



Draft Manuscript for Review. Please complete your review online at
<http://mc.manuscriptcentral.com/oup/bjsw>

Children's journeys through organisations: how inspectors evaluate coordination of care

Journal:	<i>The British Journal of Social Work</i>
Manuscript ID:	Draft
Manuscript Type:	Original Article
Keywords:	Child care, Multidisciplinary work, Netherlands, Supervision
Subject Categories:	Inspection services < Management and Organisational Development, General < Families, Children and Young People

SCHOLARONE™
 Manuscripts

Children’s journeys through organisations: how inspectors evaluate coordination of care

Abstract

Investigations into the tragic deaths of abused children have shown that diverse organisations from various sectors often carry out care services. Whereas it is important for children that these organisations work together to provide good care, most inspectorates concentrate on individual organisations. Moreover, the inspectorates have been criticised for assessing compliance with the rules rather than assessing outcomes for children. In the Netherlands, inspectorates have developed a ‘journey tool’ to reconstruct the children’s travels through all the organisations providing care. Using document analysis and semi-structured interviews, we evaluated how inspectors use this tool in practice. We applied an ontological theoretical framework to the coordination of care to analyse 24 journeys through care organisations, including a selection of six journeys in further detail. Our analysis shows that up until now, inspectors used only one form of coordination; the creation of a hierarchy, resulting in one problem definition. However, in complex care practices, children have multiple and often incompatible problems so that one coherent problem definition cannot be made. We show that ‘patchwork’, a form of coordination that allows discrepancies, enables inspectors to reflect on complex care practices and evaluate options to improve outcomes for children.

Keywords: childcare, ontology, coordination, integrated care, inspectorates

Introduction

Integrated care is increasingly seen as a means of improving the quality of services for children.

Investigations into the tragic death of abused children have shown that services are often carried out by multiple professionals from multiple agencies, with barely any consultation or coordination between them (e.g. Brandon et al., 2011; Kuijvenhoven & Kortleven, 2010).

Therefore, reducing fragmentation and improving cooperation and coordination between organisations and professionals have often been presented as the route to better services for children (Munro, 2011; Charles & Horwath, 2009).

Recently, the inspectorates that scrutinise services for children have been criticised for concentrating too much on standardisation and compliance with formal procedures rather than the outcomes for children. Therefore, the inspectorates are now encouraged to put the child's journey through the organisations – from diagnosis to care – at the heart of the inspection system (Munro, 2011). Accordingly, various inspectorates have developed methods aimed to examine how professionals contribute to the outcomes for children, such as the joint inspections of multi-agency child protection arrangements (HMIC, 2013) and Ofsted's inspection framework for social services (Ofsted, 2012). In other words, the focus of inspections has shifted from procedures to practices.

In the Netherlands, a partnership of five inspectorates¹ has developed an instrument that puts children centre stage and focusses on professional practices. This instrument, which we call the journey tool, reconstructs children's travels through the organisations. The journey tool differs

¹ Joint Inspectorate for Youth, a partnership of five inspectorates for health care, education, youth care, safety and justice and social affairs and employment.

from traditional inspection instruments as it does not assess organisations separately, but considers all involved in tackling the child’s problems as a whole. Central in the inspectors’ evaluations is how well organisations and professionals coordinate their activities across various sectors to provide integrated care. The inspectorates assume that by evaluating the journeys of individual children suffering from a particular problem, they can identify options to overcome the fragmented service and improve the outcome for a group of children with this problem.

In this paper, we analyse the children’s journeys that have been reconstructed by inspectors since they developed the instrument. Using this analysis, we will show that the concept of coordination incorporated in the journey tool reduces discrepancies between different problem definitions to enable the construction of one shared-problem definition (Mol, 2002). The inspectors consider the shared-problem definition a starting point for all professional activities and enhancing the child’s situation. We suggest that this instrument can be developed a step further, if the inspectors employed another mode of coordination, ‘patchwork’, that allows the inclusion of diverging and contrasting problem definitions. In this paper, we explore what the introduction of patchwork would mean to the inspector’s work. We demonstrate how patchwork embraces the diversity of childcare practices and increases the variety of possible options to handle a situation. In addition, it creates possibilities for inspectors to reflect on the services given.

The paper is organised as follows. The next section introduces the modes of coordination that originate from Mol’s ontological viewpoint on practices and her studies on practices in medical care (2002). Then we describe the Dutch context and our methodology. Our analysis of the children’s journeys through the organisations is at the heart of the paper. We end with a discussion of our findings and conclusions.

Practices from an ontological viewpoint

In the introduction, we addressed the inspectorates' turn towards practices. Scholars working in Science and Technology Studies (STS) have focussed on practices for many years. In her book 'The Body Multiple' (2002), Mol was the first to develop a theoretical repertoire to explore care practices ontologically, which she called 'praxiography'. A praxiography is a study of the practicalities of doing (Mol 2002); the actual contingent, situated process of performing tasks, doing work together, and transforming something into something else (Timmermans & Haas, 2008). Mol conducted a praxiographic inquiry into the diagnosis and treatment of atherosclerosis. She showed that although atherosclerosis is a single label, it entails a variety of objects in various practices in different locations and among different disciplines in a hospital. For instance, for the pathologist who cuts a bit of artery out of a body, and puts it under a microscope, atherosclerosis is an encroachment of the vessel lumen and a thickening of the vessel wall. For patients waiting in the outpatient clinic, atherosclerosis is the pain they get when they walk. For the technician in the vascular laboratory, atherosclerosis is a loss of blood pressure measured by comparing blood pressure in the ankle and the arm. Atherosclerosis thus has multiple meanings; one hospital houses multiple versions of the disease of atherosclerosis. These versions can be separate, but can also come together. For instance, the distance that a patient can walk without pain and the measurements of the loss of blood pressure come together in a patient's file. These data do not necessarily cohere. Coordination is necessary when data do not cohere, so that professionals can come to a decision on how to provide treatment and handle the situation (Mol, 2002).

With her praxiography, Mol described several modes of coordination. We contrast two of them in this paper: hierarchy and patchwork. Hierarchy projects a common object behind the various data. Establishing a hierarchy reduces discrepancies between different problem definitions of an

object. The discrepancies are explained away and one problem definition is made to win. For instance, when a patient claims that walking causes a lot of pain, but the loss of blood pressure is not that big, one of these problem definitions is discarded in the decision on what to do.

In contrast, patchwork creates a composite object. It takes the various versions of a problem as suggestions for action: one problem definition may be a reason to act; two or three may give more or other reasons to act. For example, the social implications of treatment, such as the worries of family members, are added to the loss of blood pressure and the pain caused by walking. Although by connotation 'patchwork' is associated with ad hoc or impromptu activities, in the context of this article, the notion of patchwork is specifically defined as an assemblage of different and divergent parts. Coherence of care for the diverging problem definitions that coexist in a patchwork can be problematic. For instance with atherosclerosis, caring for the worries of family members and caring for the blood pressure loss do not necessarily go together. Yet, they need to be dealt with at the same time (Mol, 2002). Law and Mol (2002) argue that the multiple problem definitions that form a patchwork can be understood as a list, as opposed to arranging an order, which happens when a hierarchy is created. Whereas orders align and relate the elements, lists assemble elements without necessarily turning them into sound objects. In contrast to orders, lists do not imply completeness. Emerging elements that are important can be added. In a list, multiple and diverse elements coexist. In addition to 'listing', various scholars use the notion of 'tinkering' to deal with multiplicity; that is practices to hold together that which does not necessarily hold together (Mol, 2008; Law, 2010). Instead of one particular way of dealing that is supposed to work in all situations, different possibilities are explored to deal with the specific situation (Pols, 2004). In these situations, it is important that professionals have room for manoeuvre and diverse options to tinker with (cf. Morgan, 1992; Van Gunsteren, 1994).

Besides atherosclerosis, Mol's praxiography has been applied to other diseases and care practices, such as diabetes mellitus (Mol & Law, 2004), coronary heart disease (Gardner et al., 2011), accounting in nursing homes (Pols, 2006), patient safety in long-term care (Zuiderent-Jerak et al., 2009), and veterinary practice (Law, 2010). Timmermans and Haas (2008) claim that Mol's project offers a generic sociological approach that takes the situated specificity of a problem seriously.

To summarise, the methods and concepts developed in STS are relevant to inspectors now their focus has shifted from procedures to practices. The praxiographies of several care practices show that care is bound to a specific context and that multiple objects are cared for in these practices. Hierarchy and patchwork offer different strategies to deal with this multiplicity. Hierarchy reduces the multiplicity of problems by constructing a single object that can then be handled, patchwork starts with the multiplicity and brings up new ways of dealing with them through listing and tinkering.

Context

In this section, we give some background information about how the services for children and the inspectorates that supervise them are organised in the Netherlands. Fragmentation is a matter of concern as organisations and professionals from many different sectors are involved in caring for children and their families in the Netherlands. Traditionally, services for children have been organised per sector. For instance, in the health care sector, Youth Health Care Services give children regular check-ups and screenings. They monitor children's development, give vaccinations, information, and advice on growing up, and refer to more specialised services if necessary. The Youth Care Agency indicates whether more specialised care (such as Youth Care Services, Youth Mental Health Care Services and Child Protection Services) is needed (NYI, 2012).

The supervision of Dutch services for children is also organised per service sector. For example, the Health Care Inspectorate sees to the quality of the Youth Health Care Services and the Inspectorate for Youth Care reviews the Youth Care Agencies. Although the various inspectorates are all part of the central government, they have distinctive traditions and their own legal authority (Mertens, 2011). Yet, the increasing focus on integrated care for children has led to the emergence of new organisational forms that go beyond sectors. Various services for young people from health care, youth care and welfare sectors are for instance joining forces in Youth and Family Centres to provide help on parenting at the neighbourhood level (NYI, 2011). Because supervision is organised per sector, inspectorates need to cooperate to inspect the joint organisations for childcare that cross the sector borders. This takes place in the Joint Inspectorate for Youth. This partnership focusses on public problems concerning children that require synchronised contributions from organisations in different sectors. Hence, the inspectors conduct broad inspections, assessing the contributions of all local services, including health, youth care, education, police, and social affairs. The partnership began in 2003 with the development of inspection instruments and a framework for joint reviews. Following the tradition of inspectorates, the framework consists of a set of eight criteria, which the inspectors use to assess the quality of cooperation between services (see Table 1). Organisations that do not meet the criteria are encouraged to improve their cooperation and take concrete action that will create better outcomes for children and their families (ISYA, 2009).

By the end of 2012, the partnership had conducted fifty joint inspections of various problems concerning youngsters (e.g., poverty, obesity, high school dropout, child abuse). Reconstruction of children's journeys is one method in the mix used in joint inspections.²

Methods

To study inspector's practices with the journey tool, we supplemented document analysis with semi-structured interviews. Between 2004 and 2012, the partnership had reconstructed and assessed the journeys of 24 children through the organisations, covering six subjects (see Table 2). We collected and studied all the documentation the inspectors produced that was relevant to reconstructions: i.e. formats used, information the inspectors had gathered from case files, interviews with children, parents and professionals, and the inspector's judgements.

In addition, we conducted interviews with 17 inspectors in the partnership about their daily practice. The inspectors varied with respect to age, gender, and period of time during which they worked as an inspector. They stemmed from the Inspectorate of Education (6), the Inspectorate for Youth Care (5), the Health Care Inspectorate (2), the Inspectorate of Security and Justice (2) and the Inspectorate of Social Affairs and Employment (2). The interviews were conducted between April and July 2012, and varied in length from 1¼ to 2 hours. We asked the inspectors to portray their work by describing three situations they encountered in practice: one where the inspector was able to make a change, one where things did not go according to plan, and a third situation that the inspector considered routine. All interviews were transcribed, read closely

² A joint review often consists of a mix of methods, e.g. interviews, a study of case files, a vignette study, methods to involve young people, parents and professionals and reconstructions of children's journeys through the organisations (see also Author's own., 2013).

several times, and coded inductively. For this paper, we only used the parts of the interviews that concerned the journey tool.

The first phase of our data analysis concentrated on the journey tool as part of the inspector's practice. How did inspectors create reconstructions, how did they describe the children's situation, their families, and the professional's activities, and how did they use reconstructions to assess the professional's work? We wrote memos as a reflection method. In the second phase of the analysis, we selected six cases that can be considered typical of the journeys the inspectors reconstructed to analyse in detail (see Table 3). We chose cases that varied in the subject of the joint inspection, children's age, reconstruction length, and number of professional disciplines involved. We analysed the selected reconstructions from an ontological viewpoint. Which objects did the inspectors construct at what places, and how did the objects open or close opportunities to assess the professional practices and produce options for improvement? We also analysed how the inspectors coordinated the information on the practices, which information was made visible, and which information was laid aside. Again, we wrote memos to reflect on questions raised by the analysis and implications of the findings to deepen our analysis.

The first author is an inspector in the Health Care Inspectorate, seconded to the partnership of inspectorates and works as a researcher. Hence, she had access to the data in her dual role of inspector and researcher. One of the disadvantages of this dual role is that it raises the issue of methodological distance (see also: Author's own, 2013). We dealt with this issue in three ways (Alvesson, 2009). First, we managed any tensions in the roles of inspector and researcher by working with the theoretical framework. This enabled us to interpret the data from a given distance and shift perspectives between roles. Secondly, two authors (Author 1 and 2, an outsider to the partnership) analysed the data. Author 2's lack of insider knowledge enabled

Author 1 to question interpretations. We discussed the analysis in various meetings with other researchers and representatives of the inspectorates. Third, writing memos assisted self-reflection, challenging taken-for-granted forms of understanding and following up surprises.

Findings

In this section we start by describing how the inspectors construct the journey of a child by arranging the information gained from case files in a coordinated chain of events. Second, we point out how the inspection brings together the professionals involved in a network to discuss a problem, its causes, and the possibilities of tackling the problem by aligning their services. Next, we describe the limitations of the inspectors' assessments with regard to complex care practices. Last, we elaborate on coordination by composing a patchwork and discuss the consequences of introducing this composite object to the inspector's practice.

Reconstructing a chain of events

The inspectors selected children with unresolved problems and more than three organisations from different sectors involved. To reconstruct the child's journey, inspectors visited all the organisations to examine the case files. The inspectors sourced data kept in various files at various sites (offices of organisations), copied, and then brought all the pieces of information to one site (the inspector's office). The data that the inspectors copied included evaluations of the child's situation and needs, reports on the care provided and cooperative work (e.g. joint activities).

Rather than arranging the information per organisation, which the inspectors are accustomed to doing when they inspect services in a specific sector, the inspectors of the partnership chose time as a common denominator to correlate information from one sector with information from other sectors. Thus information is coordinated chronologically on a timeline (see Figure 1). This

1
2
3 implies professionals working in a chain, providing services in sequence. In chains, services are
4 delivered seamlessly by coordinating the providers' activities. Each partner is assigned strict
5 tasks and responsibilities, which are settled in standards and formal agreements. The provision
6 of services in chains has proven valuable in tackling well-defined problems for specific groups of
7 people (Minkman, 2012; Shortell et al., 1994).
8
9
10
11
12

13
14
15 By connecting the professional activities on the timeline, the inspectors created a new object: a
16 shared problem. Up until the moment the inspectors visited the sites of the different
17 organisations, each problem the child had in his life existed in its own site. For instance, the
18 inspectors met Peter (presented in Figure 1), during a joint inspection on obesity. At school,
19 Peter had trouble with physical exercise, whereas at the dentist Peter had treatment for serious
20 tooth decay resulting from too many sweet drinks. Inserting both elements into the timeline, the
21 inspectors used them as underlying problems to create the problem of obesity. As the problem
22 of obesity was central; other problems were placed lower in the hierarchy.
23
24
25
26
27
28
29
30
31
32
33

34 *Constructing a network around the problem of fragmentation*

35
36 In addition to data extraction, the inspectors interviewed the children³ and their parents about
37 their situation and experience of the services offered. Furthermore, the inspectors invited all the
38 related service-providing professionals to a meeting. Here the inspectors presented the timeline,
39 the experiences of the child and parents, and gave the professionals the opportunity to discuss
40 the outcomes, indicate complications and suggest improvements. The inspectors also intended
41 to use the meeting to give the professional cooperation a jump start. Bringing professionals
42 together created a network. An inspector explains the need for a network as follows:
43
44
45
46
47
48
49
50
51
52
53
54

55 ³ In situations where the child was older than ten years.
56
57
58
59
60

1
2
3
4
5 *'It gave the professionals a lot of energy. They thought, now we are really going to make a*
6 *change. When we introduced the professionals to each other, we made them aware that*
7 *they did not know the people working at the other organisations [...]. The moment when*
8 *professionals introduce themselves personally, you connect organisations.'* (Respondent 10)
9
10
11
12
13
14

15 When it is mostly unknown which professionals and methods will be able to make an impact,
16 networks have been proposed as better than chains for cooperative work. In networks,
17 cooperation is more flexible. Whereas in chains the problem must be specific and well defined,
18 networks accommodate changes in the problem definition. Depending on what object is
19 considered the problem, partners are invited to join the network (Hagel III et al., 2010;
20 Engeström, 2008). However, both chain and network approaches are based on the assumption
21 that a shared-problem definition is essential for cooperation. Hence, unlike coordination by
22 patchwork, where various problem definitions can coexist simultaneously, in chains and
23 networks coordination entails establishing a hierarchy.
24
25
26
27
28
29
30
31
32
33
34
35

36 Although the meeting with professionals is aimed at generating options to improve the outcome
37 of care for children, the focus is on one of many aspects of the child's problem: i.e. reducing
38 fragmentation. The problem definitions that the inspectors put forward in the meeting concern
39 uncoordinated, fragmented care. In the next quote an inspector explains how he made
40 professionals realise that the help and assistance they gave to Toby, a young offender, had been
41 fragmented:
42
43
44
45
46
47
48
49
50

51 *'We showed them how the organisations provided disintegrated services. I remember at the*
52 *time [...] how all the professionals were astonished by how it [the help provided] could fail*
53 *so miserably. [...] That's one of those moments – I think – that your work [as an inspector]*
54
55
56
57
58
59
60

matters. Because you reveal a situation no one intended, that just happened because no one knew what the others were doing.’ (Respondent 5)

Fragmentation becomes the problem to be solved and as a result, the child’s problems are no longer central to the meeting. Moreover, the inspectors expected that coordinating the child’s problems in a coherent whole would give professionals the options to handle the situation. We present a summary of the narrative of Khadija’s journey to elaborate on this:

Khadija lives with her father, mother and younger brother. When she is 11, her father tells her school teacher that he is having problems with his daughter’s behaviour and does not know what to do. The teacher agrees that Khadija is displaying negative behaviour. Together the teacher and school counsellor draw up an action plan. Despite Khadija’s high level of intelligence, she is advised to go to a school for vocational education. The primary school shares its concerns about Khadija’s behaviour with the secondary school.

In secondary school, Khadija’s behaviour remains problematic. In her fourth year, the school reports a serious escalation. Khadija is so unmanageable that she is excluded from class almost every day. She is a frequent truant and often fights with other pupils. In this phase, Khadija calls the police to say that her father beats her regularly and she does not know what to do. When the police visit her home both her parents and Khadija promise to do the best they can to improve the situation and Khadija decides not to press charges. After graduation, Khadija enrolls at a school for senior secondary vocational education. However, in the first three weeks other students complain about Khadija’s intimidating behaviour. In consultation with Khadija and her parents, the school decides to send her to a smaller, more cohesive school. Soon, however, Khadija stops turning up at school altogether.

1
2
3
4
5 *Shortly thereafter, Khadija again seeks help at the police station. Things at home have*
6 *worsened; there has been a quarrel involving physical violence. The police contact the*
7 *Youth Care Agency and repeat Khadija's allegations that her father has abused her for four*
8 *years. (JIY, 2013)*
9
10
11
12
13
14

15 In this narrative, the inspectors present at least three problems. Khadija's disruptive, aggressive
16 behaviour, her truancy, and the physical abuse by her father. The problems are distributed in
17 various places. At school, Khadija is a badly behaving pupil who plays truant, whereas at the
18 police station Khadija is a daughter abused by her father. According to the inspectors the
19 problems are related and the professionals should have tackled them jointly:
20
21
22
23
24
25
26
27

28 *'In this case, it is noteworthy that not one professional, nor any professionals together,*
29 *analysed the problems that underpin the behaviour of Khadija and her parents. [...] The*
30 *problem is not that professionals don't act. They do, but mostly on their own in their own*
31 *sector.'* (ITJ, 2007)
32
33
34
35
36
37

38 Moreover, the inspectors expect the professionals to do a joint analysis and come to a shared
39 understanding of what the problem is and how it could be solved (see Table 1 for the inspector's
40 assessment criteria). In other words, professionals are supposed to coordinate the multiple
41 versions of a problem to establish a hierarchy and define one single problem that describes the
42 child's situation. The omission of the shared-problem analysis has, according to the inspectors,
43 negative consequences for Khadija:
44
45
46
47
48
49
50
51

52 *'The professionals try to find solutions for Khadija's problems in their own sector. For*
53 *instance, the school focusses on learning outcomes (advising the child to enrol in a lower*
54
55
56
57
58
59
60

level of education despite the child's high intelligence, and transferring her to a smaller school, encouraging her to graduate). The police come to an agreement with Khadija and her parents to stop the abuse continuing[...]. As a result, the actual problems do not get tackled. (ITJ, 2007)

Although the inspectors emphasised the need for a shared problem, they were vague about how they would define Khadija's 'actual problems'. The meeting with professionals did not lead to a shared understanding of Khadija's problems, besides addressing the problem of fragmented services. The inspectors established that the professionals had not done a shared-problem analysis in any of the 24 reconstructed journeys. We also did not observe the inspectors defining the child's problems in any of the 24 reconstructions. Although professionals should, according to inspector's criteria, reach consensus on what the problem is and how it should be solved, there were no shared-problem definitions.

To sum up our argument so far, inspectors coordinate the information they collect by constructing a chain of events in a timeline and establishing a network in a meeting with professionals. The timeline and meeting result in one specific problem, namely fragmentation, and one specific solution, cooperation. According to the inspectors, coordinating the problems of a child by creating a hierarchy to define a single problem will give professionals options to handle the situation. However, a coherent object – the definition of the child's situation – had not been made in the inspectors' selected care practices; neither in the inspector's own assessments, nor by the professionals.

Allowing multiplicity by composing a patchwork

What would happen to the judgements, the timeline and the conversations with the children, parents and professionals if we introduced patchwork to the inspector's practice? Let us list the

problems of a girl we named 'Anouk'. As we explained above, a list assembles diverse elements without necessarily turning them into a single object (Law & Mol, 2002).

The inspectors met Anouk at the age of 6, during a joint inspection of care for children with linguistic and developmental disorders (JIY, 2013). Anouk and her mother participated in a play-and-learn programme to develop Anouk's linguistic skills and improve the interaction between parents and child. As they were worried about the child, the programme's professional and the teacher asked the school's care and advice team to review Anouk's situation. The team members discussed how Anouk was often absent from school, looked neglected and wet herself regularly. They also discussed how the police had called several times at her home because of complaints about noise. The care and advice team decided to refer Anouk to the Youth Care Agency so that she would get access to specialised services. Although the parents were consulted in this decision, they repeatedly cancelled the appointments at the Youth Care Agency. As a result, the specialised services did not get going. One reason given for cancelling appointments was that Anouk's parents had marital problems and were splitting up. Anouk's father threatened her mother, so Anouk and her mother ended up in various refuges for their safety. However, when she was staying in these refuges, Anouk could not attend her own school. Although the police reported their concerns about Anouk's well-being several times to the Advice and Reporting Centre for Child Abuse and Neglect, a centre that can take compulsory measures if parents do not accept help, this centre did not start an investigation.

The inspector's reconstruction shows that Anouk's situation contains multiple problems. In a list:

- Anouk's linguistic skills are behind her age level, according to Youth Health Care.
- Anouk is often absent from school.
- According to her teacher, Anouk looks neglected and she wets herself regularly.

- When the teacher pays a home visit, the house smells of cannabis.
- The mother says that Anouk is often ill and unable to go to school.
- Anouk's mother says that she herself has psychological issues because she was abused as a child. Dealing with these issues is central in meetings with the school social worker.
- According to the police, neighbours often complain about noise.
- According to the Youth and Family Centre, Anouk's parents need help with parenting.
- The mother calls the police several times because Anouk's father and his new girlfriend have threatened her. Because of the threats, Anouk and her mother do not feel safe in their home and end up in various refuges.
- The teacher finds out that Anouk suffered a head injury during a fight between her parents.
- Anouk lives alternately with her mother, father, and grandparents. When she lives with her mother, she attends another school than when she lives with her father or grandparents.
- Anouk's mother has major debts.

This list contains 12 concurrent problems. They all relate to Anouk's situation, but at the same time they are very diverse. The problem to be tackled is a composite object, rather than a single problem (Mol, 2002). Defining one problem is very complicated as it is difficult to demarcate Anouk's situation and distinguish between her situation and that of the people around her. For instance, would Anouk's situation include or exclude her father's new girlfriend? Is abuse of Anouk's mother when she was a child part of Anouk's problem or not? Anouk's situation may stretch to the professionals that provide help to Anouk, or even to the inspectors that look into her situation. Establishing a hierarchy is also problematic. Anouk's mother has multiple problems (marital problems, psychological issues, debts etc.). In meetings with the school social worker, these problems win. Yet, Anouk's neglected appearance and regular incontinence are also urgent and not necessarily lower in the hierarchy. Putting Anouk's problems on top of the hierarchy, without taking into account the situation of her parents, would not lead to workable

solutions either. For instance, the rift between Anouk's parents has serious consequences for how the parenting problems can be dealt with.

Introducing the patchwork coordination mode that allows discrepancies makes it no longer necessary to demarcate Anouk's situation and create a hierarchy. Including all the elements of Anouk's situation means that diverse options to handle the situation can be explored. For inspectors, introducing patchwork to their practice would enable them to evaluate whether and how options to improve children's situations are created. As Anouk's journey shows, the professionals only offered one option to handle the parenting problems; namely the Youth Care Agency. However, this agency's activities did not get off the ground as the parents failed to turn up for appointments. What alternatives could the professionals have offered to help Anouk? In her situation, looking after her safety and simultaneously ensuring her education is not automatic as Anouk cannot attend her own school when she stays in refuges. Her education has to be organised in other ways. What could have helped Anouk to develop adequately at school and yet be in a safe home? These questions create opportunities for inspectors to find out more about how professionals handle diverging problems and to reflect on how care practices unfold and are held together. In the next section, we discuss the implications of introducing patchwork into inspection practices, and the ontological gestalt that goes with the process.

Discussion and conclusion

Inspectorates are encouraged to put the child's journey, from diagnosis to care, at the heart of the inspection system (Munro, 2011). A partnership of five Dutch inspectorates has developed a journey tool to examine how professionals, in practice, contribute to the outcomes for children. In this paper, we detailed how inspectors reconstruct children's journeys, how they use these reconstructions to assess the activities and cooperative work of professionals, and how this provides input to improve outcomes for children.

To reconstruct children's journeys, the inspectors create a chain of events that brings the professional's activities together on a timeline. The timeline connects the various problems in the life of a child into one problem. This process also brings together all the professionals providing services in a network. In other words, inspectors create a data practice with a common object; one problem definition that is treated as the starting point for all professional activities to improve the child's situation. The chain design leads to unilateral judgements on childcare. Professionals do not conduct a shared-problem analysis and thus provide fragmented services. In this particular practice, improving outcomes for children becomes identical to improving cooperation between professionals.

However, our analysis reveals that the journey tool never culminated in a common, coherent object that fully describes the child's situation as a whole. Rather, children's problems remained multiple. Our study suggests that, instead of the timeline/network, which creates one problem definition, inspectors should look for alternatives to represent a child's journey through the organisations. The ontological gestalt offers an alternative to evaluate the reconstructions of children's journeys as lists. A list allows inspectors and professionals to tinker with and explore different possibilities to deal with this multiplicity. In addition, a list of problems allows for changes over time.

The introduction of this ontological gestalt has at least three implications for the inspector's work. In the practice of the partnership, inspecting means assessing whether professionals and organisations meet a set of predefined criteria and encouraging them to improve cooperation to contribute to better outcomes for children. In the ontological gestalt, what good care entails is not universal, but bound to a specific situation. Good and bad may be intertwined and what good care is in one situation may not be so in another (Mol et al., 2010). Thus firstly, rather than

1
2
3 assessing professional's activities and cooperation with universal criteria, introducing the
4
5 ontological viewpoint would mean that inspectors would look more thoroughly into the
6
7 specificities and diversity of practices and discuss what good care entails in given situations.
8
9 Inspection work would change from making judgements to reflecting on the situation in a
10
11 dialogue with professionals, parents and children.
12

13
14
15 The second implication places emphasis on how a problem is acted upon and, in turn, facilitates
16
17 action (Timmermans & Haas, 2008). Instead of focussing on whether or not organisations and
18
19 professionals provide fragmented services, it places the diversity of options to handle a situation
20
21 central. Evaluating how and what variants of a problem are coordinated (or stay separate)
22
23 creates opportunities for inspectors to find out how a problem in a specific time and place opens
24
25 up possibilities for professionals to act and closes other possibilities. In addition, it creates
26
27 opportunities for inspectors to find out more about how professionals handle changing
28
29 situations and collect a diversity of options to improve childcare.
30
31

32
33
34 The third implication involves the meaning of place. In the ontological gestalt, place is no longer
35
36 universal. Whereas predefined criteria, those handled in all situations, can be easily transported
37
38 to various places (Singleton, 2010), the ontological evaluation of a child's journey is bound to the
39
40 location of a particular care practice. Although the inspectors aim to improve the outcome for
41
42 both individual children and groups of children suffering the same problem, transporting their
43
44 assessments to other places, in the ontological gestalt it is impossible to define improvements
45
46 that would be widely adaptable throughout all complex care practices. Yet, the ontological
47
48 gestalt offers a repertoire for unravelling care practices that can be applied in various places. It
49
50 can stimulate inspectors and professionals to reflect on care practices and make improvements
51
52 that would fit their professional practices. Using these reflections, inspectors can also address
53
54
55
56
57
58
59
60

important developments to policymakers on a national level, bringing care practices to policy practices and presenting the complexities of care practices (WRR, 2013).

In conclusion, the Dutch partnership of inspectorates has been looking for ways to improve the journey tool to stimulate professionals and organisations to create better childcare outcomes. We suggest that the patchwork design of the journey tool can enhance reflexivity in the evaluation process, when inspectors look into the specificities and diversity of complex care practices and all the contrasting diverging elements involved. This paper provides a strong analytical framework for the reflexive evaluation of complex childcare practices.

References

Author's own (2013)

Alvesson, M. (2009) 'At-home ethnography: Struggling with closeness and closure', in Ybema, S., Yanow, D., Wels, H. and Kamsteeg, F. (eds), *Organizational Ethnography. Studying the Complexities of Everyday Life*, London, Sage, pp. 156-174.

Brandon, M., Sidebotham, P., Bailey, S. and Belderson, P. (2011) *A study of recommendations arising from serious case reviews 2009-2010*, London, Department for Education.

Charles, M. and Horwath, J. (2009) 'Investing in Interagency Training to Safeguard Children: An Act of Faith or an Act of Reason?', *Children & Society*, 23, pp. 364-376.

Engeström, Y. (2008) *From Teams to Knots. Activity-Theoretical Studies of Collaboration and Learning at Work*, New York, Cambridge University Press.

- 1
2
3 Gardner, J., Dew, K., Stubbe, M., Dowell, T. and Macdonald, L. (2011) 'Patchwork diagnoses: The
4
5 production of coherence, uncertainty, and manageable bodies', *Social Science and Medicine*,
6
7 73(6), pp. 843-850.
8
9
10
11 Hagel III, J., Seely Brown, J. and Davison, L. (2010) *The Power of Pull. How Small Moves, Smartly*
12
13 *Made Can Set Big Things in Motion*, Philadelphia, Basic Books.
14
15
16
17 Her Majesty's Inspectorate of Constabulary (HMIC) (2013) *Joint inspection of multi-agency child*
18
19 *protection arrangements. Pilot inspection: Staffordshire Police*, London, HMIC.
20
21
22
23 Integraal Toezicht Jeugdzaken (ITJ) (2005) *Ketens laten werken. Concept Toezichtkader*
24
25 *Jeugdzaken 0-23. 2006 – 2010*, Utrecht, ITJ.
26
27
28
29 Integraal Toezicht Jeugdzaken (ITJ) (2007) *Preventie en aanpak van kindermishandeling in*
30
31 *Haarlem-Schalkwijk. Nota van bevindingen*, Utrecht, ITJ.
32
33
34
35 Integrated Supervision of Youth Affairs (ISYA) (2009) *Integrated Supervision of Youth Affairs*,
36
37 Utrecht, ISYA.
38
39
40
41 Joint Inspectorate for Youth (JIY) (2013) *Children's itineraries*, [Online] available:
42
43 http://jeugdinspecties.nl/_database/documenten/Childrens%20itineraries.pdf.
44
45
46
47
48 Kuijvenhoven, T. and Kortleven, W.J. (2010) 'Inquiries into Fatal Child Abuse in the Netherlands:
49
50 A Source of Improvement?', *British Journal of Social Work*, 40(4), pp. 1152-1173.
51
52
53
54
55
56
57
58
59
60

1
2
3 Law, J. and Mol, A. (eds) (2002) *Complexities: Social Studies of Knowledge Practices*, Durham,
4
5 Duke University Press.
6
7
8
9 Law, J. (2010) 'Caring and Killing. Tensions in Veterinary Practice', in Mol, A., Moser, I. and Pols,
10
11 J. (eds), *Care in Practice. On Tinkering in Clinics, Homes and Farms*, New Brunswick/London,
12
13 Transaction Publisher, pp. 57-91.
14
15
16
17
18 Mertens, F. (2011) *Inspecteren. Toezicht door inspecties*, Den Haag, Sdu Uitgevers.
19
20
21
22 Minkman, M.M.N. (2011) *Developing Integrated Care. Towards a Development Model for*
23
24 *Integrated Care*, Rotterdam, Erasmus University.
25
26
27
28 Mol, A. (2002) *The Body Multiple: Ontology in Medical Practice*, Durham/London, Duke
29
30 University Press.
31
32
33
34 Mol, A. (2008) *The Logic of Care. Health and the Problem of Patient Choice*, London/New York,
35
36 Routledge.
37
38
39
40 Mol, A. and Law, J. (2004) 'Embodied Action, Enacted Bodies: The Example of Hypoglycaemia',
41
42 *Body & Society*, 10(2-3), pp. 43-62.
43
44
45
46 Mol, A., Moser, I. & Pols, J. (eds) (2010) *Care in Practice. On Tinkering in Clinics, Homes and Farms*,
47
48 New Brunswick/London, Transaction Publishers.
49
50
51
52
53 Morgan, G. (1988) *Images of Organization*, Beverly Hills, Sage Publications.
54
55
56
57
58
59
60

- 1
2
3 Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A child-centred system*,
4
5 London, The stationary office.
6
7
8
9 Netherlands Youth Institute (NYI) (2011) *Youth and family centers in the Netherlands*, Utrecht,
10
11 NYI.
12
13
14
15 Netherlands Youth Institute (NYI) (2012) *Dutch Youth Care System*, [Online] available:
16
17 [http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Child-protection-and-](http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Child-protection-and-welfare)
18
19 [welfare.](http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Child-protection-and-welfare)
20
21
22
23 Ofsted (2012) *Inspections of arrangements for the protection of children. Evaluations schedule and*
24
25 *grade descriptors*, Manchester, Ofsted.
26
27
28
29
30 Pols, J. (2004) *Good care. Enacting a complex ideal in long-term psychiatry*. Enschede, University
31
32 of Twente.
33
34
35
36 Pols, J. (2006) 'Accounting and Washing: Good Care in Long-Term Psychiatry', *Science*
37
38 *Technology Human Values*, 31(4), pp. 409-430.
39
40
41
42 Shortell, S.M., Gillies, R.R. and Anderson, D.A. (1994) 'The new world of managed care: creating
43
44 organized delivery systems', *Health Affairs*, 13, pp. 46-64.
45
46
47
48 Singleton, V. (2010) 'Good farming. Control or care?', in Mol, A., Moser, I. and Pols, J. (eds), *Care*
49
50 *in Practice. On Tinkering in Clinics, Homes and Farms*, New Brunswick/London, Transaction
51
52 Publisher, pp. 235-255.
53
54
55
56
57
58
59
60

1
2
3 Timmermans, S. and Haas, S. (2008) 'Towards a sociology of disease', *Sociology of Health &*
4
5 *Illness*, 30(5), pp. 659-676.
6

7
8
9 Van Gunsteren, H.R. (1994) *Culturen van besturen*. Amsterdam, Boom.
10

11
12
13 Wetenschappelijke Raad voor het Regeringsbeleid (WRR) (2013) *Toezen op publieke belangen*.
14
15 *Naar een verruimd perspectief op rijkstoezicht*, Den Haag, WRR-rapport nr. 89.
16

17
18
19 Zuiderent-Jerak, T., Strating, M., Nieboer, A. and Bal, R. (2009) 'Sociological refigurations of
20
21 patient safety. Ontologies of improvement and 'acting with' quality improvement
22
23 collaboratives', *Social Science & Medicine*, 69(12), pp. 1713-1721.
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Tables and figures

Table 1: Eight criteria in the inspection framework, developed by the partnership of inspectorates to assess the quality of cooperation between services (ITJ, 2005).

Criterion	Description
Convergent aims	Different aims have been discussed, resulting in the pursuit of a mutual aim.
Shared understanding of the problem	Partners have analysed the problem jointly and reached consensus on its importance, its causes and possible prevention or solutions.
Chain coordination	Various partners cooperate to achieve their goals efficiently. Their services are aligned.
Information management	Partners collect, record and exchange data.
Population-based management	The population of young people who need care is known. Whether these youngsters are reached is monitored.
Continuity of care	Seamless service is provided.
Problem solving	Services are tailored to the needs of young people and are aimed at preventing or solving their problems.
Quality and improvement	Services are evaluated systematically to guarantee and improve the quality of care.

Table 2: Subjects and number of children's journeys assessed, 2004-2012.

Subject	Number
Child abuse and domestic violence	5
Young offenders	1
High school dropout	4
Linguistic and developmental disorders	10
Homeless children	3
Obesity	1
Total	24

Table 3: The selection of children’s journeys.

Selected journey ⁴	Subject	Length of journey (in terms of child’s age)	Organisations involved
Khadija	Child abuse and domestic violence	4-17	Youth health care, primary school, school for vocational education, senior secondary vocational education, police, youth care agency, advice and reporting centre for child abuse and neglect, child care and protection board.
Toby	Young offenders	13-16	Police, juvenile court, public prosecutor, youth probation, secondary schools, rebound facility, ⁵ municipality, welfare organisation.
Jessica	High school dropout	0-18	Youth health care, primary schools, general practitioner, mental health care, secondary school, senior secondary vocational education, municipality, job centre.
Anouk	Linguistic and developmental disorders	3-6	Youth health care, primary school, youth care agency, police, advice and reporting centre for child abuse and neglect, mental health care, municipality, youth and family centre, refuges, welfare organisation, home care, social services.
Robert	Homeless children	0-18	Youth health care, youth care agency, advice and reporting centre for child abuse and neglect, foster care, primary school, special school for primary education, preparatory secondary vocational education, special school for secondary education, mental health care, welfare organisation, police, shelter for homeless young people.
Peter	Obesity	0-11	Youth health care, general practitioner, dentist, dental surgeon, primary school, dietician.

⁴ The names used in this paper are not the children’s real names.

⁵ These facilities offer temporary shelter to pupils with behavioural problems for whom all possibilities of in-school services have been exhausted.

Figure 1: Timeline of Peter's journey through the organisations from birth until the age of ten.

