Chapter 7
Chapter 7. Conclusion and discussion

This thesis started from the theoretical notion of child- and family-centred care; a notion considered important to put an end to cumbersome bureaucracy and standardised care in child welfare practice over the last decades, which had proved inadequate to improve the situation of children in need of protection (e.g. Allen & Petr, 1998; N. Gilbert, 1997; N. Gilbert et al., 2011; Winkworth & McArthur, 2006). Various scholars have reported on small-scale initiatives that have experimented with child- and family-centred care in (organisational) practice (e.g. Busschers et al., 2016; Roberts & Early, 2002; Sundell & Vinnerljung, 2004). Although not completely uncharted territory, there is a need for more research, particularly on embedding the notion of child- and family-centred care in (organisational) practice, to prepare for scaling up such practice. To fill this knowledge gap, this thesis studied the case of an innovative child- and family-centred case management approach, the Intensive Family Case Management (IFCM) recently developed by the Amsterdam organisation for Child and Youth Protection Services (CYPSA) in the Netherlands.

The thesis was guided by the following research question:

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

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

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.

In this chapter, I present the conclusions of my research and discuss the findings along the lines of these aims as well as discuss anchoring, scaling-up and validity issues and also provide suggestions for future research.
7.1 Implications of child- and family-centred care for child welfare organisations and professionals

Based on the studies in chapters 2 and 3, I conclude that embracing the theoretical notion of child- and family-centred care has far-reaching implications for child welfare organisations and professionals.

At an organisational level, we found that developing a shared purpose (in this case ‘every child permanently safe’), through a profound interactive process, and often reiterated in subsequent check-plan-do cycles, is key to embedding the notion of child- and family-centred care in an organisation. Moreover, we saw that CYPSA, rather than considering child- and family-centred care as a new work procedure or intervention to be implemented within an existing, relatively stable organisational system, it was viewed as a fundamental change that starts at the core (the purpose) and has implications for the entire organisational system. This is different to how the embedding of child- and family-centred practices is usually studied and described in the literature (e.g. Hemmelgarn et al., 2006; Zazzali et al., 2008). For instance, Zazzali et al. (2008) conclude that the ease with which Functional Family Therapy (FFT) is adopted and implemented by an organisation depends largely on the mission of the organisation, its interest in evidence-based treatment, and organisational characteristics. All these organisational conditions should fit the fundamentals of FFT to make the adoption and implementation successful (Zazzali et al., 2008). In reality, it is rare for all organisational conditions to be favourable for the adoption and implementation of an (evidence-based) work approach or intervention (Regeer & Bunders, 2009). Instead, the case study of CYPSA supports the idea that organisational systems consist of multiple layers (e.g. Dauber et al., 2012; Hatch & Cunliffe, 2006; Schein, 1984, 1985) and embracing the theoretical notion of child- and family-centred care has implications for all those different layers. Studying the perceived changes at various levels as a consequence of embedding child- and family-centred care, as we did in chapter 2 using the model of organisational culture of Dauber et al. (2012), shows the implications for the different layers of CYPSA’s organisational system that was established around IFCM.

We found that the values of pattern-oriented, tailor-made, strengths-based and purpose-driven care formed the fundament of the new child- and family-centred case management approach (IFCM) as well as the organisational system of CYPSA, which was established to support case managers working with IFCM. Based on these values,
the artefacts, the structures and the organisational culture were formed, while congruency was found to be key in this process. The importance of value-driven organisational design can also be found in the literature on patient-centred care in the field of (mental) health (e.g. Hobbs, 2009; Maassen et al., 2016; Porter, 2010).

Moreover, the case of CYPSA shows that to provide pattern-oriented, tailor-made, strengths-based and purpose-driven care and meet the diverse needs of the children and families in child welfare, the organisation has constantly to adapt and look for the best ways to optimally support professionals in providing the best care. This means providing just enough structure – a notion recognised by Mintzberg and Waters (1985) when they distinguished between deliberate and emergent organisational strategies, and which is notoriously hard to establish. This notion was further explicated by Brown and Eisenhardt (1998), who claimed that providing just enough structure moves organisations to the edge of chaos where practitioners can experience change and experiment with new practices. Whether the strategy of establishing just enough structure is successful depends on how practitioners who are in interaction make sense of new uncertain situations (Balogun & Johnson, 2005). The organisational system should be supportive to this concept by creating safe spaces in which professionals can share uncertainties and think creatively (Ruch, 2007a). Professionals need a learning environment to create flexibility and resilience and make optimal use of human potential (Smith & Lewis, 2011). If structures are rigid, it helps if professionals exhibit rule flexibility (a notion introduced by Hobbs (2009) in the context of a study on conditions for patient-centred care in mental health care), by deliberately deviating from organisational rules and procedures to provide the best care for that one patient (or client) in that one unique situation.

At the professional level embracing the theoretical notion of child- and family-centred care implies that case managers working with IFCM become facilitators of family change, which entails: building an alliance with the families under their supervision to establish a foundation for conversations about (lack of) safety; exploring sometimes out-of-the-box solutions to develop a tailor-made plan; empowering families to solve their own problems, possibly with help of relatives, friends or low-threshold care services; convincing care providers and other partner organisations of the value of demand-driven care and engaging them in forms of collaboration in which the family holds an equal position. This not only requires new knowledge (knowing) or new skills (doing) to
be consistent with the new context of child- and family-centred care, but also a new mind-set (being) to deal with the complexity and the wide variety of needs of children and families in child welfare (White, 2007). Similarly, organisational scholars Van Loon and Van Dijk (2015) have argued (referring to George (2003)) that developing personal leadership involves not only looking at what and how, but also looking at whom, emphasising the importance of self as a tool. In the case of IFCM at CYPSA, where continuous adaptation and second-order learning and reflection are required of professionals, this new being resembles the description of the reflective practitioner introduced by Schön (1983).

By adopting the role of reflective practitioner, complemented with the new knowledge and skills needed to provide child- and family-centred care, child welfare professionals are equipped to overcome different types of conflicts that the new work approach entails. We found that new child welfare professionals face internal conflicts (between the new intention of the child welfare professional and the old routines ingrained in the system) and boundary conflicts (between the new aspirations of the child welfare professionals and the prevailing child welfare system). When professionals face internal conflicts or boundary conflicts and lack the necessary knowledge or skills to overcome them, they will relapse into old routines. When the new mind-set is missing, this may result in misinterpretation of purpose. This corresponds with the theory of Whitley (1984), who introduces 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). Optimal support for new child welfare professionals in their new role of reflective practitioners is, therefore, indispensable.

To fully embrace the theoretical notion of a child- and family-centred approach (in this case IFCM), CYPSA tried to develop itself into a learning organisation and support its case managers to become reflective practitioners. However, we observed that a support system with a learning nature for child- and family-centred practices is vulnerable, it raised tensions between accountability and learning (see also De Wildt-Liesveld, 2015; Guijt, 2010). To reconcile these seemingly contradictory interests, CYPSA has, simultaneously developed an accountability framework that accommodates a multi-actor learning environment.

But how to arrive at the point where a child- and family-centred approach is fully embedded in a learning organisation and embodied by reflective practitioners? In
contrast to other authors, including Sandau-Beckler et al. (2002), who propose incremental changes in the child welfare system to embrace the notion of child- and family-centred care, we have argued that – due to the sharp contrast between the old work approaches and the new child- and family-centred approaches – radical, rather than incremental, change is required at multiple levels. In the following section, I elaborate on strategies that enhance and support learning and reflection in favour of the new child- and family-centred practices.

7.2 Strategies that enhance and support learning and reflection

In chapters 4-6 many different strategies to enhance and support learning and reflection have been described. These strategies were deployed by CYPSA (1) to transform the organisational system and retain the new system, (2) to support case managers who work with the new child- and family-centred case management approach, IFCM, in their new role, and (3) to bridge the gap between child welfare research and practice. The most notable strategies are collected in this section and discussed in light of the available literature.

Transforming the organisational system inevitably comes with uncertainties and challenges. In chapter 4, we identified organisational paradoxes in terms of learning, belonging, organising and performing (inspired by Smith & Lewis, 2011). Specific manifestations of these paradoxes were identified during the development and implementation of IFCM. The CYPSA management deployed leadership strategies in terms of visioning, empowering and leading learning (inspired by Johnson, 1998, 2002) to overcome the organisational paradoxes.

The learning paradox manifests itself as scepticism from the case managers regarding the upcoming changes. This paradox originates from a transition from incremental to radical innovation and from incidental to continuous change. To create a sense of urgency and commitment, the CYPSA management (1) wrote a multi-annual plan with a learning framework, (2) used an emergent design to develop and implement IFCM (a cycle of check-plan-do), and (3) established a project team that monitored the development and implementation of IFCM and made adjustments where and when necessary.

The belonging paradox manifests itself as uncertainty from the case managers about their new role. This paradox can best be summarised as a tension that originates from a
transition from specialist to generalist and from expert to facilitator of change. A process of visioning and training was initiated to support the case managers in developing their new professional role. For this purpose, the CYPSA management (1) used a bottom-up approach, (2) a train-the-trainer concept, (3) mixed the teams to attain optimal variation in expertise, and (4) invested in advocacy activities.

The **organising paradox** manifests itself as distrust from the side of the case managers that the new work approach provides enough guidance and direction to provide tailor-made care. This paradox originates from the transition from fixed protocols to tailor-made care. To overcome the organising paradox the CYPSA management tried to provide just enough structure to support professionals while leaving room for learning and reflection to provide tailor-made care. For this purpose, (1) the organisational architecture was flattened, (2) weekly team meetings as well as escalation meetings were established, (3) competence management, (4) yearly audits and (5) connected trainings were introduced.

The **performing paradox** manifests itself as fear from the case managers to be held responsible when something goes wrong in a family and to be prosecuted. This paradox originates from the transition from targets and control measures to purpose-driven care with space to experiment. To tackle the performing paradox the CYPSA management established (1) meaningful performance indicators and measures, including a progress and safety chart, (2) instruments to provide insight into programme fidelity, and (3) a management dashboard, providing a framework that creates the kind of safety previously provided by target and control measures, while supporting purpose-driven (rather than process-oriented) care at the same time.

All the above strategies were deployed by the CYPSA management, and are part of its strategy to be a learning organisation and to optimally support case managers in the primary process of working with children and their families. Building a learning organisation in child welfare is by no means straightforward as is also evident from the literature. In a study on the state of child welfare policy and practice, Parton (1998) claims that the inability of child welfare organisations to learn is a direct consequence of the attempts to minimise the risks of child abuse happening under the eye of the child welfare professionals. The performance paradox may, for this reason, be the hardest one to tackle. Professionals fear being held responsible and being prosecuted; therefore, they tend to trust bureaucratic procedures that inhibit double-loop learning
In a study on risk management in child protection, Munro (2010) claims that to abandon the blame culture, organisations should invest in transparency between professionals and their managers, feedback loops should be established at all organisational levels and mistakes should be used as input for learning and reflection. Hence, tackling the performance paradox is also done by tackling the learning paradox, supported by addressing the belonging and the organising paradox. The combination of strategies developed and deployed by the CYPSA management as a response to the different paradoxes provides insights into transforming organisational systems into learning organisations in the setting of child welfare.

In *chapter 5*, we describe how CYPSA has enhanced learning and reflection at the professional level, thereby supporting professionals in their role of reflective practitioner. For this purpose, CYPSA has established weekly interprofessional team meetings (ITMs) for reflective case discussions. Working in interprofessional teams is increasingly used by organisations (Hewitt et al., 2014) to bring together complementary knowledge and skills required to connect to the unique and complex needs of children and their families in child welfare (Bell, 2001; Helm, 2016). It is, however, not self-evident that working in interprofessional teams is successful. Critics note that due to deviant professional cultures and language, interprofessional teams function suboptimally (e.g. Hall, 2005). So, for reflective case discussion to occur in an interprofessional team it is necessary to set a specific structure-culture-practice configuration (inspired by Van Raak, 2010).

We studied the structure-culture-practice configuration of the weekly ITMs. The structure of the ITMs is characterised by a unique team composition (a team consists of 6-8 case managers with different backgrounds, a psychologist and a team manager), a specific set-up (case discussions reflecting on both content (what?) and process (how?)), tools for reflection (the family plan, case notes and instruments for programme fidelity) and meaningful measures (safety and progress charts and a management dashboard). In practice, we witnessed professionals who (1) identified cues for reflection and took action, (2) connected theory to practice, and (3) aimed for impact. A culture of safety, equality and beneficence completes the structure-culture-practice configuration of the ITMs at CYPSA. These findings provide substance to the work of Ruch (2007a), who claims that professionals need safe spaces for organisational, epistemological and emotional containment.
In *chapter 6*, finally, we studied a specific example of a meaningful measure. Meaningful measures were introduced in CYPSA as part of the Vanguard method (Coret, 2014) to support *value work* in the organisation. Meaningful measures are monitored on a regular basis and are specifically designed to help realise the purpose (in this case ‘*every child permanently safe!*’). An example is the safety chart, through which case managers are asked to estimate the level of safety for a child under their care, on a scale from 1-10, which is presented (showing a graph with changes in safety assessment over time) during weekly team meetings when that particular case is discussed.

The idea that each measure should be meaningful (i.e. contribute to the organisation’s purpose) is an integral part of the wider endeavour to focus on *value work*. This has implications for research tools that are used in the organisation to assess the effectiveness of the new work approach. Whereas in standard research practice in the field of child welfare (and beyond), researchers are accustomed to entering the organisation with a series of validated research tools, collecting data, analysing data and reporting on findings, in the context of the organisational changes at CYPSA this may not necessarily amount to value work, especially as case managers are expected to administer a number of these research tools on a regular basis. *Chapter 6*, hence, explores the idea of practitioner-administered measures as boundary objects between research and practice. It contributes to research on practitioner-administered measures (such as Routine-Outcome-Monitoring, which is increasingly used in the field of mental health (e.g. Norman, Dean, Hansford, & Ford, 2014; Wolpert, Fugard, Deighton, & Görzig, 2012)), by reconceptualising the notion of feasibility of measures. At the same time, it also contributes to the field of evaluation, especially regarding the notorious problem of the failure to make full use of evaluation results in practice (e.g. Forss, Rebien, & Carlsson, 2002; Lehtonen, 2005).

The idea of practitioner-administered measures as boundary objects is an attempt to close the gap between the long research-informed action-learning cycle (i.e. a practice is evaluated, evaluation findings are fed back into the organisation after which changes may or may not be made) and the short practice-informed action-learning cycle (i.e. a practitioner acts and learns while administering the measure at the individual case level). Considering practitioner-administered measures as boundary objects promotes learning and reflection at the individual and organisational level, supporting professionals to become reflective practitioners and organisations to become learning organisations.
7.3 Scaling-up child- and family-centred practices

The development and implementation of IFCM and the consequent transitions at the organisational and professional level did not occur overnight, but took years to achieve. Even to this day, it cannot be claimed that IFCM is fully and at all times anchored in the organisational system and the professionals’ mind-sets. Organisational paradoxes (Chapter 4) and professional challenges (Chapter 3) have hindered the embedding of the notion of child- and family-centred care within CYPSA from the start. And it is plausible that, as long as the surrounding child welfare network does not follow the developments towards child- and family-centred care, relapse into old routines and sticking to old structures and cultures is occasionally more convenient than taking a leap into the unknown. To ensure the survival of CYPSA in the competitive field of child welfare, CYPSA considers the shift in focus to the wider child welfare network necessary to potentially scale up their child- and family-centred practices and spread their experiences of working with IFCM. I would like to anticipate these challenging developments by reflecting on the lessons we have learned on scaling up interventions within an organisation and comparing these reflections with scientific literature on scaling up and implementing innovative (evidence-based) practices in new contexts.

In the process of disseminating the new case management approach, sharing experiential knowledge has been very important. Only through this process of sharing IFCM could develop into the child- and family-centred case management approach it is today. The changes started on a small scale and gradually expanded within the organisation by including more teams and organisational layers, while adapting to the slightly different context of each team and each organisational layer. The biggest challenge that lies ahead is to scale up IFCM by involving other organisations relevant in the context of child welfare.

The literature confirms that successful interventions and work approaches are embedded in congruent multi-layered organisational systems that are shaped by the context in which the organisation is active. Moreover, the literature on knowledge transfer supports the notion that successful interventions and work approaches comprise both explicit, codified knowledge and implicit, embodied knowledge. Both challenges will be elaborated upon in this section.
1) Successful interventions and work approaches are embedded in congruent multi-layered organisational systems that are shaped by the context in which the organisation is active.

Building on the structuration theory of Giddens (1984), the actions of practitioners (for example in the field of child welfare) are directed or guided by an organisational system. An organisational system that is, likewise, shaped by the actions of practitioners. It is not only visible organisational structures that shape these actions, but also underlying values and the organisational culture. Dauber et al. (2012) propose a tri-layered organisational system consisting of artefacts (visible manifestations of the organisational system), espoused values (strategies that shape the actions of practitioners) and organisational cultures (non-tangible basic underlying assumptions). The deeper layers of the organisational system permeate the visible manifestations and thus guide the actions of practitioners (Dauber et al., 2012). Interventions or work approaches are, thus, embedded in a multi-layered organisational system. One could, therefore, hypothesise that successful adoption of an intervention or work approach in a new organisational context not only depends on successful training of professionals, but also on suitable organisational structures that optimally aid practitioners, and on congruent values and culture that are supportive to their actions. A disharmony between the different layers of an organisational system makes adoption hard if not impossible. In that case, a more profound organisational change or transition is needed to (re-)align the different layers of the organisational system.

In addition, organisational systems are shaped by the context in which the organisation is active, because the organisational system accommodates local resources, needs and circumstances. Interventions or work approaches embedded in organisational systems are, therefore, also highly contextualised. For disseminating an intervention or work approach to a new organisational context, it is often assumed that knowledge has to be transferred in a process of de-contextualisation followed by re-contextualisation, which in practice comes down to transferring only the generalised knowledge and applying that in a new context. This idea seems to be surpassed by an assumption that does more justice to the intricate relationship between an intervention or work approach (embedded in an organisational system) and its context: knowledge should be diffused including its context (Barré, 2010; Gibbons, 2001). It is believed that adopters should make sense of this rich contextualised body of knowledge to make it valuable and useful in a new setting (Guba & Lincoln, 1989). Confronting the contextualised body of
knowledge with multiple new contexts can help to determine what elements can be generalised and what elements are context-specific.

2) Successful interventions and work approaches comprise both explicit, codified knowledge and implicit, embodied knowledge.

Not only in different chapters of this thesis, but also in the literature on knowledge transfer, it has been demonstrated that to transfer an intervention or work approach (i.e. a social innovation) to a new organisational context, it is not enough to write a handbook or a training manual; some knowledge is more hidden, such as the expertise and skills of practitioners, which are more inherent in a practitioner’s mind-set. Collins (1974) discloses two models of knowledge transfer after studying this process in engineering a particular kind of laser: the algorithmic model and the enculturational model. The former assumes that transferring explicit knowledge alone can suffice, whereas the latter assumes that socialisation is necessary to transfer both explicit and implicit knowledge. Two decades later, Nonaka and Takeuchi (1995) also conclude that socialisation is indispensable to transfer implicit knowledge.

More recently, researchers have been involved in developing tools (De Wildt-Liesveld et al., 2015; Van Mierlo et al., 2010), to stimulate knowledge transfer through vicarious experience (Guba & Lincoln, 1989). Those tools use the principle of thick description (Geertz, 1973) to first collect experiences in all their richness, for example on video, which then can be shared with others. The viewer of a video will be able to vicariously learn from the event without having experienced it first hand or having been part of a process of (i.e. real life) socialisation.

Accordingly, we can conclude that innovative interventions and work approaches (such as the child- and family-centred case management approach IFCM) are no ready-made packages that come with a handbook and a training manual that can be readily and widely transferred to other organisations outside of their organisation of origin. One should accommodate the challenges emphasised above. Implementing these interventions or work approaches in a new context requires (1) alignment strategies to align the different layers of an organisational system, (2) confrontational strategies to explore what elements of in intervention or work approach can be generalised and what elements are context specific, and (3) thick descriptions to transfer not only the explicit, but also the implicit knowledge.
7.4 Scientific relevance of this study

To gain more insight into the embedding of the notion of child- and family-centred care in (organisational) practice, I approached my research projects and discussed my research findings not specifically from one single theoretical lens, but alternated between and combined different theoretical lenses – an implementation lens, a system innovation lens and a professional development lens. In the theoretical background, I started my quest to reach a transcending and transdisciplinary perspective in order not to be limited by one narrow theoretical lens. The transcending perspective adopted in this thesis was a learning perspective. Learning is not only the common denominator in the different theoretical lenses mentioned above, it is also a unifying perspective that connects change at the professional and organisational level with child and family outcomes. By explicitly naming the connection between professional and organisational change and child and family outcomes, I emphasise yet again that learning is not an end in itself, but a means to accomplish beneficial child and family outcomes. To take this a step further, we reported on practitioner-administered measures as boundary objects to bridge the gap between child welfare research and practice.

Nevertheless, the studies represented in this thesis have yielded scientific relevant knowledge, not only for the field of child welfare, but also for other fields including implementation science, system innovation, and evaluation research. Moreover, the possibilities of bringing different scholarly fields together clearly come to the fore.

In the field of implementation science, the widely-adopted PARiHS framework for Promoting Action on Research Implementation in Health Services (Kitson et al., 2008, 1998), has recently been modified into the integrated or i-PARiHS framework (Harvey & Kitson, 2016). The new framework places more emphasis on the role of facilitation in the adoption process and on the need to address contextual factors and barriers in the organisation and externally (see also Aarons et al., 2011). Our study supports the need for an integrated framework and provides a further conceptualisation of both new aspects. First, the case of the implementation of IFCM in CYPsA takes the notion of a facilitation team one step further by using a train-the-trainer procedure and involving all members of the organisation in redefining and reorganising work processes as part of the implementation process. This warrants more research on the crossroads between implementation sciences, organisational studies, and fields of scholarship that focus on bottom-up processes of action and learning (e.g. participatory action-research).
Second, our case study supports the need to focus on the internal and external context. Unlike the i-PARIHS framework, our study suggests that this needs to be done from the start, and that contextual barriers should not necessarily be seen as conditions to be dealt with, but to some extent also as conditions to be changed. Broerse (1998) stated that *conditions are never met* and that *facilitators should actively engage in creating conducive conditions*. Scholars in the field of system innovation (e.g. Grin, Rotmans, & Schot, 2010) refer to this as niche-regime alignment (e.g. Geels & Schot, 2007; Smith & Lewis, 2011). The field of system innovation is concerned with studying system-wide changes, such as the transition towards sustainable energy, or the transition towards patient-centred care. Often, these system-wide changes start as experimental innovations in so called niches, where they are often hampered by non-conducive regime-level conditions. It is paramount for *managers* of these innovations to develop different strategies to deal with these non-conducive regime-level conditions, i.e. to develop alignment strategies. The case study presented in this thesis shows multiple examples, ranging from strategies to deal with different requirements from network partners to developing meaningful measures as boundary objects between different social worlds. Although system innovation has mainly been concerned with socio-technological innovation, starting with technical artefacts, it has been argued that system innovation concepts can also be applied to social innovation (see e.g. Witkamp, Raven, & Royakkers, 2011). Hence, both the fields of implementation science and system innovation can benefit from research at the crossroads, combining insights about dealing with contextual (organisational or external) barriers as suggested by implementation science with insights about alignment strategies between niche and regime from the field of system innovation.

Overall, the research suggests that boundaries blur at multiple levels; between facilitation team and other members of the organisation, but also between the innovation and the conditions necessary to adopt the innovation. We have seen that certain processes to embed the innovation (IFCM) in the organisation have become part of the innovation itself, e.g. putting the purpose at the centre was not just a step in the process of defining the new working method and accompanying systems and structures, it has become an essential part of the method itself. Similarly, using case-notes as a way to better internalise the method of FPPS can be seen as an implementation strategy (continuous training and reflection, see e.g. Bertram, Moskaliuk, & Cress, 2015), but equally as an integral part of the method itself. Boundaries between the innovation, and processes associated with it, blur. In the field
of science and technology studies (STS), this blurring of boundaries between the technological and the social has been an essential part of the conceptual tools used to study the development and adoption of technologies, perceiving them as techno-social systems (Woodhouse & Patton, 2004) rather than technologies. These notions can also be beneficial for studying the implementation of evidence-based interventions in the field of child welfare, enriching both the field of child welfare studies as well as the field of implementation science.

Finally, this study has shown the potential merits of bringing together the scholarly discourse on routine outcome monitoring as apparent in the field of mental health, with current discourse in the field of evaluation, especially regarding practitioners’ involvement in evaluation. We have shown that developments in the field of child welfare, with its increasing focus on identifying the evidence-base for new interventions (e.g. Chaffin & Friedrich, 2004), indeed warrant careful attention for the role of practitioners in gathering evidence, opening up new avenues for research.

### 7.5 Research validity

Particularly when using a qualitative case study design, it is important to reflect on its internal and external validity. In section 1.3.4 Research validity and ethical considerations, several strategies are discussed to minimise researcher bias and increase the internal validity of the research design, including (1) triangulation of methods and researchers, (2) structured data analysis and (3) member checks. Besides strategies to strengthen the internal validity, three strategies to increase the external validity were introduced, namely (1) the comparison between the case under research and the wider field of child welfare to illustrate the exemplary value of the case, (2) the theoretical substantiation of each study in prospect and retrospect. Here I will elaborate on two issues, which originate from the Research Monitoring in Action (RMA) approach (1.3.2 Research approach) that was used in the studies, namely, the dual role of the monitor as researcher and facilitator of the change process, and the emergent and iterative character of the research design. Moreover, I will elaborate on the external validity.

#### 7.5.1 The dual role of the monitor

During the development and implementation of IFCM, together with the research team, I immersed myself in the organisation of CYPSA and built a close cooperative
relationship with the professionals working at all levels. As is customary for using a RMA approach and other action-research approaches (e.g. Ghaye et al., 2008; Postholm & Skrøvset, 2013; Trondsen & Sandaunet, 2009; Van Mierlo et al., 2010), we not only monitored the development and implementation of the new child- and family-centred practice at CYPSA to increase knowledge for the research community, but we also participated in the organisational change process by stimulating learning and reflection among professionals and initiating feedback loops at different organisational levels. In the entire research process, we were well aware of our dual role, which provided us with unique opportunities, but also entailed challenges (e.g. Khanlou & Peter, 2005; Trondsen & Sandaunet, 2009).

Since we were so closely involved with professionals in the primary work process at CYPSA during the development and implementation of IFCM, we had access to the their more hidden stories (e.g. Trondsen & Sandaunet, 2009). These hidden stories helped us to better understand the various nuances and facets of the unique context in which the organisational transformation took place, and enriched the knowledge for the research community. Moreover, through the direct contact with professionals in all case studies, our research activities were tailored to the specific context and professionals’ needs, which increased the value of the research activities for professional child welfare practice.

The main challenge that we encountered was to maintain our credibility in our role both as researchers for the scientific community and in our role as facilitator of the organisational change process (e.g. Trondsen & Sandaunet, 2009). Transparency was key to minimise self-evaluation and researcher bias. In all studies, the research activities were thoroughly documented by making transcripts of all interviews and most group sessions (in some cases extensive summaries), all based on audio-recordings. In addition, the triangulation of methods increased the transparency of our studies, as well as the flexibility in the research design (see below).

7.5.2 The emergent and iterative research design

Another relevant issue with respect to validity is the emergent and iterative character of the research design that we used in the different studies of this thesis. The research design can be best characterised by a flexible planning, adapting the strategy depending on the developments in practice and an iterative cycle of problem analysis, action and
reflection, in accordance with two of the five key tenets of action-research defined by Morrison and Lilford (2001). This too has contributed to maximising the value of our research activities in terms of knowledge for the research community as well as an action perspective for child welfare practice. One may call this socially robust knowledge, owing its value to the reliability and applicability of the insights gained outside the experimental context (Nowotny, Scott, & Gibbons, 2001), not only reviewed from the perspective of peer researchers, but also from that of professionals in the field of child welfare.

The emergent and iterative research design affected to a certain extent the reliability of the studies reported on in this thesis. This was overcome by building in strategies to increase the transparency of all research activities. In addition, it was sometimes challenging to balance generating knowledge for the research community and meeting the needs of the child welfare practitioners, but precisely the flexible and iterative nature of our design allowed us to regularly reflect on this matter with the research team, and also with other relevant researchers and practising professionals, in order to maximise the value for both science and practice.

### 7.5.3 External validity

This study took place in the specific context of a Dutch child welfare organisation in a process of transition. The main research question (that was 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?*), however, suggests that the insights gained in this thesis may also apply to child welfare organisations and professionals in other welfare states. The link between the case study in this thesis and other welfare states was made, because of the broadly similar conditions of the Dutch child welfare system as compared to other welfare states (in terms of legislation, collaborative networks of child welfare organisation, educational systems for child welfare professionals, etc.), as well as the similar landscape developments (in terms of challenges including hampering bureaucracy and fragmentation, the emergence of child- and family-centred care, etc.).

In non-welfare states, on the other hand, care for children is, in the first place, focused on realising their basic needs, which creates a totally different dynamic. The similarities between the Dutch context and the context of other welfare states specifically applies to several Nordic European countries, including Denmark, Finland, Iceland, Norway and Sweden. Prior to transformation of the Dutch child welfare system, these Nordic
countries, have transferred the responsibility for child welfare from the national government to the local municipalities. Precisely in these countries, there seem to be plenty opportunities to develop child- and family-centred initiatives. Exchanging the lessons learned in child welfare practice may, therefore be specifically beneficial to these countries.

Moreover, we argue that lessons learned may be applicable to other (public sector) organisations beyond child welfare, and in particular to organisations changing from more procedural and bureaucratic forms of organisation to forms based on a value orientation. As a result of the European Public Sector Award, granted to CYPSA in 2015, multiple knowledge-exchange meetings have taken place between CYPSA and other European public sector organisations, ranging from water-management organisations, and tax authorities to local municipalities. The applicability of lessons learned within a child welfare organisation for very different organisations has become clear in these meetings.

At the same time, child and youth protection agencies are not like other public sector organisations. The work poses specific challenges, such as the difficulty for these organisations to learn, because professionals focus on minimising risks of child abuse happening on their watch. In that sense, a comparison with the health sector seems reasonable. Finding ways to optimally support professionals in their work, that are both uniform and based on evidence-based interventions (e.g. FFP within IFCM, see Turner, 2017), and at the same time very complex because of the uniqueness of each case, could be also relevant for the health sector. Lessons learned in this study may particularly be applicable to the transition towards patient-centred care in different parts of the health sector, while considering that the hegemony of the evidence-based discourse (and accompanying protocol systems, such as clinical guidelines) is more profound in the health sector, whereas in our case study we have seen a simultaneous and intertwined development of evidence-based practice and tailor-made care with a strong value orientation.

7.6 Future research

In presenting the first thoughts on embedding the theoretical notion of child- and family-centred care in child welfare practice, based on the case study of IFCM at CYPSA, many new questions have arisen that may be addressed in future research.
After a few years of experimenting with IFCM in practice, the many researchers involved with the development and implementation of IFCM considered it important to show that the new case management approach is truly effective. Studying effectiveness is important, first and foremost, to show that IFCM contributes to child safety, but it will at the same time contribute to strengthening the position of CYPSA as a key player in the Dutch field of child welfare, and increase the likelihood that IFCM will be disseminated to other organisations. To this end, both the short- and long-term outcomes for children and their families, as well as the extent to which these outcomes are attributable to IFCM, should be studied extensively, both within CYPSA and in other organisations adopting the new approach. Meaningful measures are indispensable to gain insight into the effectiveness of IFCM. In chapter 6, we presented a preview of the Learning Effectiveness Study that is currently being conducted at CYPSA. We studied a practitioner-administered measure, functioning as a boundary object, being developed to gain insight into the effectiveness of IFCM from a scientific perspective, but at the same time to optimally support practitioners in their daily work. Other measures are currently developed and implemented along the same lines, together making up a set of measures ranging from programme fidelity to outcome measures. Further research on the extent to which these measures are able to combine scientific, management and practitioner value is warranted and would add to recent research on the co-production of ICT systems for child safety and risk assessment in child welfare practices (Lecluijze et al., 2015). Moreover, although implementation research focuses on programme fidelity (measuring the extent to which practitioners adhere to the programme as originally intended), the research presented in this thesis engenders the concept of value fidelity (measuring the extent to which the practitioners conduct their work in a way that keeps faith with the underlying values, actual procedures may differ and are tailored to the specific situation). Hence, future research into effectiveness of IFCM may be enriched by the conceptual development and operationalisation of the concept of value fidelity and of the notion of measures as boundary objects.

Perhaps the most difficult question is how and to what extent the outcomes for children and families are attributable to (specific aspects of) IFCM. A unique way to gain in-depth insight into the why underlying the outcomes is a realist evaluation (Pawson & Tilley, 1997). A realist evaluation is a qualitative research method to study what contextual factors and what mechanisms have resulted in the specific outcomes. Mechanisms relate to (aspects of) the intervention or approach, whereas contextual
factors stand apart from them. Interviews with the children and families under supervision of CYPSA, reflecting on the changes that they have experienced since they entered the doors of CYPSA and all factors that have contributed to these changes, could be the primary information source for a realist evaluation. A thorough analysis of the mechanisms and contextual factors in relation to the outcomes, results in a set of so-called context-mechanism-outcome (CMO) configurations. These CMO configurations provide the most robust and plausible explanation for the observed outcomes and so complement the quantitative data collected by practitioners.

To ensure the continuation of IFCM at CYPSA and a certain quality of case management standard, I reflected on the importance of anchoring this new work approach by creating continuous feedback loops within the organisation (see section 7.3). Since 2016, CYPSA has made an attempt to organise the annual internal audits in such a way that these stimulate learning and reflection on programme fidelity and team stability. As an experiment, each team was asked to formulate a set of audit questions within the themes of value fidelity and team stability suiting their unique team needs. Based on these sets of audit questions, the auditors designed a tailor-made audit for each team that, among other things, could comprise a team observation, a dossier study or interviews in changing compositions. This experiment was well received by the teams, who developed more ownership over their internal audit. However, for analysis, this structure entailed various challenges. Since the main focus of the internal audits was the set of audit questions formulated by the teams themselves, it was hard to formulate and follow up on minimum quality standards regarding programme fidelity and team stability and to gain insight into the extent to which the teams met the minimum quality standards. In addition, it was hard to uncover organisation-wide system barriers as well as good practices. Both a literature research as well as new case studies could improve the set-up of the internal audits in organisations in a way that they initiate learning and reflection and promote team ownership over the audit itself.

7.7 Concluding remarks

In this thesis, the embedding of the notion of child- and family-centred care was explored by studying the development and implementation of IFCM at CYPSA. In different studies, it became evident that embedding child- and family-centred care has far-reaching implications for organisations (it requires transitions on multiple levels of an organisational system, chapter 2) as well as professionals (they have to gain new
knowledge, skills and on top they have to adopt a new mind-set, chapter 3). To truly put the purpose (in this case ‘every child permanently safe’) at the centre of the new practice, to meet the unique needs of children and their families and adapt to changing circumstances of the child welfare system, both organisations and professionals should continuously learn and reflect. Strategies have been proposed to establish a learning organisation (including leadership strategies to overcome organisational paradoxes, chapter 4) and to facilitate professionals in becoming reflective practitioners (including working in interprofessional teams, chapter 5). Finally, we explored to what extent a practitioner-administered measure can serve as boundary object to be a meaningful learning instrument in research and practice simultaneously. The unique stories from CYPSA’s child welfare professionals have inspired and enriched me as a researcher throughout the years and by recording my experiences and evolving thoughts I hope to inspire many others in the field of child welfare and beyond.