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

Suzanne Rutz¹, Antoinette de Bont²

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**Introduction**

Integrated care is increasingly seen as a means for improving quality of services for children. Investigations into the tragic death of abused children have shown that services are often carried out by multiple organisations and professionals without barely any consultation or coordination among them (e.g. Brandon et al., 2011; Kuijvenhoven & Kortleven, 2010). Therefore, diminishing fragmented services and improving cooperation and coordination between organisations and professionals have often been presented as a solution for better services for children (Munro, 2011; Charles & Horwath, 2009).

Quite recently, inspectorates that inspect services for children have been criticised for concentrating too much on standardisation and compliance with formal procedures rather than outcomes for children. As a consequence, inspectorates have been 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 that aim to examine how professionals contribute to 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 inspectorates³ has developed an instrument that puts children centre stage and focuses on professional practices. This instrument, which we call the journey-tool, reconstructs children’s itineraries through the organisations in chains or networks. The journey-tool differs from traditional inspection instruments, as it does not assess each of the organisations separately, but considers all the organisations that have been involved in tackling the problems of a child as a whole. The instrument aims to assess how well organisations and professionals across various sectors coordinate their activities to provide integrated care. The inspectorates assume that with these journeys, both the inspectors as well as the organisations

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¹ Institute of Health Policy & Management, Erasmus University Rotterdam; Joint Inspectorate for Youth (Samenwerkend Toezicht Jeugd); Health Care Inspectorate, The Netherlands; rutz@bmg.eur.nl.

² Institute of Health Policy & Management, Erasmus University Rotterdam.

³ Joint Inspectorate for Youth, a partnership of five inspectorates for health care, education, youth care, safety and justice and social affairs and employment.
that are inspected can identify possibilities to overcome fragmented services and improve the outcomes for children.

In this paper, we analyse the children’s journeys through the organisations which the inspectors have reconstructed since they developed the instrument. Based on this analysis, we will show that the concept of coordination that is incorporated in the journey-tool reduces discrepancies between different problem definitions and made one of the problem definitions to win (Mol, 2002). One shared problem definition is constructed, which the inspectors consider a starting point for all professional’s activities and for enhancing the child’s situation. We claim that the instrument can be developed, if the inspectors would allow ‘patchwork’ as another mode of coordination because it includes diverging and contrasting problem definitions. In this paper, we explore what the introduction of patchwork would mean for inspector’s work. We demonstrate how the concept of patchwork embraces the diversity of care practices for children and increases the variety of possible options to handle the situation. In addition, it creates possibilities for inspectors to reflect upon the services given. The set up of this paper is as follows. In the next paragraph, we introduce the concept of patchwork that originates from Mol’s ontological viewpoint on practices and her studies on practices in medical care (2002). Next we describe the Dutch context and the methods we used to conduct our study. The analysis of the journeys through the organisations is the heart of the paper. We end with our conclusions and reflections.

Practices from an ontological viewpoint
In the introduction, we addressed the turn of inspectorates towards practices. Scholars working in a Science and Technology Studies (STS) tradition have had a focus 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 different (Timmermans & Haas, 2008). Mol made a praxiography inquiry into the diagnosis and treatment of atherosclerosis. She showed that although atherosclerosis is a single name, it entails a variety of objects in various practices in different locations and among different disciplines in a hospital. For instance, in the department of pathology, when a bit of artery has been cut out of a body, prepared and put under a microscope, atherosclerosis is an encroachment of the vessel lumen and a thickening of the vessel wall. Whereas, in the outpatient clinic, atherosclerosis is pain that occurs when walking. Atherosclerosis is also loss of blood pressure, which a technician in the vascular laboratory measures by comparing the blood
pressure in the ankle with the blood pressure in the arms. Hence, atherosclerosis is multiple; one hospital houses multiple versions of the disease of atherosclerosis. These versions can be separated, 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. In order to come to a decision about how to provide treatment and handle the situation when data do not cohere, coordination is necessary (Mol, 2002).

Mol's praxiography has not only been applied to atherosclerosis but also to other diseases and care practices: e.g. diabetes mellitus (Mol & Law, 2004), coronary heart disease (Gardner et al., 2011), accounting in nursing homes (Pols, 2006), veterinary practice (Law, 2010), farming (Harbers, 2010), etc.. Timmermans and Haas (2008) claim that Mol's project offers a generic sociological approach to take the situated specificity of a problem seriously.

As a result of her praxiography, Mol described different modes of coordination. In this paper we contrast two modes of coordination: hierarchy and patchwork. The coordination mode of hierarchy projects a common object behind the various data. Establishing hierarchy reduces discrepancies between different problem definitions of an object. The discrepancies are explained away. One problem definition is made to win. For instance, when a patient claims that walking causes a lot of pain, but the pressure drops are not that big, one of these problem definitions is discarded in the decision about what to do. Patchwork does not suggest a common object but creates a composite object. It takes the various versions of a problem as suggestion for action: one problem definition may be a reason to act, two or three may give more or other reason to act. For example, the social implications of treatment (such as the worries of family members) are added up to the pressure drops and the pain caused by walking. These different elements together make a patchwork (Mol, 2002). Coherence of care for the diverging and contrasting 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 pressure drops do not necessarily go together. Yet, they need to be dealt with at the same time. Law and Mol (2002) introduced a list to present these contrasts and complexities. The various problem definitions that form a patchwork can be understood as a list, as opposed to making an order which happens when creating a hierarchy. Whereas orders align the elements and position them in relation to each other, lists assemble elements without necessarily turning them into a sound object. In contrast to orders, lists do not imply completeness. If a new element emerges as important, it can be added. In a list, multiple and diverse elements coexist.
In addition to ‘listing’, various scholars use the notion of ‘tinkering’ for dealing with multiplicity; i.e. care as a set of constantly unfolding and only partially routinised practices for holding 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 a diversity of options to tinker with (Morgan, 1992; Van Gunsteren, 1994). Hence, the multiplicity that is included in the composed entity of a patchwork, recognises the complexity of care practices and multiplies the variety of options for improvement.

To sum up, the methods and concepts developed in STS are relevant to inspectors now their focus has shifted from procedures to practices. Praxiographies of several care practices showed that care is bound to a specific context and that the objects that are cared for in these specific practices are multiple. Instead of creating coherence, a patchwork recognises these multiplicities and brings up new ways of dealing with them, such as through listing and tinkering (see tabel 1).

<table>
<thead>
<tr>
<th>Modes of coordination</th>
<th>Hierarchy</th>
<th>Patch work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontology</td>
<td>Single object</td>
<td>Composite object</td>
</tr>
<tr>
<td>Methods for multiplicity</td>
<td>Building chains or networks</td>
<td>Tinkering or listing</td>
</tr>
</tbody>
</table>

**Table 1: the theoretical concepts that guide the analysis**

**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 many organisations and professionals from different sectors play a role 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, which is part of the youth care sector, indicates whether more specialised youth care (such as youth care services, youth mental health care services and child protection services) is needed and is responsible for coordinating the care (NYI, 2012a).
Supervision of services for children in the Netherlands 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 attention that has been paid to 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, the inspectorates have to cooperate in the inspections of these joint organisations, which cross the borders of one specific sector. This cooperation between inspectorates takes place in a partnership of five inspectorates, which is called the Joint Inspectorate for Youth

This partnership focuses on social problems concerning children that require the synchronised contribution of 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 started in 2003 with the development of inspection instruments and an inspection framework for joint reviews. Following the tradition of inspectorates, the framework consists of a set of eight criteria by which the inspectors assess the quality of cooperation between services (see table 2). Organisations that do not meet the criteria are stimulated to improve their cooperation and to take concrete actions that create better outcomes for children and their families (ISYA, 2009).

Table 2: The eight criteria developed by the partnership of inspectorates to assess the quality of the cooperation between services, which are part of the inspection framework (ITJ, 2005).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergent aims</td>
<td>Whether different aims have been discussed and as a result of that a mutual aim is pursued.</td>
</tr>
<tr>
<td>Shared understanding of the problem</td>
<td>The partners have jointly made an analysis and reached consensus about the importance of the problem, its causes and the possibilities to prevent or solve the problem.</td>
</tr>
<tr>
<td>Chain coordination</td>
<td>The various organisations and services cooperate to reach their goals efficiently. Their services are aligned.</td>
</tr>
<tr>
<td>Information management</td>
<td>Data are collected, recorded and exchanged.</td>
</tr>
<tr>
<td>Population-based management</td>
<td>The population of young people who need care is known and whether these youngsters are reached is monitored.</td>
</tr>
</tbody>
</table>

In 2003 the inspectorate for Health Care Inspectorate, the Inspectorate of Education, the Inspectorate for Youth Care and the Inspectorate of Security and Justice started their partnership. In 2005 the Inspectorate of Social Affairs and Employment entered into the partnership.
Since the start of the partnership up till the end of 2012, the inspectors conducted fifty joint inspections on various problems concerning youngsters (e.g. poverty, obesity, high school dropout, child abuse). The reconstruction of children’s journeys is one of the methods the partnership uses in their joint inspections⁵.

**Methods**

In order to study the inspector’s practices concerning the journey-tool, we used a combination of two methods for qualitative research; we supplemented a document analysis with semi-structured interviews.

Until the end of 2012, the partnership has reconstructed and assessed the journeys of 24 children through the organisations, covering six subjects (see also table 3). We collected and studied all relevant documents concerning these reconstructions that were produced by the inspectors: i.e. formats used for the reconstruction, the information that inspectors gathered from case files, reports of interviews with children and parents, reports of meetings with professionals, the inspector’s judgements and formal documents concerning the reconstructions.

**Table 3: The subject of the joint inspection and the number of reconstructions of children's journeys through the organizations made in these joint inspections.**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse and domestic violence</td>
<td>5</td>
</tr>
<tr>
<td>Young offenders</td>
<td>1</td>
</tr>
<tr>
<td>High school dropout</td>
<td>4</td>
</tr>
<tr>
<td>Linguistic and developmental disorders</td>
<td>10</td>
</tr>
<tr>
<td>Homeless children</td>
<td>3</td>
</tr>
<tr>
<td>Obesity</td>
<td>1</td>
</tr>
</tbody>
</table>

⁵ A joint review often consists of mix of methods, e.g. interviews, a study of case files, a vignette study, methods to involve youngsters, parents and professionals and reconstructions of the journey of a child through the organisations.
In addition, we conducted seventeen interviews with inspectors about their daily practice. The inspectors varied with respect to age, gender and period of time during which they worked as an inspector. Although they all worked at the partnership of Joint Inspectorate for Youth, they stemmed from different inspectorates; i.e. 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, varying in length from 1¼ to 2 hours. During these interviews, inspectors were asked to portray their work by describing three situations they had encountered in practice: a situation in which the inspector was able to make a change, a situation in which things did not go according to plan and a situation that the inspector would describe as a routine. All interviews were transcribed, read closely several times and coded inductively. For this paper, we only used the parts of the interviews that concerned the reconstruction of children's journeys.

First, our analyses of the data concentrated on the journey-tool as part of the inspector's practice; how inspectors created the reconstructions, how they described the situation of children and other family members and the professional's activities and how they used the reconstructions to assess the activities and cooperative work of professionals. Memos were written as a method of reflection. Second, we made a varied selection of six reconstructions and analysed these in detail (see also table 4). We selected reconstructions in which the subject of the joint inspection, age of the children, length of the reconstruction and number and discipline of professionals varied. Moreover, we only choose reconstructions of which the data that served as a basis were complete. In this paper, we describe the journeys of two of the six children, which we call Khadija and Anouk (not their real names), as examples. These examples can be considered typical of the reconstructions of children through the organisations. We analysed these data from an ontological viewpoint; how the inspectors coordinated the information, which information was made visible and which information was laid aside, which objects the inspectors constructed at what places and how the objects opened up or closed possibilities to assess the professional practices and to come to options for improvement. We wrote memos to reflect on questions raised by the analysis and implications of findings in order to deepen our analysis.
Table 4: The selection of children’s journeys.

<table>
<thead>
<tr>
<th>Selected journey</th>
<th>Subject</th>
<th>Length of the journey (in the child’s age)</th>
<th>Organisations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khadija</td>
<td>Child abuse and domestic violence</td>
<td>4-17</td>
<td>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.</td>
</tr>
<tr>
<td>Toby</td>
<td>Young offenders</td>
<td>13-16</td>
<td>Police, juvenile court, public prosecutor, youth probation, secondary schools, rebound facility, municipality, welfare organisation.</td>
</tr>
<tr>
<td>Jessica</td>
<td>High school dropout</td>
<td>0-18</td>
<td>Youth health care, primary schools, general practitioner, mental health care, secondary school, senior secondary vocational education, municipality, job centre.</td>
</tr>
<tr>
<td>Anouk</td>
<td>Linguistic and developmental disorders</td>
<td>3-6</td>
<td>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.</td>
</tr>
<tr>
<td>Robert</td>
<td>Homeless children</td>
<td>0-18</td>
<td>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.</td>
</tr>
<tr>
<td>Peter</td>
<td>Obesity</td>
<td>0-11</td>
<td>Youth health care, general practitioner, dentist, surgeon dentist, primary school, dietician.</td>
</tr>
</tbody>
</table>

The first author (SR) had access to the data because she has been an inspector of the Health Care Inspectorate and seconded to the partnership of inspectorates since 2006. Additionally, since 2009, she has been working part-time as a researcher. Hence, she had a dual role of inspector and researcher. One of the disadvantages of such a dual role is that it raises the issue of methodological distance (see also: Rutz et al., 2013). We intercepted this issue in three ways (Alvesson, 2009). First, tensions in the roles of inspector and researcher were managed through working with a theoretical framework. This created the possibility to interpret the data from a given distance and to shift perspectives between these roles. Second, data were analysed by two of the authors, one of them (AB) being an outsider to the partnership. Her lack of insider

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6 These facilities offer temporarily shelter to pupils with behavioral problems for whom all possibilities of in-school services have been exhausted (NYI, 2012b).
knowledge enabled the first author to question interpretations. Third, writing memos assisted in self-reflection, challenging taken-for-granted forms of understanding and following up surprises.

Findings
This section starts with a description of how the inspectors construct the journey of a child by coordinating the information of case-files in a chain of events. Second, we point out how the professionals that are inspected are brought together in a network to discuss the importance of the problem, its causes and the possibilities to solve the problem by aligning their services. Next, we describe the limitations of chains or networks in inspectors’ assessments of complex care practices. Last, we elaborate on coordination by composing a patchwork and the introduction of such a composite object in the practice of inspectors.

Reconstructing a chain of events
The inspectors selected cases with more than three organisations from different sectors involved, in which the child’s problem remained unresolved. In order to reconstruct a child’s journey through the organisations, inspectors visited the organisations to examine the case files. The inspectors disclosed information that was once at different sites (offices of organisations) and in various files, and brought all the pieces of information to one site (the inspection’s office). Data about evaluations of the child’s situation and needs, the activities to provide care and cooperative work (e.g. joint activities) were copied and brought to the inspection office.

Rather than arranging the information per organisation, which the inspectors were used to do, time has been chosen as a common denominator to correlate information from one sector to information from other sectors. The information was coordinated chronologically on a timeline (see figure 1). This implies professional work in a chain, in which services are provided in a logic sequence. In chains, the service is seamless through coordination of the activities of the various providers. Each partner is assigned strict tasks and responsibilities, which are settled in standards and formal agreements. The provision of services in chains has proven valuable in tackling well-defined problems for a specific group of people (Minkman, 2012; Shortell et al., 1994).

By connecting the professional’s activities on a timeline, the inspectors created a new object: a so-called shared problem. Up until the moment the inspectors visited these different sites of organisations, several problems in the life of a child existed and each problem had a site of its own. There was for instance Peter (presented in figure 1), who the inspectors met during a joint inspection on obesity. At school, Peter had trouble with physical exercises, whereas at the
dentist Peter had serious tooth decay as a consequence of sweet drinks. The inspectors inserted both these elements into the timeline and used these as underlying problems to create the problem of obesity. Yet, as the problem of obesity was central, the other problems were put lower in the hierarchy.

*Figure 1: the timeline that was constructed of Peter’s journey through the organisations from birth until the age of ten.*

**Constructing a network around the problem of fragmentation**

In addition to the data extraction, the inspectors interviewed the parents and child\(^7\) about how they experienced their situation and the services provided. Furthermore, the inspectors invited all the professionals that provided services to the child for a meeting. In this meeting inspectors presented both the timeline and the experiences of parents and child. Furthermore, professionals were given the opportunity to discuss the outcomes, to indicate complications and to develop suggestions for improvement. The inspectors also intended to give the cooperation between professionals a start. As an inspector explains:

*It gave the professionals a lot of energy. They thought; now we are really going to make a change. As we introduced the professionals to each other, we made them aware that they did not know the*

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\(^7\) In situations in which the child was older than ten years.
people working at these organisations [.]. The moment that professionals introduce themselves on a personal level, you connect organisations’. (Respondent 10)

By bringing the professionals together in a meeting, the inspectors created a network. In rapidly changing situations when it is mostly unknown which professionals and methods will be able to make an impact, networks have been proposed as a better approach for cooperative work than a chain. In networks, professionals gather together to tackle a problem without predetermined roles and tasks (Hagel III et al., 2010; Engeström, 2008). In the network of professionals that the inspectors create, they want to generate options to improve the quality of care and outcomes for children. Yet, according to the inspectors this is to be done by improving cooperation. The inspectors wrote for example in their report on Khadija’s journey, a girl the inspectors met during a joint inspection on child abuse:

‘The aim of the meeting was to determine the lessons learned from the journey of Khadija, which could improve future cooperation.’

In fact, in the meeting, the inspectors created a new object: fragmented care. In the next quote an inspector explains to us how he made professionals realise that the help and assistance they provided to Toby - who the inspectors met during a joint inspection on young offenders - had been fragmented:

‘We showed how the organisations provided disintegrated services. And, I remember that, at that time [...] all the professionals who were present were astonished how it [the help provided] could fail so miserably. [...] And that is one of these moments – I think – that your work [as an inspector] matters. Because you show a situation no one intended, that just happened because no one knew what the others were doing’. (Respondent 5)

Fragmentation wins and becomes the problem that needs to be solved. As a consequence, the problems of the child and his family are no longer central to the meeting. However, at the same time, the inspectors expect that coordinating the problems of a child into one coherent whole will give professionals 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 eleven years old her father tells the teacher at school, that he is experiencing 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 the in-house counsellor draw up a plan of action. 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 her 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 frequently truants and fights with other pupils.

In this period, Khadija calls the police to say that she is beaten regularly by her father and she does not know what to do anymore. 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 enrols at a school for senior secondary vocational education. But in the first three weeks other students complain already about Khadija’s bossy and intimidating behaviour. In consultation with Khadija and her parents, a decision is taken to send her to another - smaller, more cohesive – school location. However, Khadija soon does not turn up any more at school.

Shortly afterwards, Khadija again seeks help at the police station. Things have escalated again home. There was a fight involving physical violence. The police get in touch with the Youth Care Agency and repeat Khadija’s allegations that she has been abused by her father for four years. (JIY, 2013)

In this narrative, the inspectors present at least three problems: i.e. Khadija's disruptive and aggressive behaviour, her truancy and the physical abuse by her father. The problems are distributed to various places. At school, Khadija is a girl with behavioural problems and playing truant, whether at the police station Khadija is the girl that has been abused by her father. According to the inspectors, professionals should have shared information as the problems are related:

‘In this specific case, it is noticeable that none of the professionals, nor the professionals together, made an analysis of the problems that underpin the behaviour of Khadija and her parents. [...] The problem is not that professionals don’t act. They act, but mostly on their own in their own sector’. (ITJ, 2007)

Moreover, the inspectors expect the professionals to make a joint analysis and come to a shared understanding of what the problem is and how it should be solved (see table 1 for the
inspector’s assessment criteria). In other words, inspectors and professionals are supposed to coordinate the multiple versions of a problem and create a hierarchy to define one single problem that describes the child’s situation. The omission of a shared problem analysis has, according to the inspectors, negative consequences for Khadija:

“The professionals make an effort to find solutions for Khadija’s problems in their own sector. For instance, the school focuses on learning outcomes (advising the child to enrol in a lower level of education despite the child’s high intelligence, transferring her to a smaller location, stimulating her to graduate). The police come to an agreement with Khadija and her parents to prevent continuation of the abuse […]. As a consequence, the tackling of the actual problems does not take place. (ITJ, 2007)

Although the inspectors emphasised the need for a shared problem, they were not explicit about how they would define Khadija’s problem. Neither did the meeting with professionals result in a shared understanding of Khadija’s problem, other than addressing the problem of fragmented services. In none of the 24 journeys of children that the inspectors reconstructed, they assessed that the professionals did make a shared problem analysis. Neither did we observe inspectors compose a definition of the child’s problem in any of the 24 reconstructions. Although professionals should, according to inspector’s criteria, reach consensus about what the problem is and how it should be solved, no shared problem definition came about.

To sum up our argument so far, inspectors coordinate the information they collect by constructing a chain of events in a timeline and a network in a meeting with professionals. The timeline and the meeting result in one specific problem namely fragmentation and one specific solution that is 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, in the care practices the inspectors select such a coherent object of a child’s situation has not been made; not in the inspector’s assessments, nor by the professionals.

Allowing multiplicity by composing a patchwork
What would happen with the judgements, the timeline and the dialogue with children, parents and professionals if we would introduce patchwork in the inspector’s practice? Let us make a list of the problems of Anouk. A list, as we explained before, assembles multiple and diverse elements without necessarily turning them into a single object (Law & Mol, 2002).


The inspectors came into contact with Anouk in a joint inspection on linguistic and developmental disorders when she was a six year old girl (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 worried about the child, the professional of this programme and the teacher asked the care and advice team at the school to consider Anouk’s situation. In this team, the head teacher, teacher, school social worker and school nurse discussed how Anouk was often absent from school, looked neglected and wetted herself regularly. They also discussed that the police had called several times at the house because of complaints about noise. The care and advice team decided to refer Anouk to the Youth Care Agency to 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 consequence, these specialised services did not start. One of the reasons for cancelling appointments was that Anouk’s parents had marital problems and were splitting up. Because Anouk’s father threatened her mother, Anouk and her mother ended up in various refuges for their safety. However, while staying in these refuges, Anouk could not visit 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 more compulsory measures if parents do not accept help, this centre did not start an investigation.

The inspector’s reconstruction shows that Anouk’s situation concerns multiple problems. In a list:

- Anouk’s linguistic skills are delayed, according to youth health care.
- Anouk is often absent from school.
- According to her teacher Anouk looks as if she is 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 mental 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 house and end up in various refuges.
- The teacher finds out that Anouk has suffered a head injury during a fight between Anouk’s father and mother.
Anouk lives alternately with her mother, with her father and with her grandparents. When she lives with her mother she visits another school than when she lives with her father or grandparents.

Anouk’s mother is having major debts. This list contains twelve problems that exist simultaneously. 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). Creating 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 the youth of Anouk’s mother 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, mental issues, etc.). In meetings with the school social worker these problems win. Yet, that Anouk looks neglected and wets herself regularly is 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.

By introducing a coordination mode that would allow discrepancies, like patchwork, demarcating Anouk’s situation and creating a hierarchy would no longer be necessary. With all the elements of Anouk's situation, a diversity of options to handle the situation can be explored. For inspectors the introduction of patchwork in their practice would enable them to evaluate whether and how options to improve children's situations are created. As Anouk’s journey shows, professionals have only offered one option to handle parenting problems; i.e. via the Youth Care Agency. However, activities of this agency did not start as the parents failed to turn up for appointments. What alternatives could the professionals have offered to help Anouk? In Anouk's situation taking care of her safety and caring for her education at the same time is not automatic as Anouk can not visit her own school while staying in refuges. Her education has to be organised in alternative ways. What options could have helped Anouk to develop adequately at school and be safe in a home at the same time? These questions create opportunities for inspectors to find out more about how professionals handle diverging and contrasting problem definitions and to reflect upon how care practices unfold and can be hold together. In the next section we will discuss the implications of the introduction of patchwork, and the ontological gestalt that goes with it, for inspection practices.
**Discussion and conclusion**

Inspectorates have been encouraged to put the child’s journey, from diagnosis to care, at the heart of the inspection system (Munro, 2011). A partnership of five inspectorates in the Netherlands has developed a journey-tool to do so and to examine how professionals, in practice, contribute to outcomes for children. In this paper we described in detail how inspectors reconstruct children’s journeys, how they use these reconstructions to assess the activities and cooperative work of professionals and how this gives input to options to improve care for children.

To reconstruct children’s journeys, the inspectors create a chain of events by bringing the professional’s activities together on a timeline. This timeline connects the various problems in the life of a child into one common problem. In addition, the inspectors bring all the professionals that provided services to a child together in a network. In other words, inspectors create a practice in which data get a common object; one problem that should be a starting point for all professional activities to improve the child’s situation. This specific design of the journey-tool leads to unilateral judgements about care for children: a shared problem analysis was not made and professionals provided fragmented services and hence. In this particular practice, improving quality of care for children becomes identical to improving cooperation between professionals.

However, as our analysis of the reconstructions of children’s journeys showed, a common and coherent object that describes the child’s situation as a whole was never the result of the journey-tool. Rather, children’s problems remain multiple. Therefore, the ontological gestalt offers an alternative to evaluate the reconstructions of children’s journeys as lists. A list allows inspectors and professionals to tinker and explore different possibilities to deal with this multiplicity. In addition, a list of problems allow for changes over time. The results of our study imply that, instead of the timeline, inspectors have to look for alternatives to represent a child’s journey through the organisations.

The introduction of this ontological gestalt has at least two implications for the inspector’s work. In the practice of the partnership, inspecting is assessing whether professionals and organisations meet a set of predefined criteria and stimulating them to improve their 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 good in another (Mol et al., 2010). Rather than assessing professional’s activities and their cooperation by using universal criteria, the
Introduction of the ontological viewpoint would mean that inspectors look more thoroughly into the specificities and diversity of practices and discuss what good care entails in these particular situations. Hence, inspection work changes into reflecting on the situation in a dialogue with professionals, parents and children.

A second implication is how a problem is acted upon and, in turn, facilitates action (Timmermans & Haas, 2008). As a consequence, in stead of emphasizing whether or not organizations and professionals provided fragmented services, the focus is on the diversity of options to handle a situation. Evaluating how and what variants of a problem are coordinated (or stay separated) creates opportunities for inspectors to find out how a problem in a specific time and place opens up possibilities for professionals to act and closes other possibilities. Also, it creates opportunities for inspectors to find out more about how professionals handle changing situations and collect a diversity of options to improve care for children.

In conclusion, the partnership of inspectorates has been looking for ways to improve the journey-tool to stimulate professionals and their organisations to create better outcomes for children. We claim that for the evaluation of complex care practices the tool can enhance reflexivity when inspectors look into the specificities and diversity of the care practices and the contrasting and diverging elements that go with it. Our paper provides a strong analytical framework for these reflexive evaluations of coordinated care.

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