Chapter 3
Chapter 3. Child- and family-centred practices in a post-bureaucratic era: Inherent conflicts encountered by the new child welfare professional

Abstract

Various child welfare organisations are changing services by adopting child- and family-centred approaches and leaving behind redundant bureaucracy, top-down strategies and fragmented networks. This inevitably poses challenges. This paper uses the case of Intensive Family Case Management in the Netherlands to explore conflicts perceived by professionals and connected coping strategies. It is identified that internal conflicts (leading to a relapse into old routines or to misinterpretation of purpose) and boundary conflicts (leading to a relapse into old collaboration agreements) cause challenges. Pioneering organisations need to provide support for learning and reflection between professionals, seeking alignment between accountability and learning.

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3.1 Introduction

Over the years, public services systems in welfare states have evolved into complex inter-organisational networks, consisting of all kinds of organisations providing specialised and high quality services, to respond adequately to the wide variety of problems experienced by their target population (Agranoff, 1991; N. Gilbert, 1997; N. Gilbert et al., 2011; Provan & Milward, 2001). This is particularly the case for child welfare systems. The complex inter-organisational networks in the field of child welfare have to respond to a wide range of problems, including parenting, financial or housing problems, as well as problems involving violence, including systematic child abuse and neglect, and psychiatric problems. New thoughts on service provision have, internationally, exerted pressure on child welfare systems and its professionals to revise their ambition and adopt a new role and mind-set, albeit at different times and to a greater or lesser extent (N. Gilbert, 1997; N. Gilbert et al., 2011).

In the Netherlands and many other welfare states, child welfare was transformed in the last few decades towards a system where daily routines of professionals were formalised and standardised and a bigger role was assigned to robust scientific evidence. The predominant thoughts resonate with the New Public Management (NPM) ideology that seeks for less costly and more efficient ways to provide public services (Gruening, 2001; Hood, 1991, 1995). Nevertheless, this approach to child welfare services has received serious critiques not only in the Netherlands, but also globally. First of all, the practical implications of the NPM ideology on service provision are contested (Hood, 1995; Van Thiel & Leeuw, 2002). Under its influence, public services systems, including the child welfare system, became more fragmented, as organisations focused on their core activities to reduce costs (Hood, 1995). Second, work processes have been subject to rigid management and leadership practices that focus on targets rather than people (ibid.). Third, due to inter-organisational dissonance, child welfare have focused more on intra-organisational output by attending to as many cases as possible, rather than on long-term outcomes and impact (Van Thiel & Leeuw, 2002), such as pursuing sustainable safety for children. Fourth, practices have been criticised for jeopardising the professionals’ autonomy, which has resulted in the de-professionalization of child welfare professionals (Bezes et al., 2012). Due to the increasing standardisation, professionals were obliged to follow predetermined and inflexible procedures that leave no room for interpretation and adaptation (Van Thiel & Leeuw, 2002). As a
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consequence of this de-professionalization, service providers have faced high staff turnover and the costly process of contracting and training new staff (Mor Barak, Nissly, & Levin, 2001). Thus, notwithstanding the advantages of standardisation, the bureaucratic era of child welfare has been heavily criticised and the legitimacy of the child welfare system has been openly questioned (e.g. Van Nijnatten, Hopman, & Knijn, 2014).

3.1.1 The call for radical reform in child welfare

Scholars and professionals around the globe have called for radical reform of the bureaucratic child welfare field and the underlying philosophy of NPM (Denhardt & Denhardt, 2000; Josserand et al., 2006). This post-bureaucratic approach stresses that public-sector managers need to break the cycle of procedural rules, and to motivate professionals to pursue public goals and measure valuable outcomes (Behn, 1995, 1998). These public goals and valuable outcomes may be achieved in child welfare practice through the development of child-centred and family-centred approaches. Child-centred orientations (to act in the best interest of the child), as stipulated in the United Nations Convention on the Rights of the Child (1989), are becoming prominent in legislation, policy, research and practice (N. Gilbert et al., 2011; Reading et al., 2009). Family-centred orientations (to respect a family as an entity), on the other hand, are based on the principles of family choice, strengths-based care, empowerment and participation of families (e.g. Allen & Petr, 1998; Rosenbaum, King, Law, King, & Evans, 1998; Shelton, Jeppson, & Johnson, 1987). The emergence of child-centred and family-centred approaches in child welfare practice have ensured that child welfare workers are increasingly expected to deliver tailor-made services and develop plans that fulfil the unique needs of children and their families (Pecora, Whittaker, Maluccio, Barth, & DePanfilis, 2009) and child welfare managers are increasingly asked to provide insight into meaningful performance and outcome criteria (Carnochan, Samples, Lawson, & Austin, 2013).

There is, however, only limited knowledge about child- and family-centred practices, the associated organisational move towards a post-bureaucratic system (McBeath, Jolles, Chuang, Bunger, & Collins-Camargo, 2014) and the changing role of child welfare professionals, in particular. This paper aims to better understand the challenges perceived and coping strategies employed by child welfare professionals in a post-bureaucratic organisation. To this end, we explore the experiences of case managers who work with IFCM at CYPsA in the Netherlands.
3.1.2 Learning from the development of Intensive Family Case Management

In line with the post-bureaucratic trends in child welfare, Child and Youth Protection Services in the Amsterdam area (CYPSA) in the Netherlands initiated a radical transformation in 2010 and developed Intensive Family Case Management (IFCM) as a child- and family-centred practice (Busschers et al., 2016; Van Veelen, Regeer, Broerse, Van de Poel, & Dinkgreve, 2017). It is based on the core values of being patterns-oriented, tailor-made, strengths-based and purpose-driven care, and aims to provide long-term value for the children and families under CYPSA’s supervision (Van Veelen et al., 2017). The development and implementation of IFCM helped CYPSA to break the cycle of bureaucracy and redundant procedural rules, restore the case managers’ professional autonomy and develop an organisational system that optimally supports case managers in child- and family-centred practices (Van Veelen et al., 2017), and thus, enter the post-bureaucratic era in child welfare. This pioneering work was recognised in winning the Dutch Public Sector Award in 2014 and the European Public Sector Award in 2015.

In a previous study (Van Veelen et al., 2017), we have shown that IFCM differed fundamentally from earlier approaches in child welfare and required radical transformation at multiple levels of the organisational system, and a profound change of its professionals. Child- and family-centred or post-bureaucratic approaches require re-professionalization; professionals need to adopt a new mind-set. But, what does this mean? What challenges do child welfare professionals encounter as they become child welfare professionals of the post-bureaucratic era? In particular, what are the underlying conflicts that lead to these challenges? What strategies do professionals adopt, or do organisations develop, to cope with the challenges they face?

3.2 Theoretical background

To identify the challenges encountered and the strategies developed by the professionals, this research builds on two main theoretical underpinnings. The first one involves a sketch of three generations of child welfare services, as well as the underlying transitional motives. The second involves the adaptation of child welfare professionals to new mind-sets to make the transition from the one generation to a new one and how they deal with the conflicts they encounter during the transition. At the end, the
challenges encountered are framed from the perspective of the underlying conflicts between the different generations.

### 3.2.1 Generations of child welfare

Looking at the transformations that took place in the child welfare sector since its beginning, roughly three generations can be distinguished: the 1\textsuperscript{st} generation, also called as the pre-bureaucratic era, can best be described as a loose system of interconnected organisations in which professionals are considered experts with broad clinical knowledge and experience. These professionals operated with high degree of freedom, which also led to subjective and sometimes potentially detrimental practices (Chaffin & Friedrich, 2004). This led to a call for more accountability, auditable practices, and a greater influence of scientific evidence (Chaffin & Friedrich, 2004).

The creation of coherence in the divergent approaches and perspectives of clinical professionals characterises the 2\textsuperscript{nd} generation of child welfare or bureaucratic era. Formalised and standardised procedures were applied to the daily practices in light of the scientific evidences. The NPM ideology had a big influence on organising services in less costly and more efficient ways (Gruening, 2001). Nevertheless, as outlined in the introduction, this bureaucratic approach to child welfare has been criticised heavily for its fragmented organisation of services, rigid management and organisational practices, focus on attaining short-term output targets (Van Thiel & Leeuw, 2002), and predetermined and inflexible procedures leading to the de-professionalization of child welfare professionals (Bezes et al., 2012).


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<tr>
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<th>1\textsuperscript{st} generation</th>
<th>2\textsuperscript{nd} generation</th>
<th>3\textsuperscript{rd} generation</th>
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<tr>
<td><strong>Also known as</strong></td>
<td>Pre-bureaucratic</td>
<td>Bureaucratic</td>
<td>Post-bureaucratic</td>
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<td><strong>Decisions made based on</strong></td>
<td>Clinical experience with individual cases</td>
<td>Procedural rules and evidence-based standards</td>
<td>A careful consideration of scientific evidence and clinical experience to meet children’s rights and needs</td>
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<td><strong>Role of child welfare professional</strong></td>
<td>Clinical expert</td>
<td>Executor of procedures and legal guardian</td>
<td>Facilitator of change</td>
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Table 3.1: Different generations of child welfare, a typology
The critiques towards the bureaucratic practices of the 2nd generation of child welfare led to calls for radical reforms (Denhardt & Denhardt, 2000; Josserand et al., 2006). The post-bureaucratic era or 3rd generation of child welfare, renounces the negative consequences of the NPM legacy. It embraces child- and family-centred orientations that have been gaining gradual popularity in the past decades (e.g. Allen & Petr, 1998; Gilbert et al., 2011; Reading et al., 2009; Rosenbaum et al., 1998). Decisions are made based on both the scientific evidence and clinical experience of the professional with the ultimate aim of meeting children’s rights and needs.

An overview of the above sketched typology is presented in Table 3.1. Rather than intending to provide an empirical representation of developments in child welfare, the typology of the different generations of child welfare serves as a heuristic tool. It is clear that there are different international trends and that different approaches and practices have taken place in the historical context of different countries. Nevertheless, such a typology, which can be recognised by professionals across different countries, gives a meaningful perspective to understand child welfare systems today. Of note, the different generations outlined above are not always easy to distinguish; they may, at times, overlap or different features may exist simultaneously, in one child welfare system, within an organisation or even within one professional. Therefore, we propose this typology as a tool to help understand the challenges faced by child welfare professionals today, and show that these challenges can often be understood as resulting from conflicts between different generations of child welfare.

### 3.2.2 Adaptations of professionals to new mindsets

Although child welfare systems in many welfare states are embracing child- and family-centred orientations, to act in the best interest of the child and respect the family as an entity, there is little scientific literature on the new role of child welfare professionals in the post-bureaucratic era. Eisikovits and Beker (2001) argue that we should go beyond debates that focus on professionalism in order to find answers at a more conceptual level and to make a more explicit connection with the quality of services provided to children and youth in need of protection. To take this discussion to a more conceptual level, we argue that the transformation towards child- and family-centred and post-bureaucratic practices demands that professionals adopt a new mind-set. Rather than being a clinical expert (1st generation) or executor of procedures and legal guardian (2nd generation), professionals are expected to act as facilitators of change (3rd generation).
Introducing the concept of the *reflective practitioner* in 1983, Schön (1983) was the first scholar to openly challenge the technical-rational perspective on professional practice. He claimed that *reflection* is the fundamental basis of professional practice (Schön, 1983, 1987). Professionals should seek to resolve complex problems by learning from their own experiences and the experiences of others. According to Schön (1983) professionals learn by alternating cycles of reflection-in-action (on individual level) and reflection-on-action (both on individual and inter-professional level). Critics, however, have noted that scientific evidence is subordinate to the clinical judgement of professionals when they pursue to become a *reflective practitioner*. In response Cheetham and Chivers (1996, 1998, 2000) seek “to harmonise the reflective practitioner and competence-based approaches” (1998, p. 267).

Also in the field of child welfare, scholars have built on the legacy of Schön (1983, 1987) and Cheetham and Chivers (1996, 1998, 2000), pointing towards a new professional mind-set that is congruent with what we have called 3rd generation child welfare. Eisikovits and Beker (2001), for instance, call for the adoption of a *craft* perspective. Other authors too conceptualise the new professional ways of working as *craftsmanship*. For instance, Chaffin and Friedrich define this as “creativity within the boundaries of supported models” (2004, p. 1101). The concept of craftsmanship corresponds to the notion of *praxis*, as introduced by White (2007), where *knowing* (scientific evidence) and *doing* (clinical experience) lead to a new *being* (active expression and embodiment of values and virtues). In her definition of praxis, she emphasises the interconnectedness of scientific evidence, clinical experience and client values (White, 2007), in which one may recognise a conceptualisation of the Evidence-Based Practice (EBP) discourse, as originally intended by Sackett and colleagues (1996). White (2007) shows that child- and family-centred approaches demand more than simply replacing an old approach with a new one. She calls for a new (i.e. 3rd generation) child welfare professional, who possesses both the *know-what* and the *know-how*, and also expresses an intrinsic set of values that corresponds to the fundamentals of the new child welfare era (White, 2007).

Thus, we conceptualise 3rd generation (child welfare) professionals as *reflective practitioners* who enrich their knowledge (*knowing*) and skills (*doing*) with an intrinsic value perspective (*being*). Whilst reflecting in and on their practice, 3rd generation professionals are guided by the values inherent to the 3rd generation child welfare ideology.
3.2.3 IFCM and the role of professionals

The role of the 3rd generation professional has an important place in our case study on IFCM in CYPSA. In the context of this article, the child welfare system in the Netherlands and USA are in general comparable in terms of the role of child welfare professionals and expectations from them. Similar to the US, there has been considerable discussion about the educational preparation, training and high turnover of child welfare workers in the Netherlands. However, over the last years big steps are made in the professionalization of the workforce. On a national level, a new Law for the Protection of Children and Youth came into effect in 2015. Consequently, similar to the US (see e.g. Collins-Camargo, McBeath, & Ensign, 2011), a movement was initiated towards privatisation and performance-based contracting in child welfare in the Netherlands. The new law was accompanied by a new Quality Framework for Child Welfare Professionals. Part of this framework was the new Quality Register Youth in which all child welfare professionals in possession of a formal social work or similar clinical degree have to register, before they can start working in the field of child welfare. In addition, child welfare workers have to follow trainings and courses every year to earn educational points to keep their registration up to date and re-register in the Quality Register Youth every five years. The profession of child welfare worker is thus a protected job class. The case study, and the idea of the 3rd generation professional, is to be understood against the backdrop of the above described characteristics of the Dutch child welfare system.

As mentioned earlier, IFCM requires radical transformation at multiple levels of the organisational system, and a profound change among its professionals. IFCM finds its origin in the Functional Family Parole and Probation Services (FFP) model for case management and the Functional Family Therapy (FFT) model, both developed in the United States (more on FFP and FFT: e.g. Alexander & Kopp, 2010; Breuk et al., 2006; Zazzali et al., 2008). Similar to the FFP and FFT model, the IFCM model consists of three phases: (1) engage and motivate, (2) support and monitor, and (3) generalise change (Alexander & Kopp, 2008). With a child- and family-centred orientation, case managers act in the interest of the child while respecting the family as an entity. To foster a shared responsibility, case managers gather in teams during a weekly three-hour meeting, to discuss important decisions and barriers they may encounter, together with a psychologist and a team-manager, who can provide them with advice and facilitate
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joint decision making. In these meetings, the focus is both on the content (case decisions) as well as the professional skills that are needed. Professionalisation is a continuous process embedded in the structure of the organisation. By adopting the attitude of a reflective practitioner (Schön, 1983), IFCM case managers are driven by purpose while continuously monitoring child safety (Van Veelen et al., 2017). From this perspective, the primary process and structures of IFCM are a means to support professionals in their daily work rather than ends in themselves. In practice, however, it is by no means easy to adopt a reflective practitioner mind-set. Professionals often encounter dissonance or conflicts between different generations of child welfare.

Several trainings and supervision tools are in place during the preparation for and execution of IFCM. To make sure that the case managers of CYPSA dispose the right knowledge, skills and mindset that is consistent with the IFCM approach, CYPSA has an in-house academy that provides certified trainings and education, all year round, for their own case managers as well as for child welfare workers from other organisations. With all these, CYPSA has paid a lot of attention to supervision to overcome potential conflicts in practice.

Figure 3.1: Internal and boundary conflicts encountered by the new child welfare professional

3.2.4 Conflicts between different generations of child welfare

New thoughts on service provision are inextricably linked to radical transformations at the level of the individual professional, work approaches and organisational systems, and the wider child welfare regime. Conflict between the 2nd and 3rd generation of child welfare occurs when transitions at different levels are out of line with each other. There is limited knowledge about such potential conflicts. Following Regeer and Bunders
(2009), we distinguish between (1) internal conflicts between the aims of 3rd generation professionals and 2nd generation practices, and (2) boundary conflicts between the prevailing 2nd generation child welfare system and the aims of 3rd generation IFCM professionals (Figure 3.1). Building on White (2007), internal conflicts may result from a dissonance between knowing, doing, and being at the level of the individual professional, while boundary conflicts arise from dissonance between pioneering organisations and prevailing systems.

3.3 Methodology

A reflexive monitoring in action (RMA) approach was adopted to obtain an in-depth insight into the conflicts CYPSA’s case managers who work with IFCM experienced, as well as their coping strategies, and to provide action perspectives for the case managers to handle future conflicts (more on RMA: Mierlo et al., 2010). The RMA approach of this study is reflected in the research methods, i.e. semi-structured interviews (Gray, 2004), focus group discussions (FGDs) (Kitzinger, 1995; Morgan, 1996), Dynamic Learning Agenda (DLA) workshops (Regeer et al., 2009; Van Mierlo et al., 2010; Van Veen, De Wildt-Liesveld, Bunders, & Regeer, 2014), and reflection sessions. Those methods were applied in a way that stimulated learning from experience (experiential learning) (Kolb, 1984) and learning from the experiences of others (vicarious learning) (Cox et al., 1999; Guba & Lincoln, 1989). The RMA approach ensured the scientific and practical relevance of the research project.

3.3.1 Case description: Development and implementation of IFCM

The first signs of the development of IFCM at CYPSA can be observed in 2010, when the organisation presented a new multi-annual plan with a vision that had to prepare the organisation for child- and family-centred practices. In addition, CYPSA adopted the inherently complex mission to achieve enduring safety for all children.

In April 2011, a group of ten case managers, two team managers and a selection of other organisational representatives, later called the IFCM development team, joined forces under the guidance of a consultant of Vanguard Nederland to critically look at the previous work approach to uncover the valuable steps in the work process (check), to start developing a new work approach (plan), and to start bringing the new ideas into practice (do) (Coret, 2014)
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A pilot was initiated in six teams (each comprising six to eight case managers, a psychologist and a team manager) end 2011. The pilot teams, under guidance of the IFCM development team, completed a shorter version of the check-plan-do cycle, and as such they were introduced to the new work approach. After the successful pilot, the remaining 26 teams were introduced in three phases with IFCM by going through the same condensed version of the check-plan-do cycle under guidance of the IFCM development team during 2012.

3.3.2 The study design

The study was carried out in three phases (see Table 3.2). The first phase took place at the end of the IFCM pilot in March 2012. We conducted 14 interviews with case managers and four FGDs with four out of six teams who participated in the IFCM pilot. The interviews aimed to capture the early conflicts inherent in the new IFCM practices. The interviewees were recruited by e-mail, sent to all case managers (n=56) of the six pilot teams. In both the interviews and FGDs, together with the participants, we made a comparison between the old work approach and IFCM. This comparison is elaborated upon in an earlier research paper (Van Veelen et al., 2017). Further, in the interviews a timeline was constructed of all events that respondents considered particularly meaningful in the change process, during and after the implementation of the IFCM pilot, including internal and boundary conflicts that participants encountered. In the FGDs different exercises aimed to capture the future vision of the case managers, elicit the conflicts they encountered on their path to become a new child welfare professional and share solutions.

In phase two, the first year after the full implementation of IFCM, case managers’ experiences were followed in 36 DLA workshops (Box 3.1) with the participation of six to 12 teams quarterly. We ensured that all CYPSA teams (n=32) participated in at least one DLA workshop. At the request of several case managers, four teams participated twice. In the DLA workshops, the wide variety of conflicts encountered by the case managers in the new IFCM practice were made explicit, experiences were shared and possible solutions were explored, to obtain insights and, simultaneously, provide action perspectives for the IFCM case managers. Some of the initial conflicts disappeared rapidly, others proved more persistent. The latter conflicts were explored in more detail in 28 semi-structured interviews with case managers throughout the year. The case managers were invited to participate in the interviews during the DLA workshops.
In phase three, two reflection sessions with managers and directors (n=25) and reflection interviews with directors (n=3), all working at CYPSA, were organised to identify potential blind spots in the case managers’ perspectives or the researcher’s interpretations, by analysing and prioritising the conflicts encountered by the case managers in the new IFCM practice, but now from a managers’ and directors’ perspective.

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<tr>
<th>Research phases</th>
<th>Stage of development and implementation</th>
<th>Conducted interviews and group sessions</th>
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<tr>
<td><strong>Phase 1</strong></td>
<td>At the end of the IFCM pilot (March 2012)</td>
<td>14 Interviews: Case managers involved in IFCM pilot 4 FGDs: Teams, consisting of 6-8 case managers, a psychologist and a team manager, involved in IFCM pilot</td>
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<tr>
<td><strong>Phase 2</strong></td>
<td>First year after the implementation of IFCM (2013)</td>
<td>36 DLA workshops: Teams consisting of 6-8 case-managers, a psychologist and a team manager 28 interviews: Case managers</td>
</tr>
<tr>
<td><strong>Phase 3</strong></td>
<td>Reflection with managers and directors in first year after implementation IFCM (2013)</td>
<td>3 interviews: Directors of CYPSA 2 Reflection sessions: Managers and directors of CYPSA (n=25)</td>
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Table 3.2: Study design

All interviews, FGDs, DLA workshops and reflection sessions were audio-recorded. The interviews, FGDs and reflection sessions were transcribed verbatim and from the DLA workshops a summary with the highlights was made based on audio-recordings. All summaries of the DLA workshops were read by the first and last author to construct a list of internal and boundary conflicts inherent in the new IFCM practice. Some conflicts were mentioned frequently and at different points in time, albeit differently expressed –three internal and two boundary conflicts were considered to be the most persistent conflicts. Thematic coding, of a random selection of 10 interview transcripts, by the first and last author independently, was used to collect the narratives of the case managers connected to the persistent conflicts in a random selection of 10 interview transcripts. The outcomes of the thematic coding process were verified with the transcripts of the other interviews and the FGDs by the first author. In the transcripts
of the reflection sessions and interviews with managers and directors of CYPSA the first and last author checked for blind-spots in the data-analysis process to strengthen the study’s internal validity.

**Box 3.1: The Dynamic Learning Agenda (based on Regeer et al., 2009)**

The DLA was developed by Regeer et al. (2009) to make learning experiences visible, based on the conviction that learning starts with formulating questions. Some questions disappear from the agenda while others are more persistent and remain present albeit in different wording. The DLA is a tool for system innovation projects, such as IFCM developed and implemented at CYPSA, which helps to connect long-term goals with concrete action perspectives for practitioners. In this study, the DLA was embedded in workshops that aimed to stimulate learning, identify challenges and underlying causes and capture lessons and narratives about IFCM from which others could learn.

At the start of each interview and group session, the researchers explained that participation was voluntary and that participants could withdraw at any moment. The team managers introduced the researchers at the FGDs and DLA workshops to make the participants feel more at ease. The data-analysis process guaranteed the participants’ anonymity. At the individual level (for the interviews) and team level (for the FGDs and DLA workshops) proceedings were shared with the participants to check the summary of the session. In addition, various reports published on the organisation’s internal website provided insights into the research proceedings at the organisational level.

### 3.4 Results

The analysis of persistent and inherent conflicts in transition to 3rd generation child welfare yielded three internal conflicts and two boundary conflicts that proved in the DLA
workshops to be the most persistent experienced by IFCM professionals in their daily practice (see also Table 3.3). More in-depth insights regarding these conflicts were obtained in the interviews with case managers at the end of the pilot. In the reflection interviews and in sessions with managers and directors of CYPSA no blind-spots were identified, but the managers and directors used different and succinct wording to describe the conflicts experienced by the case managers in their new practice.

### 3.4.1 Internal conflicts

With the development and implementation of IFCM, CYPSA attempted to break with the prevailing child welfare system. One case manager describes the former practice:

> Formerly, after a report of child abuse, we read the documents and before we even spoke to somebody, we came up with a possible plan. Then, we invited the family to our office and said: ‘This is what was reported to us, this is what we are going to do and we will start tomorrow.’ The family just had to accept help, because if they did not, we said: ‘If you say no, we will go to court, request for a warrant and then you have to cooperate’.

The new IFCM practice contrasts with the former practice in many ways, as another case manager explains:

> If families enter the child welfare system, they have difficulties to change their situation [as they are often captured in a vicious cycle of distress]. They do not acknowledge that they have a problem and, therefore, are not motivated to change their situation. So, our core business is to help families to understand that they have a problem. That the families themselves say: ‘We have a problem, can you help us?’ That is the moment that we say: ‘Let us see how we can help you’.

These quotes illustrate the hierarchical relationship between the case manager and the family in the former situation and the more equal relationship between them in the latter. The role of the IFCM case manager shifts from controlling to facilitating. This in turn requires professionals to shift their mind-set and therefore entails diverse, previously unrecognised, challenges that arise from 2nd/3rd generation conflicts, as is shown in the three internal 2nd/3rd generation conflicts derived from the analysis of our study data, namely conflicts regarding building an alliance with the family, exploring out-of-the-box solutions and dispersing power.
Building an alliance with the family

Case managers indicate that building an alliance is one of the visible manifestations of IFCM to comply with purpose-driven care (one of the core principles of IFCM (Van Veelen et al., 2017)). The alliance between the case manager and the family creates opportunities to obtain in-depth insight into family patterns underlying the visible problems and to engage the family in their own care process. One of the team managers explains:

_We ask case managers to invest in: Who is the family? Who is important for the family? How can we enter their houses? How can we connect and build an alliance with the family? You have to adapt to the pace of the family, unless child safety is at immediate risk._

When children’s safety is endangered, case managers also have the difficult task of confronting the family:

_We should have the courage to say: ‘You are the parents of these children, but you are not able to raise them, other people have to do that.’ (...) You have to dare to make such difficult decisions._

Case managers frequently stress that they find themselves in a battle between distance and proximity. They feel that they are torn between two impossible choices; building an alliance with all family members, or confronting the family with the child’s lack of safety at the expense of the carefully build alliance:

_[Previously], you had a certain distance to the family, only seldom you found yourself in the battle between distance and proximity, but now you can no longer avoid that battle._

The friction experienced by case managers may lead them to relapse into old routines. Some case managers indicate that they do not always invest in building an alliance, sometimes they would rather immediately confront the family suspected of child abuse based on second-hand reports from the police or other child welfare agencies, just as they did before. Others prefer to take immediate action based on these second-hand reports of child abuse, thereby maintaining distance from the family and constructing a hierarchical relationship. They indicate that they compromised the adversarial principle, but also say that they were forced to do so, because of considerable risks of serious child abuse.
At the other extreme, several case managers acknowledge the risk of becoming loyal to the family or one of the family members if they get too close. Building an alliance then becomes more an end in itself rather than a means to get insight into underlying family patterns, to motivate families to accept help and to confront them with issues of child safety. One case manager explains the difficulty of starting a conversation about the lack of safety:

I notice that for many of my colleagues this is a difficult thing to really speak about safety and unsafety with the family. [I mean] that safety is really the subject of discussion and not only by implication.

The managers and directors of CYPsA shed new light on the impossible choice between building an alliance and confronting families with the lack of child safety described by case managers and which results in falling back into old routines or a misunderstanding of purpose, during the reflection interviews and sessions. We found that this impossible choice is not in fact a choice if they are to understand how to use the alliance with the family as a solid basis to discuss the lack of child safety. According to the managers and directors, many case managers lack the necessary skills, resulting in falling back into old routines, or have not developed the right mind-set, resulting in a misinterpretation of purpose.

Exploring out-of-the-box solutions

To break family patterns and meet the unique demands of each family, tailor-made care is an integral part of IFCM (Van Veelen et al., 2017). Case managers are challenged by this IFCM principle to leave the beaten track and explore out-of-the-box solutions to meet the unique demands of the family. Case managers acquire greater autonomy to build on scientific evidence as well as experiential knowledge. Case managers explain that they can no longer hide behind the standard range of options offered by care providers or prescribed in protocols.

The increased autonomy of professionals (trusting their clinical experience, within the boundaries of the supporting scientific models) also entails uncertainty or a lack of action perspective. One case manager explains:

What makes working in the field of child welfare so hard? It is the uncertainty on the long term. You will never know what the consequences will be of the decisions that you make.
Case managers indicate that this uncertainty may lead to resorting to old routines, as they choose well-known options that may not perfectly meet the needs of the family. Other case managers take advantage of their increased autonomy, challenging the organisational boundaries. They indicate that it is their *artistic freedom* to explore different out-of-the-box solutions, but in doing so they may lose the right track. In the reflection interviews and sessions, the managers and directors of CYPSA indicate that to an extent they encourage out-of-the-box solutions, but that sometimes exploring out-of-the-box solutions becomes an end in itself, losing sight of the unique demands of the family. One of the directors explains his struggle:

*How can we make sure that everyone uses his common sense and avoid that some people think: ‘So what, we will do it our own way’.*

**Dispersing power to the family**

Most families in child welfare have long and unsuccessful histories because care programmes often focus on the isolated problems of one family member rather than providing holistic care for the family. Only occasionally did child welfare professionals succeed in breaking through engrained family patterns. Working with IFCM challenges case managers not only to look at what is going wrong but also to focus on the family’s competencies or strengths from a more holistic perspective and empower them to be in charge of their own care process. This idea is embedded in yet another core principle of IFCM: *strength-based care.*

Previously, when families were unwilling to cooperate, case managers used coercive measures to force them to do so. One of the case managers explains that such coercion fuelled resistance rather than motivation:

*[The warrants] are no more or less than coercive measures, and that is not how you would be able to realise sustainable family change. (…) Families become highly unmotivated.*

Several case managers explain that by empowering families to solve their own problems, they try to break the vicious cycle of distress in which these families are captured. This requires case managers to release power and leave certain things for the family to resolve.

Case managers frequently state that their new role of facilitator is a challenging one, because it goes along with releasing direct control over the family. They indicate that
they sometimes choose the easy way out, solving families’ problems rather than helping them to do so. They fall back on old routines because they feel that most families cannot solve their own problems or feel responsible for what happens in a family and want to protect the children. Many case managers state that it is hard to disperse power because the chances of success are not in their direct sphere of influence, but at the same time they also experience the downside of a quick fix. They often fear a new crisis just when they let a family go because the family has not learned how to solve future problems.

3.4.2 Boundary conflicts

*Boundary conflicts* occur on the boundaries of 3rd generation aspirations of IFCM and its professionals and the prevailing 2nd generation child welfare system. One of the IFCM case managers explains that boundary conflicts often result in falling back into old agreements:

> Relapse to old agreements in general has, in my opinion, more to do with the partner organisations with whom we have to collaborate. We are changing, but partner organisations do not change in the same pace or direction.

Below, we present two persistent conflicts that emerged in inter-organisational collaboration between CYPSA and its partners, namely conflicts regarding organising tailor-made care and involving both partner organisations and the family in a meeting to discuss progress.

*Organising tailor-made care with care providers*

Since CYPSA is not itself a care-providing organisation, collaboration with a wide network of care-providing organisations is essential to provide an appropriate answer to the range of problems faced by families under the supervision of child welfare services. To meet the unique demands of each family, we have seen that case managers are committed to arrange tailor-made care in collaboration with different care-providing organisations. One case manager explains:

> I do not quickly concede to interim solutions, or solutions of which I know beforehand that they are not suitable nor sustainable on the long term. (...) This is a real revolution in the world of child welfare. (...) You have to follow the set course and hold on to that, even though there might be a lot of people who say: ‘We have to get rid of these problems.’ Though, they
do not realise that a quick fix is only a short-term solution and not a long-term solution, let alone that it contributes to the child’s well-being.”

Collaboration with care-providing organisations is not without obstacles. Case managers maintain that most partner organisations work according to their own vision, protocols and guidelines. Often, they have developed standard tracks for families with a specific type of problem and so offer fixed programmes (2nd generation). Case managers say that they are constantly challenged by partner organisations to accept a second-best option because it accords with the care providers and their funding system. Case managers explain that they tend to accept second-best options when an intervention cannot be postponed because a child is seriously endangered.

Involving partner organisations and the family in progress meetings

Providing child- and family-centred care is for IFCM case managers inextricably linked with greater transparency regarding the family. Inviting the family for meetings with all care providers, to monitor progress on the goals set in the family plan, is for the case managers a logical result of this principle. Case managers say that they are supposed to arrange a six-weekly meeting with the family and all involved partner organisations to monitor progress.

In practice, however, case managers indicate that it is almost impossible to meet with all involved partner organisations at an agreed time every six weeks. Many partner organisations see no point in the exercise, following their own course with the family and disregarding the family plan. Case managers state that sustained efforts are needed to keep everyone on track. Some partner organisations do not show up when the family attends these meetings. They tend to talk ‘about’ a family (2nd generation) rather than ‘with’ a family (3rd generation).

Although case managers try to advocate child- and family-centred care among partner organisations, at the same time they are constantly challenged to give up the values inherent in a 3rd generation approach. This may result in the recurrence of numerous bilateral meetings with all partner organisations and the family individually that characterised collaboration between CYPSA and its partners in the 2nd generation child welfare era.
3.4.3 Strategies to overcome internal and boundary conflicts

CYPSA gives the case managers much more autonomy (trusting their clinical experience, within the boundaries of the supporting scientific models) to deviate from the beaten track. This makes the case managers feel more responsible; they can no longer hide behind protocols and standardised procedures but have to develop an action perspective, by drawing on past experiences and learning from the experiences of others, and have to develop agency (the capacity of an individual to act independently), by bringing their ideas into practice and learning from that experience. Case managers indicate that learning to become a 3rd generation child welfare professional requires time and continuous investments.

At different moments in time, besides identifying persistent conflicts, we also came across various strategies to overcome internal and boundary conflicts. Learning and reflection seem to be central to these strategies. At the office, case managers say that they share good practices and conflicts with their colleagues, particularly during the weekly team meeting. Challenged by their colleagues’ questions, case managers make their daily experiences explicit and reflect upon the stories they share. In addition to case managers (about seven), each team comprises a team manager, a psychologist and a senior case manager, who offer support in becoming a 3rd generation child welfare professional. They supervise the broadening and deepening of knowledge on normal and abnormal child development, behaviour and mental disorders and support the development of core IFCM skills. To overcome boundary conflicts (convincing partner organisations of the value of involving the family in all meetings or an out-of-the-box care plan) CYPSA has established an escalation system. When a case manager is likely to relapse into old collaboration agreements, she can contact her team manager who then makes an effort to arrange, for example, the right care for the family from a higher organisational level. When the team manager cannot organise the necessary care, a senior manager or director is contacted. This escalation process is continued until a sustainable solution is reached.

However, several case managers express uncertainty about the extent of support of CYPSA. Is CYPSA’s support unconditional or will case managers be held responsible if something goes terribly wrong in a family? Child welfare professionals have a job with a high-risk of making mistakes resulting in a high-impact for the children and their families. To relinquish the grip on the children and their families when dispersing power,
Inherent challenges for the new child welfare professional makes the job of child welfare professionals even more uncertain and unpredictable. One of the directors asks:

*Why are fire-fighters or emergency doctors always heroes, while child welfare professionals are held responsible and are prosecuted for every mistake they make?*

Case managers, managers and directors agree that a shared (team) responsibility is of major importance to diminish the uncertainty and to cope with the responsibility for child and family outcomes over the long term. A safe basis in the teams is essential, although some case managers indicate that this is missing in their teams:

*I think there is a lot of unsafety and dissonance [in our team]. This creates an unpleasant atmosphere. (...) People are scared to be held accountable for the things they say.*

When there is little support for learning, case managers indicate that they rely on protocols and standardised procedures that do not necessarily meet the specific demands of the children and family, or they find new ways to account for their actions.

<table>
<thead>
<tr>
<th>IFCM principle</th>
<th>3rd generation intention</th>
<th>2nd/3rd generation conflict</th>
<th>Manifestations of 2nd/3rd generation conflicts</th>
<th>Interpretation of 2nd/3rd generation conflicts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal conflicts</strong></td>
<td></td>
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<tr>
<td>Purpose-driven care</td>
<td>Build an alliance with the family in which you can confront them with unsafety to ensure enduring safety</td>
<td>Conflict between either building alliance (proximity/loyalty) or immediate confrontation with unsafety (distance/confrontation)</td>
<td>Confront family with suspected child abuse based on second-hand reports and take immediate action</td>
<td><strong>Relapse into old routines</strong> (3rd generation knowing, but 2nd generation doing and being)</td>
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<td></td>
<td></td>
<td></td>
<td>Building alliance with the family becomes end in itself, case manager becomes loyal to (one of the) parents, safety is not really discussed</td>
<td><strong>Misinterpretation of purpose</strong> (3rd generation knowing and doing, but 2nd generation being)</td>
</tr>
<tr>
<td>Tailor-made care</td>
<td>Explore <em>out-of-the-box</em> solutions, leave the beaten track, to meticulously meet the needs of the family</td>
<td><strong>Conflict</strong> between choosing the well-known and exploring <em>out-of-the-box</em> solutions</td>
<td>Choosing well-known options that may not perfectly meet the needs of the family</td>
<td><strong>Relapse into old routines</strong> (3rd generation <em>knowing</em>, but 2nd generation <em>doing and being</em>)</td>
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<td>Strength-based care</td>
<td>Disperse power to the family to facilitate sustainable change</td>
<td><strong>Conflict</strong> between control (too much or too little) and dispersing power</td>
<td>Take control, solve things yourself</td>
<td><strong>Relapse into old routines</strong> (3rd generation <em>knowing and doing</em>, but 2nd generation <em>being</em>)</td>
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**Boundary conflicts**

<table>
<thead>
<tr>
<th>Tailor-made care</th>
<th>Organise demand-driven care, convince partner organisations of the long term value of an <em>out-of-the-box</em> solution</th>
<th><strong>Conflict</strong> between demand- and supply-driven care</th>
<th>Accept second-best options, because an intervention can no longer be postponed</th>
<th><strong>Relapse into old collaboration agreements</strong> (prevailing 2nd generation system dominates in collaboration)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-and family-centred</td>
<td>Be an advocate of child- and family-centred care, engage partner organisations and the family in monitoring progress</td>
<td><strong>Conflict</strong> between hierarchy and equality</td>
<td>Organise bilateral meetings with the involved partner organisations to talk about the family’s progress</td>
<td><strong>Relapse into old collaboration agreements</strong> (prevailing 2nd generation system dominates in collaboration)</td>
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Table 3.3: Internal and boundary conflicts in the 3rd generation of child welfare
3.5 Conclusion and discussion

Since 2011 CYPsa has developed and implemented the child- and family-centred case management approach IFCM, based on the conviction that profound changes in the organisational system and the role of case managers were required to combat fragmentation in the inter-organisational child welfare network, top-down organisational approaches and an over-bureaucratic system. Case managers working with IFCM: build an alliance with the families under their supervision to establish a foundation for conversations about safety and lack of safety; explore out-of-the-box solutions to develop a tailor-made plan; and empower families to solve their own problems. They also try to convince partner organisations of the value of demand-driven care and engage partner organisations in forms of collaboration in which the family holds an equal position.

In this research, we have seen that transformations towards 3rd generation child welfare practices, which are by definition pioneering in relation to the wider field, have profound implications for child welfare professionals and entail challenges caused by 2nd/3rd generation conflicts. Our study distinguished between two types of conflict. Internal conflicts refer to the conflict between the intention of 3rd generation professionals and 2nd generation practice. Based on the analysis of three examples of internal conflicts we conclude that these often bring about relapse into old routines or misinterpretation of purpose. Boundary conflicts originate from 3rd generation aspirations of IFCM and its professionals that are in conflict with the prevailing child welfare system (predominantly 2nd generation). Based on the analysis of two examples of boundary conflicts, we conclude that these often bring about relapse into old collaboration agreements with partner organisations.

It is noteworthy that internal conflicts not only cause relapse into old routines, but may also result in misinterpretation of purpose. Here we refer to the theoretical definitions of praxis (White, 2007) and craftsmanship (Eisikovits & Beker, 2001), which provided direction to the development of a theoretical perspective for this study. We have seen that a lack of knowing and doing may result in falling back to old routines, while a lack of being may result in misinterpretation of purpose. Whitley (1984) refers to the concepts of functional task uncertainty (uncertainty about what techniques or skills to deploy) and strategic task uncertainty (uncertainty about the rationale behind an approach) (see also De Wildt-Liesveld, 2015). We argue that functional task uncertainty in this case results in a
relapse into old routines, while strategic task uncertainty results in the misinterpretation of purpose.

Critics may note that the shift to the 3rd generation child welfare strongly rests on a belief in the autonomy and clinical expertise of the child welfare worker. Especially when child welfare workers are not a protected job class, this may lead to ambiguous and irresponsible practices. Appropriate education and training of the child welfare workers in the Netherlands, as well as the job class being protected (as explained in 3.2.2 IFCM and the role of professionals) have been supportive factors that allowed for the successful implementation of IFCM at CYPSA. At the same time, while autonomy and clinical expertise are important, the 3rd generation child welfare worker is first and foremost guided by a child- and family-centred disposition. Continuous reiteration of the value of a child- and family-centred approach, in structured weekly team meetings and yearly audits have proven essential to foster a culture that is conducive to 3rd generation practices. Similarly, the fact that decisions about children are made as a team, rather than by the individual worker, signifies an important difference with the 1st and 2nd generation. Whether workers can trust their superiors that adverse incidents that might happen will not be blamed on them as individuals, will depend strong and consistent leadership. Only if leaders continue to support and defend their workers, may trust continue to develop and hopefully prevent 3rd generation workers to default into 2nd generation practices. Empirical literature on how managers can best support child welfare workers is, however, scarce (Wells, 2006). This is something that future research may focus on.

In addition to 2nd/3rd generation conflicts, this study also explored strategies to deal with them. Extensive training and supervision is provided to case managers at CYPSA to make sure that the case managers of CYPSA dispose the right knowledge, skills and mindset that is consistent with the IFCM approach. The strategies originate in CYPSA’s newly created learning culture. Both the organisational values and the organisational structures provide a support system to empower the new 3rd generation child welfare professionals. However, we want to clarify that 2nd/3rd generation conflicts will continue to exist despite the attention to training and supervision – these issues are tough and deeply entrenched in persons and practices. We have shown the vulnerability of this specific type of support system that is based on a learning culture and also that child welfare professionals raise questions about accountability. Various scholars have discussed the tensions between accountability and learning (e.g. Guijt, 2010; Van der
Meer & Edelenbos, 2006). In her doctoral thesis, De Wildt-Liesveld (2015) addresses the need for alignment and proposes an adapted accountability framework that accommodates a multi-actor perspective in an environment that is subject to transitions.

In accordance with the sociology literature on the diffusion of innovations in organisations, that acknowledges the influences of social norms and values on the adoption of innovations (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Zazzali et al., 2008), we found that a new professional’s tenacity to the new 3rd generation mind-set is decisive to not relapse into 2nd generation practices. We may even take this one step further by stating that the power of 3rd generation professionals originates from their new mind-set, with which they are capable of re-inventing the wheel for each new case within the boundaries set by scientific evidence and clinical experience. We also have witnessed the importance of organisational facilitators (e.g. organisational structure and culture) for the diffusion of innovations as described by Zazzali et al. (2008) to function as a safety net for new child welfare professionals in their indisputably difficult job.

With the disappearance of the strict protocols and the focus on the needs and demands of each individual child and family in the new child welfare era, our study also has shed light on the concept of programme fidelity. Research on programme fidelity in the bureaucratic era was deficit-oriented, to reveal the extent to which a particular practice met generic protocols and guidelines. Child- and family-centred practices in the post-bureaucratic era are no longer based on generic protocols. On the contrary, professionals have more freedom to draw on their clinical experience within the boundaries of the supported scientific models to create a unique – context-specific rather than protocol-based – path for each family. Following Moore (2014), we see that generating public value is increasingly important in the public sector, including child welfare, and hence we would propose to expand the concept of programme fidelity to purpose fidelity. Challenges in the new child welfare era are omnipresent and there is a need for research to give substantive meaning to the concept of purpose fidelity to keep up with the rapid transformations in child welfare and ensure the quality of service provision. Moreover, we believe that the applicability of the concept purpose fidelity is not restricted to the field of child welfare, because many other fields are heading in a similar direction, whereby the person who uses a service (whether a patient, a client or any other kind of user) holds a more central position in its provision.
A limitation of this study may be the possibility of selection bias in our sample of interviewees during the implementation of IFCM and in the year after the implementation of IFCM, but by including all CYPSA teams in the DLA workshops, we triangulated our study results. A further limitation might be that it is difficult to generalise from a single case study; this is not straightforward. However, when we broaden our view to developments in the fields of health and mental health more specifically, we see similar movements towards patient-centred care and recovery (e.g. Maassen, Schrevel, Dedding, Broerse, & Regeer, 2016). We therefore anticipate that the results of our study might also provide valuable insights for the field of (mental) health.

To conclude, this research has provided insight into two types of 2nd/3rd generation conflicts – internal conflicts and boundary conflicts. The former may bring about either a relapse into old routines or misinterpretation of purpose, while the latter may cause a relapse into old agreements with partner organisations. Regardless of the type of conflict, child welfare professionals who adopt a 3rd generation approach are constantly challenged by the prevailing 2nd generation system. Organisational support to combat this is vital for the successful transition towards child- and family-centred practices in a post-bureaucratic era.