moore, 1990; Rothman, 1991). Nonetheless, these practical suggestions fell short in providing substantive direction for child welfare reform.

Following the movements towards patient-centred care in the field of (mental) health (Hobbs, 2009; Maassen, Schrevel, Dedding, Broerse, & Regeer, 2016), scholars and practitioners in child welfare started to think more critically about the position of children and their respective families. The ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1989, in many countries worldwide, encouraged people to develop more child-oriented methods and approaches. Around the same time, the emergence of the family-centered notion (Allen & Petr, 1998; Rosenbaum, King, Law, King, & Evans, 1998; Shelton, Jeppson, & Johnson, 1987) catalysed the critical reflection on the position of the family in child welfare services provision. Some considered the child-centred and family-centred perspectives on child welfare as conflicting perspectives or extremes on a continuum (N. Gilbert, Parton, & Skivenes, 2011). Others, like Sandau-Beckler et al. (2002), emphasised that the two perspectives could complement and reinforce each other when a proper balance is found. Following Connolly (2007), I argue that both perspectives may complement and reinforce each other, when considering a child’s family as an essential means to create a
permanent safe setting for the child. In this sense, I will refer in this thesis to the notion of child- and family-centred care.

As shown by the increasing number of small-scale initiatives in child welfare practice and scientific articles on children’s participation, strengths-based care, family empowerment, integrated care and concepts alike, the notion of child- and family-centred care is gaining ground. Roberts and Early (2002), for example, report on a neighbourhood-based initiative called Family-to-Family. This initiative focuses on preserving the family and asks for support from the neighbourhood and fosters families who are familiar with the problems that a family encounters to support it in its rehabilitation process (ibid). Scholars and practitioners agree that that the notion provides promising perspectives for the future, however, considerable resistance is foreseen as it comes to a full system reform (e.g. Van Bijleveld, Dedding, & Bunders, 2014, 2015). Various studies have shown that professionals are sceptical about the applicability of new approaches and the usefulness of scientific evidence in the unique context of their clients and prefer to stick to their clinical routines (Grol & Wensing, 2004; Webb, 2001). Also the training of professionals and moments of feedback in complex real-world services settings leave much to be desired (Aarons & Palinkas, 2007). The low adoption, programme fidelity and durability of child- and family-centred initiatives, which have been observed in child welfare, might point to an implementation gap (Greenwood & Abbott, 2001; Haines & Jones, 1994; Haines, Kuruvilla, & Borchert, 2004).

In this thesis, I aim to develop a better understanding of emergent (organisational) practices regarding the notion of child- and family-centred care as these (organisational) practices might hold important lessons for the child welfare community as a first step in system change. To this end, we conducted a case study on Intensive Family Case Management (IFCM), a child- and family-centred case management approach recently developed and implemented at the organisation for Child and Youth Protection Services in the Amsterdam Region (CYPSA) in the Netherlands. The emergent (organisational) practice at CYPSA is one of the first child- and family-centred case management practices in the Netherlands and so provides a unique opportunity to study facilitators that reinforce, as well as barriers that hinder, the emergence of the new practice.
1.2 Theoretical perspectives and concepts

In this section I will elaborate on the central theoretical perspectives and concepts that have guided the research. First, I will provide insight into the notion of child- and family-centred care. Next, I will introduce learning theories, which may provide clues for the embedding of child- and family-centred care in (organisational) practice.

1.2.1 Child- and family-centred care

The notion of child- and family-centred care has a central position in each chapter of this thesis. I consider child- and family-centred care as an overarching notion that reflects the more recent perspectives on child welfare including the child-focused and family services orientations distinguished by Gilbert et al. (2011). This broad interpretation of the modern child welfare discourse covers many equivalent or related concepts that are more frequently mentioned by scholars, such as child-centred care, child participation, family-centred care, family-centred practice or family-centred service, family engagement and strengths-based care. The modern discourse on child welfare contrasts with the more traditional perspectives, which focus primarily on child protection. Although making a distinction between traditional and modern child welfare is an oversimplified view of reality and does not hold equally true for each welfare state, I will use this distinction as a heuristic tool to define the notion of child- and family-centred care in more detail.

Making a distinction between the traditional and modern discourse on child welfare suggests that the child welfare system has, over the last decades, been subject to substantial reform (Waldfogel, 2000). Traditionally, child welfare professionals focused on the protection of children, while only to a limited extent taking into account the children’s wider context or their unique needs (McGowan, 2005). First efforts to protect children and youth date from the 1700s and 1800s (McGowan, 2005; Schene, 1998), when “children of the ‘unworthy poor’ were saved from developing slothful ways by separation from their parents through indenture or placement in institutions” (Schene, 1998, p. 25). Over the years, the target population changed, as did the perception of child abuse and neglect, but not the focus on child protection, which was maintained.

Only after the 1980s did the traditional focus on child protection seem to change more substantially, paving the way for reform and a more modern child welfare discourse. As mentioned earlier, two orientations can be distinguished within this discourse, each
with a different origin, namely the family services orientation and the child-focused orientation (N. Gilbert et al., 2011). The former emerged in the 1980s, when scholars started to explore concepts such as family-centred care (Shelton et al., 1987), family-centred practice (Allen & Petr, 1998) and family-centred services (Rosenbaum et al., 1998). These concepts reflect a more holistic and inclusive perspective on the provision of child welfare services in which the family is considered the unit of attention (Allen & Petr, 1998). Allen and Petr (1998) define family-centredness as follows:

“Family-centred service delivery, across disciplines and settings, recognises the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses on the family’s strengths and capabilities” (p.9).

More concretely, this could imply that each family member equally participates in decision-making processes and, therefore, also feels more responsible for the success of the services provided to the family (Connolly, 2007). Critics of the family services orientation, however, emphasise that the adult viewpoint frequently predominates over the child’s perspective (Michalopoulos, Ahn, Shaw, & O’Connor, 2012).

According to Gilbert et al. (2011) the child-focused orientation contrasts the family services orientation in many ways. The child-focused orientation finds its origin in the United Nations Convention on the Rights of the Child (UNCRC), which in 54 articles covers all civil, political, economic, social, health and cultural rights of children worldwide. The establishment of the UNCRC in 1989 has, among others, paved the way for active children’s participation in decisions that may affect them. Although barriers to and different conceptions of children’s participation persist (Van Bijleveld et al., 2015), scholars believe that, since the establishment of the UNCRC, children in welfare states more often have a voice in decision-making processes and are more often considered as an equal partner (Reading et al., 2009). A child-focused perspective in child protection, however, entails more than children’s participation. Winkworth and McArthur (2006) expose four themes for child-centred approaches: (1) the significance of children’s participation in decision-making, (2) the importance of interprofessional collaboration, (3) the recognition of critical timeframes in child development, and (4) children’s needs. Critics of the child-focused orientation, however, point out that the child is not always considered in the context of their family, relatives and friends and the family strengths are not optimally exploited.
Rather than contrasting the child-focused and family-services orientations, Sandau-Beckler et al. (2002) propose to explore how child-centred and family-centred approaches can complement and reinforce each other. While developing a practice framework for child welfare in New Zealand, Connolly (2007) takes this one step further, by integrating child-centred, family-led and culturally responsive perspectives. First and foremost she adopts a child-centred perspective, but in doing so she notes that it indispensable for child welfare professionals to be responsive to both families’ strengths and weaknesses and exploit families’ strengths as a means to achieve child safety (Connolly, 2007). Following Sandau-Beckler et al. (2002), Connolly (2007) and others, I argue that child-centred and family-centred perspectives on child welfare can complement and reinforce each other, but only when the family-centred approach is deployed as a means to achieve child safety. From this understanding, I will refer in this thesis to the notion of child- and family-centred care.

Box 1.1: The emergence of child- and family-centred practices in the Dutch child welfare system

The notion of child- and family-centred care has gradually permeated national and organisational policies and is increasingly an inspiration for the development of new methodologies and approaches. This is particularly true for the Dutch child welfare system, which has gone through a major transformation since the 2000s.

By the 2000s, similar to other welfare states, the Dutch child welfare system had become fragmented and bureaucratic, in which a large number of specialist organisations had acquired their own niche. Fifteen regional organisations for Child and Youth Protection Services (CYPS) were appointed by the Dutch government to coordinate children’s services in the complex child welfare system. Yet, it was frequently the case that too many organisations were involved in one family, working at cross-purposes. In spite of the bureaucratic procedures and control measures, CYPS organisations were unable to keep children’s services under control, resulting in multiple tragic incidents and growing criticism of the Dutch child welfare system (Keymolen & Broeders, 2013; Van Nijnatten, Hopman, & Knijn, 2014).

In 2011, the State Secretary of the Ministry of Health, Welfare and Sports and the State Secretary of the ministry of Justice presented their plans for a new Child and Youth Act that would come into effect in 2015 (Veldhuijzen van Zanten-Hyllner & Teeven, 2011a, 2011b). In the plans, they announced that all child welfare services would be decentralised from the provincial to the municipal level, to improve the support for children in unsafe settings close to home, to focus more on prevention, to optimally use the strengths of the family and their
surrounding network, to reduce the pressure on specialised child and youth care services, and, ultimately, to contain the rising costs (Veldhuijzen van Zanten-Hyllner & Teeven, 2011a, 2011b). The importance of a care continuum was emphasised by the motto: *one family, one plan, one coordinator*. Delivering tailor-made care had to become top priority of the new child welfare system. Furthermore, the plans explicitly highlighted the aim to reduce redundant bureaucracy and excessive control measures and provide scope for professionals to deploy their knowledge and expertise. All these elements of the new Child and Youth Act provided a fertile ground for child- and family-centred practices.

All municipalities were challenged to restructure the child welfare system in their jurisdiction within the boundaries of the new Child and Youth Act (Het Rijk, VNG, & IPO, 2013). Some guidelines for the municipalities were presented in the Transition Plan that was formulated by the Dutch Government, the Provinces and the Association for Dutch Municipalities (2013). By giving a free hand to the municipalities, existing child welfare organisations were unsure about their survival. This also applied to the 15 regional CYPS organisations that were, originally, appointed to coordinate children’s services. Under the new Child and Youth Act, they would lose their jurisdiction. The announcement of the Act was, therefore, a trigger for many organisations in the field of child welfare to reconsider their methods and work approaches and initiate a transformation (Gemeente Amsterdam, 2013; Het Rijk, VNG, & IPO, 2013; Vroegop et al., 2011).

Leading up to 2015, when the new Child and Youth Act would come into effect, many organisations developed new methods and approaches in which many elements of the notion of child- and family-centred care can be recognised. Several former CYPS organisations developed case management approaches with the potential to serve as an integrative coordination mechanism in the new child welfare system. CYPS of the province of Overijssel, for example, joined forces with several other organisations in their network to develop the case management approach VERVE (Veiligheid En Regie Voor Elk) (Nederlands Jeugd Instituut, 2015b), CYPS in Utrecht developed the case management approach SAVE (SAmen werken aan VEiligheid) (Nederlands Jeugd Instituut, 2015a), and CYPS in the Amsterdam region developed the case management approach IFCM (Intensive Family Case Management) (Busschers, Boendermaker, & Dinkgreve, 2016). In all these new approaches, children and their respective families had a more central position. The organisations articulated their aim to engage children and families in their own care plan, to ensure a care continuum, to make use of the family’s or the family network’s existing strengths to provide tailor-made care and to focus more on making a long-term impact. With the development of the new case management approaches, several former CYPS organisations obtained the accreditation that was needed to continue their coordinating role in the new child welfare system.
Some organisations managed to secure a spot in the new child welfare system while others disappeared. Some organisations merged with other organisations and new organisations were also founded. By the time that the new Child and Youth Act came into effect in 2015, the Dutch child welfare system had changed profoundly. The first seeds were planted to bring the notion of child- and family-centred care into practice.

1.2.2 Embedding the notion of child- and family-centred care in (organisational) practice

The growing interest in the notion of child- and family-centred care in child welfare becomes increasingly visible in welfare states. In two multi-country comparison studies conducted by the Netherlands Youth Institute looking into the child welfare systems in several western European countries, it was shown that policies are often inspired by the UN CRC (Berg-le Clercq, Bosscher, & Vink, 2012; Berg & Vink, 2009). Also initiatives to preserve families are gaining ground (Graves & Shelton, 2007; MacLeod & Nelson, 2000; Roberts & Early, 2002). To date, however, limited scientific literature and practically applicable knowledge are available in child welfare on how to embed both child-centred and family-centred perspectives into (organisational) practice in an effective and sustainable manner. Moreover, no further evidence for the effectiveness of child- and family-centred care on child safety is currently available, other than positive responses from children and parents on these initiatives in practice. This lack of clarity or consensus about implementation strategies threatens the further dissemination of child- and family-centred care and, hence, the continuity of care provided to children who are growing up in unsafe settings. Particularly during the uncertain times of changes in the system, the unique child welfare challenges may become more prominent, forcing an already vulnerable group of children into an even more precarious position. Rushing into system change is, however, undesirable, because considerable challenges may present themselves.

The first challenge resides in translating the theoretical perspectives of child- and family-centred care into daily practice. Although the principles of child- and family-centred care have been formulated in theory and scholars agree that a new child welfare system would benefit from less bureaucracy, removing redundant bureaucracy from the child welfare system without clear insights into an alternative support system for practitioners is not helping the case. It raises, for example, new questions about performance
standards and accountability. The uncertainty resulting from the removal of redundant bureaucracy has been associated with the relapse into old bureaucracy or the formation of new bureaucracy, both labelled as the refurbishment of the bureaucratic era (Josserand, Teo, & Clegg, 2006) – an undesirable situation from the perspective of child- and family-centred care.

A second challenge resides in the vision of working in interprofessional teams, which is put forward as a way to better connect to the unique needs of children in need of protection and their families, because professionals are then better placed to provide integrated services (Jefferies & Chan, 2004; Lowe & O’Hara, 2000). Working in interprofessional teams, in contrast to mono-disciplinary teams, would equip professionals with discipline-transcending knowledge, out-of-the-box thinking, improved efficiency and a client focus (Lowe & O’Hara, 2000). However, working in interprofessional teams also brings challenges. Scholars report on professionals using different jargon, power differences that emanate from the different backgrounds of professionals and problems with sharing confidential information (Frost, Robinson, & Anning, 2005; Robinson & Cottrell, 2005).

From the above examples, it is becoming clear that embedding the notion of child- and family-centred care in (organisational) practice takes time and careful consideration. It is easy to speak about a transformation and relatively easy to experiment with new working methods, but actually bringing the ideas into day-to-day practice on large scale is much more complex. We might perhaps say that the rhetoric for child- and family-centred care is there, but child welfare professionals lack an action perspective to translate the rhetoric into practice successfully. To differentiate between rhetoric and action, we recognise the concepts strategic task uncertainty and functional task uncertainty as introduced by Whitley (1984) and later on used among others by Bunders (1994) and De Wildt-Liesveld (2015). The concept strategic task uncertainty refers to uncertainty about the significance or definition of a problem (rhetoric), while functional task uncertainty describes the uncertainty about what strategies may work or may be sufficiently efficient to solve a problem (action perspective) (Whitley, 1984). With respect to child- and family-centred care, we observe relatively low strategic task uncertainty – scholars and practitioners agree that child- and family-centred care is the way to go. But at the same time, we recognise a high level of functional task uncertainty – the strategies to shape the emerging child- and family-centred practice are only considered at the case level and
for this reason vary widely. A theoretical perspective on how to embed the notion of child- and family-centred care into (organisational) practice is needed to reach common ground and move forward.

Embedding the notion of child- and family-centred care into (organisational) practice involves more than implementing a new work approach, changing an organisational system or developing new knowledge and skills. The complexity of the case requires a theoretical lens that transcends implementation, organisational change or professional performance perspectives. Since learning is the common denominator in all three perspectives, I adopt the theoretical lens of learning to understand what strategies would benefit organisations and professionals to fully embrace child- and family-centred care principles.

1.2.3 The learning society

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 (Schön, 1973), arguing that the stable state (constancy that can last a lifetime) 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. As a pioneer of his time, Schön believed that transforming ourselves and the world around us should become every day’s and everyone’s business; the one thing we have to do, is to fully understand and guide the transformations in a desirable direction (ibid). In other words, we should make learning an integral part of ourselves and our world. With the book published in 1973, Schön paves the way for the notion of the learning society. The most notable of Schön’s ideas, in my view, was that people and institutions do not only learn to adjust to the changing society, they learn to be one step ahead of change through learning about learning.

Schön’s ideas inspired many scholars to further conceptualise theories about learning and reflection at the individual, institutional and societal level. The emerging (organisational) practice that evolves around the notion of child- and family-centred care might well take advantage from the ideas of influential thinkers like Schön, because the ideas originating from the notion of the learning society create possibilities to time and again develop tailor-made care plans together with the children and families in child
welfare to connect to their unique needs and contexts. For this reason, the studies in this thesis are driven by concepts and theories that mainly originate from the literature on the *learning society* by Schön and other key thinkers inspired by his work, including Argyris, Senge, Easterby-Smith and Araujo. In this section, concepts including learning, reflective practices and reflective practitioners, organisational learning and the learning organisation, are defined to better understand the theoretical underpinnings of this research.

**1.2.4 Learning**

Learning is something that just exists or happens everywhere and all the time, and exactly for that reason, people often take learning for granted. Scholars from different disciplines have quite different conceptions about what learning entails. Scholars with a behaviourist perspective, including Pavlov, consider learning to be a change in behaviour. Conditioning, for example, through an external stimulus evokes a particular behaviour, which can be connected to a new stimulus. Many scholars, however, argue that the behaviourist perspective offers a rather narrow perspective on learning. From a cognitivist perspective, adhered to among others by Bruner (1960, 1966), learning is a mental process to take up, process and memorise information. Decades later, Wenger (1998) defines learning, from a social perspective, as a process of alignment within a community of practice. To date, a widely used definition of learning within the learning society is the definition of Argyris and Schön (1974, 1978), namely the detection and correction of error. In this thesis, we recognise this definition of Argyris and Schön, because it unites the different perspectives on learning and, hence, leaves some room to manoeuvre within different fields. Moreover, this specific definition of learning is used within context of organisations and is, for that reason, very applicable to this thesis, which focuses on the emerging (organisational) practice around child- and family-centred care (e.g. Dauber, Fink, & Yolles, 2012; Munro, 2010).

Argyris and Schön (1974, 1978) typically distinguish between two types of learning: single-loop and double-loop learning. Single-loop learning is the detection and correction of error within the prevailing systems, values and culture, using trial and error to restore the status quo (Argyris & Schön, 1978). Single-loop learning often results in minor adaptations or incremental change, leaving the surrounding system, values and culture untouched. Double-loop learning, on the other hand, is the detection and correction of error beyond the prevailing systems, values and culture, challenging the
status quo (ibid). Through double-loop learning, profound or radical change can be initiated at multiple levels. In the envisaged (organisational) practice where one pursues child- and family-centred care, single-loop learning alone probably does not suffice, because children and their families cannot be classified according to pre-defined typologies. Since child- and family-centred care is fundamentally different from more traditional perspectives on child welfare, it is about adopting a new mind-set, developing a new professional identity, questioning prevailing values and challenging the status quo. Double-loop learning is needed to deviate from the beaten track and connect to the needs of children and their families in their unique contexts. With double-loop learning, one is better able to keep standing in uncertain and changing context of children and their families under supervision of child welfare.

1.2.5 Learning on individual level: Reflective practices and practitioners

Assuming that double-loop learning is needed for the emerging (organisational) practice regarding child- and family-centred care to be successful, this has major implications for both practice and practitioners. In this section, we will elaborate on our understanding of reflective practices and reflective practitioners as the foundation of child- and family-centred practices.

Argyris and his colleagues (1985) reflect upon the practice (theory-in-use) of professionals if they find themselves in the occasion of encountering any challenges and conclude that professionals often make use of defensive routines that hinder double-loop learning. Argyris et al. (1985) capture the characteristics of this practice under the denominator of Model I. Model I practices will not only hinder double-loop learning, they will also impede the adoption of new practices and cause relapse into old routines. Argyris et al. (1985) introduce Model II to describe the opposing practice (theory-in-use) that facilitates double-loop learning. Practices under the denominator of Model II can be characterised by openness, shared ownership and governance. By facilitating double-loop learning, Model II practices are beneficial in terms of realising desired outcomes. In our understanding, the characteristics of Model II practices best define the reflective practices that are desirable in the realisation of child- and family-centred practices.
For professionals to engage in reflective practices, they need to adopt a new, more reflective, mind-set. Schön (1983) introduces the concept of the reflective practitioner to emphasise that reflection is a professional’s core business. He distinguishes between two types of reflection: reflection-in-action (the process of how professionals think and change their actions while being in action) and reflection-on-action (the more structured form of reflection that takes place after the event itself, reflecting upon what is happening and how to respond) (Schön, 1983). Reflection-in-action, is, in our understanding, a rather implicit process which occurs within seconds. For this reason, it is even more important that reflection becomes ingrained in the mind-set of child- and family-centred child welfare professionals. Reflection-on-action, on the other hand, can take place before professionals go to or return from the field. Reflection-on-action is, hence, a more explicit reflective process that may be used to prepare before action in prospect or learn from experience in retrospect. In both reflection-in-action and reflection-on-action processes, professionals carry their theoretical knowledge and clinical expertise on the basis of which they make informed decisions on how to respond or act next.

Since there is still much to learn about child- and family-centred practices, it is hard for professionals to draw on existing theoretical knowledge and their clinical expertise, because these are yet to be developed. We therefore argue that experiential learning (Kolb, 1984) through a direct encounter with the new practice, is indispensable to inform and guide reflective practitioners in the emerging child- and family-centred practices. Kolb (1984) introduces the experiential learning cycle that consists of four phases: concrete experience, reflective observation, abstract conceptualisation, and active experimentation. By going through this cycle, the emerging child- and family-centred practices may continue to develop and be reinforced over time. The importance of experiential knowledge is increasingly recognised in social work practice (e.g. Gould & Taylor, 2017; Tsang, 2007)

Child- and family-centred practices may, moreover, benefit from vicarious learning; learning from the experiences of others (Cox, McKendree, Tobin, Lee, & Mayes, 1999; Guba & Lincoln, 1989; Myers & DeRue, 2017). Vicarious learning allows for learning from a larger number and greater variety of experience in a shorter timeframe, thereby enabling professionals to build new professional expertise more rapidly.
1.2.6 Learning at the institutional level: Organisational learning and the learning organisation

In this thesis, we will not only look at the emerging child- and family-centred practice at the individual professional level, we will also consider emerging organisational practice. For this reason, the concepts of organisational learning and the learning organisation will be elaborated, so as to further construct the theoretical lens for this research. The concepts of organisational learning and the learning organisation find their origin in two distinct bodies of literature. Scholars in the field of organisational learning, including Argyris and Schön, aim to understand the process of learning in organisations at the individual and group level (Easterby-Smith, Burgoyne, & Araujo, 1999). The literature is mainly of a theoretical nature in contrast to the literature on the learning organisation, which is more of a practice-oriented nature. The learning organisation scholars, like Senge (1990, 1994), frequently adopt an action perspective to improve learning processes within organisations with strategies and tools, which they have developed to build a learning organisation.

The literature on organisational learning provides several insights to better understand collective learning of professionals in organisations. The theory of Argyris and Schön (1978) on Model I and Model II, which was introduced in the previous section, can also be applied at an organisational level. The authors (1978) claim that professionals who use Model I routines collectively create a Model I organisational learning system that inhibits double-loop learning. In contrast, professionals who use Model II routines collectively produce a Model II organisational learning system that facilitates double-loop learning. In this understanding of Model I and Model II, Argyris and Schön (1978) emphasise yet again the importance of double-loop learning for the emerging (organisational) practices that revolve around the notion of child- and family-centred care, although they provide little insight into the organisational dynamics of a learning organisation.

In his influential work, Senge (1990, p. 3) defines learning organisations as:

“Organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.”
One might wonder how we can distinguish between a learning organisation and an organisation in which professionals learn. Senge claims that a learning organisation is not only able to adapt to changing circumstances, but should also be able to explore new directions: “adaptive learning must be joined by generative learning” (1990, p. 14). Learning organisations provide congruent structures that optimally support professionals in learning and reflection process (Senge, 1990). Moreover, learning organisations enhance:

1. systems thinking to see and influence patterns of change in their entirety;
2. personal mastery to further develop a professional’s craftsmanship;
3. professionals’ awareness of mental models that influence sense making processes;
4. building a shared vision to create commitment;
5. team learning to make impact beyond an individual professional’s capabilities (Senge, 1990).

In our understanding of the ideas of Senge, a learning organisation in which adaptive learning and generative learning complement one another might provide a solid basis for a child- and family-centred organisational practice.

1.2.7 Challenges in putting the learning theories into practice

The above presented discussion of theories on reflective practices, reflective practitioners, organisational and learning organisations seems to present a fairly abstract view of reality. Exemplary cases that confirm that the theoretical ideas of these key thinkers can be translated into (organisational) practice are scarce. Efforts to remove redundant bureaucratic procedures to counteract compartmentalised thinking and create room for learning and reflection, have, more than once, resulted in refurbishment of old bureaucracy or the development of new bureaucracy (Josserand et al., 2006). It is probably for a good reason that learning theorists argue that learning and reflection have to become an integral part of life (Argyris et al., 1985; Schön, 1983). Suggestions on how to integrate learning and reflection in our lives are, though, not really detailed. In a similar vein, the foundation of systems thinking that underlies the conceptualisation of the learning organisation by Senge is not only the strength but also accounts for its structural weakness. The learning organisation theory mainly focuses on organisations as systems with a learning culture (as one might expect since Senge uses a systems
thinking perspective), rather than providing practically applicable suggestions regarding how to establish a learning organisation.

In both critiques, learning seems to have become an end in itself, rather than a means to reach a public value or achieve long-term impact. It is, however, by no means the intention of this thesis that learning and reflection become ends in themselves. In this thesis, we use learning at the individual and institutional level as a means to strengthen emergent child- and family-centred (organisational) practices. By using learning and reflection as central concepts, we intend to provide action perspectives for child welfare professionals in their quest for a new professional identity and directions for managers in child welfare to transform the organisational systems in an era of child- and family-centred care. The theoretical contribution of this thesis is, hence, to make an explicit attempt to operationalise the learning theories in practice.

1.3 Research design

To find a comprehensive answer to the main research question, this thesis comprises five studies that were conducted in two phases. In this section, we will elaborate on the main research question and the research aims, provide a case description, describe the research approach and the methods used to answer the research sub-questions, and end with considerations regarding internal and external research validity and several ethical issues.

1.3.1 Main research question and research objectives

The main research question that guides this thesis is formulated as:

   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?

We have shown that the current scientific literature reveals challenges that hinder the further embedding of the notion of child- and family-centred care in child welfare. Although a key role seems to be reserved for working in interprofessional teams or case management serving as integrative coordination mechanisms, the literature provides little action perspective for child welfare professionals on how to move forward. A transformation can, therefore, not be rushed. As a way to move forward, we presented clues from learning theories that might support the emerging (organisational) practices
regarding the notion of child- and family-centred care. Building on the *what* (i.e. child- and family-centred care) and *how* (i.e. learning on individual and institutional level) perspectives I have formulated the following objectives for this thesis:

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.

### 1.3.2 The case of Child and Youth Protection Services in the Amsterdam Region in the Netherlands

This thesis is based on a case study conducted at the organisation for Child and Youth Protection Services in the Amsterdam region (CYPSA) in the Netherlands. CYPSA is a child welfare organisation with a coordinating function in the Dutch child welfare system. Up to the decentralisation of the Dutch child welfare system (Box 1.1), CYPSA was assigned by Dutch law to coordinate child and youth care services for children in need of protection in the city of Amsterdam and surrounding municipalities. In this position, CYPSA is responsible for the protection of children and youth under 18 years of age who were under legal guardianship, probation or parole or those for whom there were genuine concerns with regard to their safety, but no legal measures imposed by the courts so far. When the new Dutch Child and Youth Law came into effect in 2015 and the responsibilities for child and youth care services were transferred to the municipal level, CYPSA and all other CYPS organisations lost their legal coordinating function. Each municipality could decide for itself how to organise child and youth care services. Nevertheless, due to the broad expertise of CYPSA in case management, many municipalities have to date decided to use its services.

Leading up to the transformation in the Dutch child welfare system, CYPSA encountered a major organisational crisis from 2008. The organisation suffered financial problems, a management crisis, waiting lists, absenteeism and high staff turnover (Inspectie Jeugdzorg, 2010). After receiving a first reprimand from the Dutch Inspection of Child Welfare in 2008 for insufficient risk management (Inspectie Jeugdzorg, 2008), after a new investigation by the Inspection of Child Welfare in 2010,
CYPMA was put under strict oversight (Inspectie Jeugdzorg, 2010). Under the leadership of a new board of directors, CYPMA successfully restored the stability within organisation and the risk-management system and, as a result, strict surveillance was ended at the end of 2010 (Inspectie Jeugdzorg, 2011).

The organisational crisis created an opportunity for a turnaround at CYPMA, from which the first signs can be observed in 2010. In that year, CYPMA presented a new multi-annual plan with new ideas and fresh insights, to prepare the organisation for child- and family-centred practices and, hence, the upcoming transformation in the Dutch child welfare system. For this purpose, CYPMA adopted the inherently complex mission to achieve *enduring safety for all children*. CYPMA was one of the first organisations in the Dutch child welfare system to initiate a major organisational change process and develop a child- and family-centred case management approach, later called Intensive Family Case Management (IFCM).

IFCM has been built around the evidence-based case management model Functional Family Parole and Probation Services (FFP) (Busschers et al., 2016). FFP is inspired by the basic assumptions of Functional Family Therapy (FFT) and finds its origin Washington State in the USA, were the model was developed for juvenile probation and extensively tested in practice (Alexander & Kopp, 2008; Alexander, Robbins, & Sexton, 2000; Lucenko, He, Mancuso, & Felver, 2011). CYPMA has translated and adapted the FFP case management model to fit the Dutch child welfare context, making it applicable, beyond juvenile probation, for child and youth protection and voluntary child and youth care. In three phases, case managers (1) connect with the children and families under their supervision and together make a plan, (2) they refer the children and families to specialist care if necessary and monitor this process and, finally, (3) they try together with the family to generalise the lessons learned to prepare them for a better future with a safe setting for the children.

The emergent (organisational) practice around IFCM has, gradually, ended the cycle of redundant bureaucracy and standardised procedures and restored the professional autonomy of the case managers working at CYPMA. For these efforts CYPMA was awarded the Dutch Public Sector Award in 2014 and the European Public Sector Award in 2015, emphasising its pioneering position in the child welfare system and the appreciation of national and international partners in the public sector.
Chapter 1

1.3.3 Research approach

The emergent (organisational) practice of the child- and family-centred case management approach IFCM at CYPSA that is studied in this thesis can be best understood as a social innovation. To monitor the emergent (organisational) practice, we adopted a Reflexive Monitoring in Action (RMA) approach (Regeer, Hoes, Van Amstel-van Saane, Caron-Flinterman, & Bunders, 2009; Van Mierlo et al., 2010). The RMA approach originates from the Interactive Learning and Action (ILA) model that was developed after two decades of research by Broerse and Bunders (2000). The ILA model aims to steer scientific, technological and social innovations through the engagement of social actors in all phases of an innovation process, enabling them to actively contribute to the change process. The RMA approach is based on the idea that in order to accomplish a system innovation, learning and reflection should be tightly interwoven in the innovation process (Van Mierlo et al., 2010). Principles of the RMA approach include: equal participation of social actors in the innovation process; integration of different types of knowledge in which the value of experiential knowledge is recognised; and stimulation of mutual learning and reflection in a safe setting to develop a shared vision and overcome challenges encountered in practice (Broerse & Bunders, 2000; Van Mierlo et al., 2010).

RMA is a form of monitoring that is not focused on learning and reflection as ends in themselves, but that uses these as a means to overcome the challenges encountered in a system innovation process (ibid). The approach has encouraged researchers and practitioners to collaborate in tackling tough issues in a creative manner. The RMA research projects can, in general, be recognised by high ambition for structural changes to be made and the equal consideration of the input of interested parties in the development of a possible solution. Through adopting the RMA approach, this research itself gradually became an integral part of the emergent IFCM practice.

In the role of reflexive monitor, the researchers involved in this project, including the author of this thesis, immersed themselves in the emergent (organisational) practice of CYPSA from 2011 to date. As reflexive monitors, we continuously stimulated mutual learning and reflection-on-action to develop a shared vision and address challenges that were initially swept under the rug by participants. Since in previous research it was shown that stimulating mutual learning and reflection alone is not always enough to circumvent relapse into deeply embedded routines (Hoes, Regeer, & Bunders, 2010),
we organised numerous interactive sessions throughout the years to break through the embedded routines of the participants. In those sessions, a safe setting was created to invite participants to step out of their comfort zone and try out new routines.

In line with the principles of the RMA approach, we did not decide on every step of the monitoring process beforehand, but followed an emergent research design. This helped us to be better able to adjust the monitoring process to the needs of CYPSA’s employees at any given moment, thereby equipping them to the best of our ability to make constructive contributions to the social innovation process in their organisation.

1.3.4 Research sub-questions and research methods

As reflexive monitors of the emergent child- and family-centred (organisational) practice, we were involved in different phases of the development and implementation of IFCM at CYPSA that started with the development of a collective organisational vision. The study design comprised two phases (Figure 1.2): (1) understanding the implications of the embedding of the notion of child- and family-centred care, and (2) identifying strategies that enhance and support learning and reflection.

*Phase 1: Understanding implications of embedding the notion of child- and family-centred care*

In the first phase of our research we closely monitored the development and implementation of the case management approach IFCM at CYPSA to uncover the implications for the organisation and its professionals.

*Study 1: Implications for child welfare organisations*

The study question that guided the first study of this research project was formulated as: *What are the implications of embracing the theoretical notion of child- and family-centred care for organisations in child welfare?*

To answer this study question we started with three exploratory interviews with case managers who were involved in the IFCM development team. Next, we conducted 17 interviews with 13 case managers who were part of the IFCM pilot and four other CYPSA employees closely involved in the IFCM development shortly after they had gone through an extensive visioning process. A year later, we conducted 13 interviews with case managers who were not involved in the IFCM pilot, but who had gone through the visioning process at a later stage, to enrich our findings and to check
whether their understanding differed from the understanding of the case managers involved in the IFCM pilot.

**Study 2: Implications for child welfare professionals**

The study question that provided direction to this study was: *What are the implications of embracing the theoretical notion of child- and family-centred care for professionals in child welfare?*

To capture the early understanding of the new role of and the early conflicts inherent in child- and family-centred practices encountered by child welfare professionals, we (re-)analysed 14 interviews and the four focus group discussions (FGDs) that were conducted during the IFCM pilot. Furthermore, the conflicts inherent in IFCM encountered by case managers were followed quarterly for one year in a total of 36 workshops conducted in the interprofessional teams at CYPSA. A deeper understanding of the conflicts was obtained in 28 interviews that complemented the data of the workshops. At the end of this study, we conducted three interviews with the board of directors of CYPSA and held 2 reflection sessions with the CYPSA managers to give meaning to the experiences and conflicts inherent to IFCM by the professionals at meta-level.

**Phase II: Identifying strategies that enhance and support learning and reflection**

In the second phase of this research project, we studied the strategies used to enhance and support learning at the organisational and professional level. These strategies were used both to build and anchor a new organisational system, and also to build and retain a new professional identity.

**Study 3: Strategies for building and anchoring a new organisational system**

The study question that guided this study was: *What strategies that enhance and support learning and reflection can be identified to build and anchor a new organisational system?*

To answer this study question, we conducted 30 semi-structured interviews, mainly with case managers, to identify emerging organisational paradoxes connected to the development and implementation of IFCM. Next, we reflected on these findings in 13 interviews with three members of the board of directors, four managers and ten management advisers to retrospectively identify prominent leadership strategies and exemplary practices that were deployed to tackle the emergent organisational paradoxes.
Study 4: Strategies for building and retaining a new professional identity

The study question for this study was formulated as: What strategies that enhance and support learning and reflection can be identified that help child welfare professionals to build and retain a new professional identity?

To answer this study question we started with participant observations in seven interprofessional team meetings of randomly selected teams. In parallel, we conducted eight semi-structured interviews with different members from the interprofessional teams. Finally, we conducted three small group discussions to validate our findings and enrich the findings with practical suggestions to improve the interprofessional team meetings.

Ultimately, we studied how a new learning evaluation approach was developed and embedded in the emergent child- and family-centred practice in a way that the outcomes benefitted both science and practice. Evaluation is indispensable in generating legitimacy for child- and family-centred practices. Evaluation tools that function as boundary objects may help to bridge the gap between science and practice.

Study 5: Practitioner-administered measures as boundary objects between research and practice

The study question that guided this last study was: In what way could practitioner-administered measures function as boundary objects between research and practice?

This study question was answered by analysing six semi-structured interviews with involved researchers and eight semi-structured interviews and two small group discussions with child welfare professionals.

1.3.5 Research team

The different studies presented in this thesis were conducted in close collaboration between staff members of CYPsA and researchers of the Vrije Universiteit Amsterdam. The research team was composed of people from both organisations, who worked together to create the best circumstances possible to study the development and implementation of the case management approach, IFCM.
Besides the author of this thesis, Nienke van Veelen, the research team comprised Sigrid van de Poel (director, CYPSA), Marc Dinkgreve (Ambassador of Knowledge and Head of Research, CYPSA), Inge Busschers (Researcher, CYPSA), prof.dr. Jacqueline Broerse (Professor of Innovation and Communication in the Health and Life Sciences, Vrije Universiteit Amsterdam), dr. Barbara Regeer (Associate Professor, Vrije Universiteit Amsterdam), Arnout Bunders (Researcher, CYPSA/Vrije Universiteit Amsterdam), dr. Tomris Cesuroglu (Post-Doctoral Researcher, Vrije Universiteit Amsterdam), and Michael Schreuders (Research Intern, CYPSA/Vrije Universiteit Amsterdam).

1.3.6 Research validity and ethical considerations

In this research project, numerous strategies have been applied to minimise researcher bias and augment the validity of the results and conclusions. Scholars typically distinguish between internal and external validity. Internal validity refers to the effect that a researcher has on the research setting, the participants and the interpretation of the data. Furthermore, internal validity addresses the degree of coherence between the research question and the methods used to answer it. External validity, on the other hand, focuses on the question whether the findings of a study can be generalised or be applicable in other contexts.
**Internal validity**

To cross-check research findings and researchers’ interpretations, and, hence, increase the internal validity, we used triangulation (Denzin, 1970). Triangulation of methods was attained by using complementary research methods including desk study, document analysis, interviews, group discussions and participant observation during meetings. In the involvement of multiple researchers from the research team, who participated in all phases of this research, researcher triangulation was obtained.

Also in the process of data analysis multiple complementary strategies were deployed to increase the internal validity of this research project. All interviews and most group discussions were transcribed verbatim and extensive records were kept of the participant observations. A thematic approach was used to code the data, followed by an inductive approach. The predefined concepts for the thematic analysis found their origin in the theoretical underpinnings of the individual studies. The data were first grouped under the different concepts and subsequently an inductive coding approach was used to discover patterns of codes and sub-codes, thereby giving substance to the concepts in the context of the new child- and family-centred case management approach, IFCM. In an iterative process, the emergent data patterns were collected in tables and mind maps and these were, in turn, verified against the data and adapted if necessary. Each step in the data-analysis process was discussed between multiple involved researchers. The tables and mind maps formed the basis for the reporting about the findings in research updates or scientific publications.

Member checks (Sandelowski, 1993) were included in this research project to ensure that the researchers’ interpretation of the data reflected the perspectives of the participants. For this purpose, summaries at the individual level (to the participants of the interviews) or at the team level (to the participants of the group discussions) were sent by E-mail to the participants, who were given the opportunity to respond on any misinterpretations or ambiguities. In addition, regular reflection sessions were organised for the participants of the different research projects. Moreover, the participants and other CYPSA employees interested in the research proceedings were invited to access regular research updates on the organisation’s Intranet.
Chapter 1

External validity

Although this research project is based on a single case study and critics question the external validity of such a research approach (e.g. Abercrombie, Hill, & Turner, 1984; Campbell & Stanley, 1966), we deployed three strategies to enhance the external validity of our research findings. First, all individual studies for this thesis were theory-driven; meaning that all studies started from a theoretical basis in which the different concepts under research were defined in advance. Second, the contextual background, present in each study, reflects on the exemplary value of the case in the broader field of child welfare and beyond. Third, we contrast our results and conclusions with findings and theories from other scholars, in retrospect, to further strengthen our findings beyond our case study. In sum, the disclosure of the connections between the case under research, the wider child welfare context and the theoretical underpinnings in prospect and retrospect, increases the generalisability and applicability of the conclusions in the field of child welfare and beyond.

Ethical considerations

Several ethical issues were addressed in this research project. All interviews, group discussions and participant observations during meetings were conducted at the main office or (former) regional offices of CYPSA to put the participants at ease in a familiar environment. Participation in all parts of this research project was on voluntary basis. Participants could withdraw at any time, whether at the beginning, in the midst or by the end of the research project, without giving reasons and with no further consequences. All participants gave verbal permission for the interviews and group discussions to be audiotaped, transcribed and analysed for publication. Given the non-invasive nature of this research project, formal approval from a medical ethical committee was not required according to the Dutch law. In no circumstances were participants asked to share personal or sensitive information concerning the histories of the children or families under their supervision.

1.4 Outline of this thesis

In chapter 1 of this thesis, we have given a brief introduction of the scope of this thesis, provided a contextual and theoretical background which together have formed our contextual and theoretical lens for this study, followed by a delineation of the research design. In chapters 2 to 6, we present the findings of the different parts the research
project on the emergent (organisational) practice on the notion of child and family-centred care, successively answering the sub-research questions outlined in section 1.3 Research Design. Chapters 2 to 6 are based on co-authored articles that are accepted for publication or are under review in internationally recognised peer-reviewed journals. Only for reasons of consistency in terminology, reference style and lay-out, some minor adaptations have been made. As a result, there may be some overlap may between the respective chapters, and between the chapters 2 to 6 and this introduction in terms of introducing the research topic, defining and operationalising the theoretical concepts and delineating the research design.

In chapter 2, we present the emergent organisational vision on the child- and family-centred IFCM approach at multiple organisational levels from the perspective of the case managers working at CYP SA. Then in chapter 3 we outline the new role of child welfare professionals in child- and family-centred practices and shed light on the barriers that they encounter in the process of becoming a new professional. Chapter 4 examines organisational paradoxes and prominent leadership strategies used by the CYP SA management in the establishment of the new child- and family-centred case management practice. In chapter 5, we discuss how organisations may establish reflective practices in a multi-disciplinary setting to support professionals in child- and family-centred practices. In chapter 6 we describe how to develop an evaluation approach with a learning nature to bridge the gap between research and practice in the field of child welfare. Chapter 7 concludes this thesis with a discussion of the main findings of this study and answers to the main research question. Moreover, in light of the strengths and weaknesses of this study, we suggest topics for further research.