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The interagency collaboration of the jeugdbeschermingstafel

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Summary

Every society has families that encounter a variety of problems across multiple domains. Due to these multiple problems in different domains, these families are often referred to as multi-problem families. The theory on multi-problem families argues that these families receive support from with numerous agencies and care-taking institutions that all focus on individual problems of the family that lie in their domain, which leads to fragmentation and polarization of problems. Due to the extensive amount of literature and the fact that these families are well known in the academic field, the question remains why there is not an effective governance strategy to tackle this societal problem yet.

The theory on collaborative problem solving argues that governance collaboration is the answer to problems that cannot be solved by organizations acting alone. Therefore, scientific literature suggests collaborative governance as an effective strategy to prevent fragmentation of problems and to tackle the complexity of multi-problem families. The collaborative practices in the specific circumstances of multi-problem families in the health sector are commonly referred to as interagency collaboration. The interagency collaboration this thesis focuses on is the '*jeugdbeschermingstafel'*.

The jeugdbeschermingstafel is an interagency collaboration in which all care-taking institutions and parents jointly discuss what is going wrong, to decide what is needed to tackle their problems. This thesis researches how the facilitators and barriers influence the interagency collaboration of the jeugdbeschermingstafel. Assumed is that when the collaboration of the jeugdbeschermingstafel is effective, delivery of integrated care is developed. Therefore, the research question is: "*How do the barriers and facilitators influence the interagency collaboration of the jeugdbeschermingstafel and the delivery of integrated care?"* To give an answer to this question, a qualitative research is done: 15 interviews were held with members of the jeugdbeschermingstafel.

On the basis of the empirical results it can be concluded that the jeugdbeschermingstafel does not deliver integrated care. The main barriers that influence the process and results of the jeugdbeschermingstafel are not involving all relevant actors, accountability issues, AVG restrictions on information sharing and the time limit of the decision-making process. The main facilitators that influence the process and results of the jeugdbeschermingstafel are the belief in positive results, legitimacy of members, power imbalance and institutional design.

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List of abbreviations

Raad voor de Kinderbescherming – Child Welfare Council/Child Protection Board.

Ondertoezichtstelling – Supervision order: The process of the assistance by a youth protector contracted by a certified institution for an agreed time period. This assistant will have the control and upper hand in the families functioning to improve the families functioning in this time period.

Verzoek tot Onderzoek (VTO) – Request for negotiation: The report written by mandated institutions that make a notification on the circumstances of the family.

Alemene Verordering Gegevensbescherming (AVG) – legal restrictions on information sharing, in which the most important rules for the use of personal data in the Netherlands have been recorded.

Introduction

The multi-problem family is most commonly defined as "*one which becomes known to numerous social and welfare agencies because of multiple psychosocial problems*" (Spivey, 1977: 357). Due to the complexity of the problems these families struggle with, these families receive support from with numerous agencies and care-taking institutions that all focus on specific problems of the family that lie in their domain. This could lead to fragmentation and polarization of problems, in which each problem is taking care of by a different care-taking institution even though the problems are interwoven (Koper, Creemers, Branje, Stams & van Dam, 2020: 2). Domains in which these problems occur are for example; mental health, financial situation and family functioning (ibid.). Although the phenomenon of multi-problem families is well known and there is already a lot of research done, there is not yet a sufficient way identified to tackle these interwoven problems.

Despite the fact that these families receive a high frequency and intensity of care, does not mean that the care they receive is effective. The institutions are mainly focused on solving the problem in their domain as quick as possible, thus short-term care. Research on multi-problem families shows that short-term services of care-taking institutions are not effective (Millett, Ben-David, Johnson-Reid, Echele, Moussette & Atkins, 2016: 176). There have been long-term interventions developed, but the literature on this subject tends to be descriptive or focused on the short-term outcomes (ibid.). Effective care of these multiple, complex, interwoven problems demands for new methods.

One method suggested in the literature for tackling the fragmentation of problems is interagency collaboration. Research shows the importance of interagency collaboration expected to result in long-term outcomes and solutions. For example, Salmon (2004) state that almost every research done in the UK on this subject shows the importance of interagency collaboration (156). Collaborative practices are thus now seen as the most efficient way of delivering high quality services and ensuring their effectiveness in being responsive to service user needs (Miller & Ahmad, 2000: 1). The interagency collaboration this thesis focuses on is the '*jeugdbeschermingstafel'*.

The jeugdbeschermingstafel is an institutional arrangement in the Netherlands in which multiple diverse agencies and the family discuss the problems to decide what is going wrong, right and how to improve the situation (Centrum voor Jeugd en Gezin, 2021). The jeugdbeschermingstafel is mainly focused on the safety and and development of the children in multi-problem families. The policy thus aims to make effective decisions in order to make positive influence on the development of the child(ren) (Jeugdbeschermingstafel Midden Ijssel Oost Veluwe, 2012). The jeugdbeschermingstafel comes together when a notification is submitted by a concerned care provider linked to the family

(ibid.). Research also confirms that the request for support/care rarely comes from the family members, and it is usually another person that gives the alert (Matos & Sousa, 2004: 67).

The jeugdbeschermingstafel is thus put into action when the circumstances are unsafe for the child(ren) of the multi-problem families, the voluntary care provider is not effective or a child protection measure or law is being considered (Centrum voor Jeugd en Gezin, 2021). As a result, the diverse institutions and care-taking agencies collaborate in order to provide the care needed to secure the safety and development of the child. Therefore, the jeugdbeschermingstafel aims to be an arrangement that integrate fragmented, multiple, complex and interwoven problems. The following main research question is: "*How do the barriers and facilitators influence the interagency collaboration of the jeugdbeschermingstafel and the delivery of integrated care?"*

Chapter 1: Problem statement

1.1 Research question

The main research question of this thesis is:
"*How do the barriers and facilitators influence the interagency collaboration of the jeugdbeschermingstafel and the delivery of integrated care?"*

The following subquestions guide the way to the conclusion and answer to the main research question:
Subquestions:

1. How is collaborative governance described in the scientific literature?
2. What is interagency collaboration?
3. What are the barriers and facilitators of collaborative governance?
4. What is a multi-problem family?
5. How does integration of problems relate to the effectiveness of the collaboration?
6. How is integrated care described in the scientific literature?
7. How does interagency collaboration affect integrated care?

1.2 Relevance

This research will make a contribution to the knowledge on providing effective support for multi-problem families by using insights in the literature on governance collaboration. A lot of research has been done on multi-problem families and yet there is no ultimate solution for this governance problem. Due to the interwoven, complex and varying problems these families face, creating an effective solution is difficult. Therefore, this problem is called a '*wicked governance problem'* (Klijn & Koppenjan, 2016: 108). The theoretical background on collaborative governance practices may provide perspectives and insights for a different way in providing care. More specifically, this research aims to contribute to the knowledge and perspectives on this wicked problem and the possible contribution of integrated care.

The societal relevance of this study is the contribution to a more effective approach of this wicked societal problem. These insights on a more effective approach is needed to provide an answer to the large amounts of societal costs. Providing effective care for these families is socially and economically desirable (Overbeek, Gudde, Rijnberk, Hempel, Beijer & Maras, 2021: 3). Further, this study will increase the understanding of collaborative processes in the health sector. As the current scientific knowledge is focused mostly on identifying the factors that influence the process, this research will

make a contribution by describing how these factors influence the effectiveness and the delivery of integrated care. The scientific relevance is thus based on creating more understanding of a process that develops an answer to this wicked governance problem. Thus, based on my main research question and sub question, I will provide advice for a new approach on the wicked governance problem of multi-problem families.

1.3 Research aim

The goal of this research is to make a contribution to the potential of interagency collaboration as an answer to the complex governance issue of multi-problem families, by using a qualitative method that applies semi-structured interviews among members of the jeugdbeschermingstafel.

Chapter 2: Theoretical framework

2.1 Collaborative governance and interagency collaboration

Modern western societies faces new types of challenges that are called 'wicked' for a lot of reasons: a lack of substantive information, the number of actors involved and their differing interests, perspectives and objectives (Klijn & Koppenjan, 2016: 109). As you might already concluded: These 'wicked problems' are not easy to tackle. The current democratic governments fail in tackling these problems when using a top-down bureaucratic approach. Government is dependent on others and unable to tackle these problems by themselves. Thus, the traditional approach of tackling these problems is not effective enough (Rhodes, 2012: 33). These modern global challenges that face society evolve and grow, forcing government to adapt and to create new ways of creating policy and governing society. This resulted in a shift from government to governance, away from hierarchic bureaucracy (Rhodes, 2012: 34).

This chapter is focused on collaborative governance, which is critical towards the hierarchic or bureaucratic state and market-based mechanism, but recognizes the need of different actors to collaborate hoping to pursue a common purpose (Huxham, 2000: 338). There are many words used that describe governance structures that emphasize the workings between different organizations. Terms like 'partnership', 'multi-actor working' and 'network' are used frequently in the scientific literature about collaborative governance, but concepts such as 'collaboration', 'co-ordination' and 'co-operation' are also used to describe them (Huxham, 2000: 339). Thus, this chapter uses the term collaborative governance, in which all these forms or labels are included to emphasize the workings and relationships between different organizations. In this thesis, the definition for governance collaboration of Gray (1985) is used: "*The pooling of appreciations and/or tangible resources by two or more stakeholders to solve a set of problems which neither can solve individually"* (912).

There are many circumstances in which collaborative problem solving seems to be answer to complex issues. As already mentioned above, organizations face problems that are bigger than the individual organization acting alone can solve (Gray, 1985: 912). Especially with a domain focus, moving beyond their organizational boundaries, every organization affected by the problem may influence the ability of others to achieve their goal. The organizations influenced by the problem are thus interdependent on one another. In the scientific literature, collaboration has been suggested as the answer to the interdependency between the organizations. A big contribution of collaboration in tackling this degree of interdependency is that perceptions are negotiated, bringing in a greater understanding of the problem for each participating organization. Also, by negotiating, organizations

coordinate their activities and try to tackle the problem collectively, rather than individually (Gray, 1985: 916).

The next circumstance in which collaborative problem solving seems to be answer is the increasing complex environment in which organizations need to be adaptive. Bureaucratic organizations have faced criticism to their inability to adapt to their complex environment, as the current environment is characterized by continuous motion and therefore as changing. Individual organizations try to manage uncertainties that arise out of change, but these attempts are maladaptive at the domain level because they only seek to maintain control at the boundary of their own firm. They thus fail in conceptualizing problems and creating solutions at the domain level, but try maintain autonomy and seek power (Gray, 1985: 914). However, this competing behaviour and acting independently make the organizations incapable of adapting when the environment develops uncertainties.

This chapter includes various forms and labels of collaborative governance, which makes the concept quite broad. In the scientific literature, other criteria are brought up to specify the definition of collaborative governance. Therefore, criteria summed up by Ansell & Gash (2008) are discussed to create a deeper understanding of the concept. One important component of the term collaborative governance is 'governance'. Rhodes phrases aspects of governance as "*the changing boundaries between public, private, and voluntary sectors, and to the changing role of the state*" (2012: 33). This implies that collaborative governance blur the boundaries between public and private sector. However, many forms of collaborative governance don not imply the involvement of nonstate actors (Ansell & Gash, 2008: 545). In many circumstances, public actors are the initiators of collaboration, but in this overarching chapter, collaborative governance includes all representatives of parties affected by the problem (Ansell & Gash, 2008: 546).

To further specify collaborative governance, it implies a collective process. This means that all relevant actors communicate and influence each other in a deliberate and multilateral process (Ansell & Gash, 2008: 546). Collaboration also implies that all actors involved have responsibility for the outcomes of the process. Therefore, all actors must be directly engaged and participating in the decision-making process (Ansell & Gash, 2008: 546). The next criterion is that the decision-making process is formal rather than informal, which implies that the process is organized and structured. The goal of this deliberate and multilateral process is to achieve agreement, which relates to the previously mentioned criteria. In other words: they seek consensus. Finally, the issues collaborative governance focuses on are public issues (Ansell & Gash, 2008: 547).

2.1.1 Interagency collaboration

Collaborative governance has a broad range of forms, models and partnerships that are developed to address specific and complex circumstances in different domains (Reilly, 2001: 54). Given the broad-ranging problems in different domains multi-problem families face, comprehensive and coordinated services are needed (Iachini, DeHart, McLeer, Hock, Browne & Clone, 2015: 176). The collaborative practices in the health sector focused on multi-problem families are commonly referred to as interagency collaboration. Anderson-Butcher and Ashton (2004) describe interagency collaboration occurs when: *"two or more independent organizations, usually with different missions, develop formal agreements for working together toward a common purpose or goal"* (41). In this collaborative process, agencies exchange information and resources to address the interwoven problems these families face. Eventually, interagency collaboration develops coordinated and integrated care delivery.

A central principle in this approach is that services can be coordinated between all organizations and agencies that are involved with multi-problem families. Therefore, interagency collaboration "*can improve service access by making staff in child welfare agencies, schools, and mental health agencies more aware of the service needs and barriers to service use experienced by these families*" (Chuang & Lucio, 2011: 5). This section will show the importance of planning and coordinating social services and the opportunities and benefits of interagency collaboration. The next chapter shows that collaboration is a challenge by providing scientific insights on the factors of influence in interagency collaboration, specifically the facilitators and barriers. Understanding the complexities of interagency collaboration is critical for the development of this research.

The framework used to measure interagency collaboration includes five components: governance, administration, organizational autonomy, mutuality and norms. The first indicator, governance, refers to "*the process of creating structures that allow participants to make choices about how to solve the collective action problems they face by developing sets of working rules about who is eligible to make decisions, which decisions are allowed or constrained, what information needs to be provided and how costs and benefits are to be distributed*" (Thomson, Perry & Miller, 2009: 4). The second indicator, administration, refers to the administrative structure that is needed to achieve the purpose that brought these organizations together to move from governance to action.

The administrative structure differs from the indicator of governance by not focusing on institutional supply, but more on the implementation and management (Thomson et al., 2009). As Thomson et al., (2009) explain in their own words: "*Establishing an effective operating system for collaboration that includes clarity of roles and responsibilities, communication channels that enhance coordination, and mechanisms to monitor each other's activities in relation to roles and responsibilities can be*

particularly difficult when the means of communication is relational rather than routinized" (4). The third indicator, organizational autonomy, measures the tension of agencies between maintaining their own distinct identities and organizational authority from a collective identity. The fourth indicator, mutuality, describes the mutually beneficial interdependencies based on differing interests or shared interests. The fifth indicator, norms, is the overarching concept for reciprocal exchange between the agencies and trust (Thomson et al., 2009: 3).

Further talking about this subject, the main question remains; why is interagency collaboration needed? Therefore, the first perspective elaborated in this section is the importance of planning and coordinating social services. Within the scientific literature focused on the social health domain, the importance of interagency collaboration is emphasized by arguing that social service agencies are "*too numerous, too limited in function, and too isolated from each other*" (Davidson, 1976: 117). In this context, multi-problem families are continuously looking and searching for the right agency that can help them with their problems. For multi-problem families, the fragmented care is proven to be ineffective (Overbeek et al., 2021: 3).

If the social service agencies are too numerous, "*too limited in function and too isolated from each other*", coordinating and planning social services is needed (Davidson, 1976: 118). In other words: interagency collaboration seems to be the right approach to the problem. Coordination is part of the planning and delivery of social services. In the planning part, coordination is the process in which multiple agencies make decisions together. In the delivery part, coordination is the integration of the activities of multiple agencies. To make coordination in the planning and delivery of social services work, interaction between agencies is needed (Davidson, 1976: 118). Especially with multi-problem families, who need services from multiple agencies, interagency collaboration seems to be the most promising perspective for their interwoven problems.

Most of the scientific literature on interagency collaboration emphasize the opportunities and benefits of this type of collaboration in the social health domain. Lee, Benson, Klein & Franke (2015) summarize these benefits by stating: "*service coordination through interagency collaboration brings benefits for agencies, including increased financial resources, greater visibility and presence in the community, enhanced legitimacy and credibility, as well as decreased service fragmentation, redundancy, and cost*" (171). Especially multi-problem families who are involved with services provided by multiple agencies, would benefit from a decrease in service fragmentation. Although these theoretical descriptions of the benefits of service coordination, interagency collaboration is difficult to accomplish in practice because of the multiple barriers that exist (Lee et al., 2015: 171).

2.2 Barriers and practical implications

The scientific literature of collaborative governance explores the opportunities, the workings and consequential practical implications of collaborative practices. The literature also explains that collaboration is a complex and challenging process. Huxham (2000) is one of the scientists that emphasizes that collaborative governance can also be a challenge. By bringing up some practical implications of collaborative practices, Huxham (2000) illustrates that complexity creates implications for the practicality as a governance mechanism. First, the practical implications collaborative practices often deal with are discussed. In the second section of this chapter, seven interrelated dimensions of complexity are used to highlight and explain the features that contribute to complexity. Hereby, some explanations of the way in which these features affect the practical output of collaborative governance are provided. The practical implications below are divided in the issues of confusion, agenda building, accountability, diversity, purpose and trust.

One of the main practical implications of collaborative practices experience is confusion among members, mainly with recognizing the members of the collaboration and their role in the collaborative process. The actors involved experience difficulty in recognizing who else is a member or what they exactly represent, because some members act on personal behalf or on behalf of an agency or organization (Huxham, 2000: 341). At the most extreme, individual members often represent other collaborations or even multiple collaborations, such as umbrella groups of community organizations. Furthermore, these representatives are often unclear about their role in the collaboration, which develops a complex hierarchy with individuals appearing at more than one level (Huxham, 2000: 343). The interactions between members of the collaboration also differentiate, as some have daily cross-organizational interactions and some meet rarely (Huxham, 2000: 341). This all paints a picture of confusion that is strengthened by continuous change that characterizes the nonlinear process (Huxham, 2000: 346).

The confusing situation sketched above develops the first implication that arise out of complexity of the collaborative process. The second set of practical implications focuses on agenda building. The structure of the collaborative process determines who can influence the agenda, who has the power to act and what resources of which member are used (Huxham, 2000: 347). Two examples are used to illustrate the practical implications that are concerned with agenda building. The first example is a collaboration with an open structure, meaning that all organizations and individuals are open to participate. This allows the participants to have a wide access to the agenda. The chances of representing all key stakeholders in the process is more realistic. However, this structure also tends to have a negative effect on implementing results because it is difficult both to resolve differences

between the participants to arrive at a joint-perspective and keeping up with the open structure that allows participants and other actors to easily leave or join the collaboration (Huxham, 2000: 346).

The second example illustrates the opposite; having a tightly managed and fixed structure, in which members are predetermined. With this structure, collaborations may be able to arrive at a joint-perspective and make an agreement to implement more. This structure seems more efficient, but may exclude key stakeholders from accessing the agenda (Huxham, 2000: 346). The complexity of agenda building brings even more practical implications when members of the collaboration are involved in multiple collaborations. In this circumstance, members lose their connectedness and are unable to achieve their goals on items that are connected to their values the most. These representatives participate in so many collaborations, that they experience difficulty in what they exactly represent, what they want to achieve and what they are accountable to, in any particular collaboration (Huxham, 2000: 347). This leads us to third set of practical implications which focuses on accountability.

Accountability depends on whose behalf they act as members of the collaboration. As already explained in the confusing implications of collaborative practices, sometimes members act on personal behalf or on behalf of their parent organization (Huxham, 2000: 341). Every circumstance brings a particular set of practical issues around accountability. For example, if the collaboration consists only representatives of organizations, accountability issues arise between the parent organization and the collaboration. Collaborations try to avoid accountability issues by deliberately negotiate on physical locations separated from the parents organizations of the representatives. Despite the effort, in practice, members report their activates to their parents organizations daily (Huxham, 2000: 347).

Another set of issues and practical implications are merged into the term diversity, because collaboration is build on the idea that diversity of members create better outcomes due to differences that together create an integrated solution. On the other hand, diversity among members also creates difficulties (Huxham, 2000: 348, Lee et al, 2015: 172). The first implication under the label diversity is the variety of actors. All the actors who are a part of the collaboration differ in interests and preferences they want to pursue and the norms and beliefs they follow. This makes them highly heterogeneous (Klijn & Koppenjan, 2016: 105). The complexity of the multiplicity of the heterogeneous actors is mainly visible when looking at the differences in problem perception, language and culture. The actors perceive their environment differently, which creates different perspectives of the problem on which the collaboration is initiated (Schneider, 2012: 131). Furthermore, different professional languages and the way the multiple and diverse actors do things lead to misunderstandings and delay in formal agreements (Huxham, 2000: 349).

This brings us to the second practical implication of diversity: the different perspectives and values of the actors. The actors have different perspectives of the problem, as a result of differences in perception, organizational goals and a lack of knowledge (Klijn & Koppenjan 2016: 106, Gray 1989: 102). In other words: They look at the problem through their own pair of glasses and thus don't have a same sense of purpose for the collaboration. Ensuring that the actors have a shared perspective and create the same sense of purpose for the collaboration is incredibly difficult. In practice, this leads to frustration between members when there is a lack of mutual support for heading towards an agreed purpose (Huxham 2000: 351). Yet, if collaborative partners want to tackle problems that affect them all, they need to consider and acknowledge each other's perspectives, needs and goals (Torfing, 2012: 103, Huxham 2000: 351).

The scientific literature on collaborative practices emphasizes that a trust relation between actors is one of the most important facilitators of the process. All practical implications mentioned above influence the practical implication of a lack of trust relations. The continuous change in the process and confusion among members about who they represent and what their role is do not enhance trust among collaborative actors. Furthermore, having an open structure and not knowing if other members will be a part of the collaboration structurally, also not enhances trust among members. Also, accountability issues create the feeling among participants that others are more focused on the activities and goals of their parent organization, which create a certain degree of distrust. Finally, when members do not have the same sense of purpose and goal of the collaboration, the chance of building trust relations decreases.

2.2.1 Complexity barriers

The discussed implications above arise due to structural complexity and complex characteristics of collaborative practices. Most of the dimensions of structural complexity are connected to different complex characteristics of the process. Therefore, the complex characteristics of the collaborative process and structural complexity are combined in six interrelated dimensions of complexity: members, working-relations, dynamics, interdependency, institutional design and trust. These dimensions are based on the structural complexity dimensions of Huxham (2000) and the complex characteristics of network collaboration argued by Klijn & Koppenjan (2016). The dimensions are used to explain how these practical implications are created by highlighting the complexity every collaboration faces.

The first dimension of complexity develops out of the considered membership of the collaboration. There are different entities involved in the collaboration. Sometimes these entities are simple, for example when an individual represents an organization and stays committed to the process the entire

time. The entities can also be more complex, for example when individuals participate on the basis of their own capacity or their relationship with other members (Huxham, 2000: 342). In extreme circumstances, members of the collaboration could also be collaborations themselves, which could be umbrella groups of organizations in a specific sector. Due to these complex entities, there may be a lack of clarity about who the members of the collaboration actually are. As Gray (1985) argues, it is important for the effectiveness of the collaboration that actors actively seek for other actors that are previously ignored, in order to identify and involve all actors that are influenced by the policy problem (918). However, there is often ambiguity about who the members are, who they represent and what their status and role is (Huxham, 2000: 345).

The second dimension of complexity is what Huxham (2000) calls '*working relationships'* between the varying actors (341). In simple compositions of collaboration, direct interactions take place between the representative individual of each participating organization. Yet, not each collaboration has a simple composition, rather a more complex structure, such as cross-organizational interactions or interaction between different categories of individuals. Interaction between different categories of individuals occurs when individuals of each organization are involved in another aspect of the collaboration, such as an individual that creates the infrastructure to make the collaboration happen effectively or a senior manager who sometimes checks in with others in the collaboration once or twice a year (Huxham, 2000: 341). All these layered structures are portrayed as complex, influenced by politics, rather than practicality (Huxham, 2000: 342).

The third dimension of structural complexity is a common one in most scientific public administration literature on complexity theory: dynamics. In this dimension complexity develops out of continual change, which is also one of the most complex characteristics of collaborative processes. External pressures create change, such as governmental pressures that change the purposes of existing collaboration. As well as external pressures, internal pressures can create change. If the values of actors and the actors perspectives of the problem change, the whole purpose and actions of the collaboration could therefore change as well (Huxham, 2000: 345-346). The process of collaboration is dynamic because members need to interact and negotiate about the conflicting opinions and possible solutions. The process in which actors try to collaborate is thus a nonlinear process, in which they seek to arrive at a joint-perspective and agreement to effectively implement decisions (Klijn & Koppenjan, 2016: 106).

Despite these enduring dynamic interactions between the actors, the actors will be forced to cooperate with each other, due to interdependency of resources between the actors. The interdependency between actors is the fourth dimension of complexity in collaborative governance. Resources of members in the collaboration have many forms, such as money and authority (Rhodes, 2012).

Interdependency develops by the need of actors to obtain resources for achieving a solution that they desire (Torfing, 2012: 105). Some actors will be less willing to commit to the collaboration because it has significant resource implications (Huxham, 2000: 348). What makes the interdependency even more complex is that having power in the collaboration process is highly influenced by the resources actors bring to the table. When certain actors have critical resources, a power imbalance could develop which negatively influences the process of collective problem solving (Gray, 1985: 926). Therefore, realization of a power balance between the actors is difficult (Huxham, 2000: 350). However some actors can be perceived as the ones with more power, even though there is no formal authority or hierarchy within the collaboration (Huxham, 2000: 350).

The fifth dimension of complexity in collaborative processes are the rules applied during the interaction between actors. All the actors have different basic rules because most of the times they are involved in multiple collaborations. This makes the interaction complex, because of the fragmented character of the interaction (Schneider, 2012: 131). When the collaboration is initiated, there is no overall constitution that regulates the behaviour of interaction between actors and facilitates decision-making. Although collaborations have no constitution at the start, collaborative processes will become institutionalized. The patterns of interaction between actors will stabilize and enduring relations between the actors will develop, guided by shared rules, norms and joint perceptions (Torfing, 2012: 101). This does not mean that the institutionalization of collaborative practices is fixed when they have stable periods. The relations between the members, the rules that shape behaviour and the joint perceptions are further shaped or modified under the influence of the interaction processes (Klijn & Koppenjan, 2016: 104).

The last dimension of complexity is trust, which is critical for achieving results, but enormously difficult to establish between members. The scientific literature on collaboration suggests that collaborations not only develop through negotiating, but also through trust building (Huxham, 2000: 558). Trust is hard to establish, assuming that most of the actors have a historical relationship which can have a positive or negative influence on the collaboration. When actors have had a previous conflict in history, a vicious circle of distrust develops. On the other hand: "*A history of successful past cooperation can create social capital and high levels of trust that produce a virtuous cycle of collaboration"* (Ansell & Gash, 2008: 553). Therefore, creating trust relations between the members can be a challenge.

2.3 Facilitating factors

As explained and discussed above, governance collaboration is a challenging and complex process. In this chapter, the facilitators for governance collaboration are sketched, to explain how collaboration

can work effectively despite these complex characteristics. To analyse the conditions and factors that lead to effective collaboration, three components of collaborative governance are used to understand the conditions necessary achieve and sustain collaborative relationships (Gray, 1985: 916). These three components originate from the three sequential phases model of Gray (1985). Gray calls these phases: problem-setting phase, direction-setting phase and structuring phase.

Due to changing the term sequential phases to components, a critical note seems appropriate. The phases-model of Gray (1985) describes collaboration as developing stages. By using a linear model, she assumes that the process of collaboration is a linear process that always develops through the same steps. Considering that interactions are complex and have a nonlinear character, as described in chapter 2.2, linear phases does not represent the collaborative process. Although the focus of using this model is to argue the conditions that facilitate collaboration, which does not change because of this critical note, a different perspective on the model is needed. Therefore, this model needs to be seen as nonlinear, proposing that collaboration does not always develop through the same steps. With this said, the model used in this chapter is cyclical, rather than linear. Thus, the phases are considered as components rather than linear phases.

2.3.1 The problem-setting component

The problem-setting component highlights the importance of identifying the actors affected by a problem in a certain domain. The goal of this component is a mutual acknowledgement of the problem that develops through a process in which the actors communicate and seek consensus (Gray, 1985: 916). It is important that actors actively seek for other actors that are previously ignored, but are influenced by the decisions made in the process. Therefore, these unrecognized actors have a shot to achieve recognition and to influence the decision-making process. Throughout the problem-setting component, actors are aware of their interdependencies and the need for a shared understanding of the problem (Gray, 1985: 917).

The first condition that facilitates the problem-setting component is the identification and recognition of actors. To establish this condition, a broad range of information sources must be exchanged to develop a mutual understanding of the complex problem (Gray, 1985: 918). When the actors are identified and involved, the next step is to recognize their interdependencies. When their interdependencies are clear, all viewpoints and perspectives can be taken into account in the decision-making process (Gray, 1985: 919). Another condition that facilitates the problem-setting component is the belief that the collaboration will develop positive results. Actors need incentives to voluntarily participate in the process, for example by believing that the benefits of the collaboration will outweigh

the costs (Gray, 1985: 920). Ansell & Gash (2008) state that incentives increase when actors perceive their interdependency towards the issue as critical to achieve their own goals (552).

The last condition that positively influences the problem-setting component is the identification of the legitimacy of the actors. The actors who are affected and impacted by the actions of others have the right to participate in the collaboration, but they also need the capacity, skills and resources to justify their involvement (Gray, 1985: 921-922). Perceptions of legitimacy of others are influenced by historical relationships among actors and a central convenor that already has perceived legitimate authority and the skills to gather relevant stakeholders (Gray, 1985: 922). Ansell & Gash (2008) see leadership as crucial for "*setting and maintaining clear ground rules, building trust, facilitating dialogue and exploring mutual gains"* (554). They also emphasize the influence of historical relationships of actors on the starting conditions in collaboration. They state that if the actors have had a previous conflict in history, a vicious circle of distrust develops. On the other hand, successful past collaboration can create trust between the partners (Ansell & Gash, 2008: 553).

2.3.2 The direction-setting component

In the direction-setting component, actors negotiate their values that guide their individual goals and try to find a sense of common purpose. In this process, actors will also negotiate their interpretation and conceptualization of the problem to develop joint conceptualization of the problem. This is needed to produce possible solutions to the overall problem (Gray, 1985: 917).

The first condition that facilitates the direction-setting component are the coincidence in values among the involved actors. When the actors develop a common perspective on the problem and express similar values according the problem, the search for a joint solution is facilitated. This is highly influenced by the beliefs and values each actor has. Thus, when the actors share their beliefs and values, a basis for agreements on the perspective towards the problem and directions for solving it is developed. This process is not simple; it takes considerable time and effort to achieve coincidence on values among the involved actors (Gray, 1985: 925). In many circumstances, multiple joint information search by actors in which they sketch scenarios for the future are used to encourage a search for shared values (Gray, 1985: 926).

The second condition that facilitates the direction-setting component is the dispersion of power among the stakeholders. Having power in the collaboration process is highly influenced by the resources actors bring to the table. Some actors possess critical resources for achieving results and therefore are perceived as having more power. This could lead to a power imbalance, which negatively influence the process of collective problem solving (Gray, 1985: 926). Ansell & Gash (2008) emphasize that

power imbalance as one of the major challenges of collaboration, which is explained in chapter 2. The scientific literature presents evidence that effective collaboration can only be developed if key actors possess equal capability to influence the process. Therefore, actors need to realize that the effect of resources, when combined, is greater than the sum of individual efforts applied individually (Gray, 1985: 927).

2.3.4 Structuring component

In the structuring component, formalization of a structure to regulate and guide the interaction process of the collaborative actors is key. Ansell & Gash (2008) refer to this process as '*the institutional design'* (555). Collaboration is thus enhanced when "*joint appreciation of the problem dynamics is shared by actors and they undertake negotiations to create a mutually acceptable regulative framework"* (Gray, 1985: 917). Furthermore, common goals are set, tasks among the actors are elaborated and roles are assigned to representatives of the actors involved in the collaborative process. The structuring component thus refers to the process of institutionalizing shared meanings and prevailing norms that emerge and gradually develop through time (Gray, 1985: 918).

The first condition that facilitates the structuring component is the degree of ongoing interdependency. The first two components are mainly focused on normative changes, for example negotiating values or mutual acknowledgement of the problem perspective. In order to formalize and regulate the process, ongoing interdependency will motivate actors to formalize the process and implement their desired problem solution (Gray, 1985: 928). The second factor that facilitates the structuring component are external mandates. Especially in the public sector, a higher level in the government mostly mandates collaboration. When collaboration is mandated, it is important that different factors that positively stimulate mandated collaboration are present. Mandated collaboration, coupled with factors such as the first condition and a balance of power between the actors, can thus provide a structural framework for effective collaboration (Gray, 1985: 929).

The third condition that positively influences the structuring component is an ongoing negotiation between all involved actors about how the regulate and formalize the process, in particularly about the implementation of actions and the distribution of power. Another very important factor that has a major influence on the structuring component is the geographical location of the actors involved. Collaboration on a local level has a greater likelihood of success, because it allows the actors to have face-to-face dialogues and it enhances the chance that actors are already aware of their interdependence towards each other (Gray, 1985: 930).

2.4 Multi-problem families and the nature of their problems

Every society has families that encounter a variety of problems across multiple domains in their every day life. These problems are so embedded in their day-to-day lives that they affect the functioning of the whole family. Due to these multiple problems, these families are often referred to as multi-problem families (Overbeek et al., 2021: 2). As I described above, this thesis will use the definition of multi-problem families by Spivey (1997): "*one which becomes known to numerous social and welfare agencies because of multiple psychosocial problems*" (357). Interesting about this definition is that it focuses on psychosocial problems and not on socio-economical problem as well. Multi-problem families are known as families that have problems in every domain, so I consider the definition as mentioned above as incomplete due to its focus on psychosocial problems.

The problems that these families experience are described as being multiple, varying and complex. The problems are multiple because the families cope with several problems simultaneously. Also, these problems exist in different areas of life, which makes them varying (Tausendfreund, Knot-Dickscheit, Schulze, Knorth & Grietens, 2016). Examples of these varying problems are: parenting issues, addiction issues, financial dept, psychiatric problems, troubled social relationships, health and housing related issues. These problems are interwoven and interrelated, which leads to the situations being viewed as complex. As Tausendfreund et al (2016) explains: "*The interaction between socioeconomic and psychosocial problems appears to be responsible for the difficulties that some of the families experience in their attempt to handle everyday life successfully, and also for the difficulties the family care workers encounter in arranging adequate support"* (8). These families have repeated contact with social services and/or the criminal justice system (Tausendfreund et al., 2016).

Very important to mention: These multi-problem families do not distinguish themselves from other families by their multiple problems, but the incapability of these families to solve their problems persistently (Tausendfreund et al., 2016). Therefore, another characteristic of these problems is their chronic nature; problems are experienced as protracted and succeed one another by the social services and the families themselves. The fifth characteristic of persistence relates to the former one, which entails that improvements in life or solutions for the problems are difficult to achieve and seldom or temporal (Tausendfreud et al., 2016). This characteristic is caused by the fact that the problems exist in different areas of life, therefore taken care of by different social agencies or other institutions that only focus on the problem in their domain.

The difficulties these families face disturb the family functioning and therefore also affect on the parent-child relationship. The children in these families learn that their parents are emotionally

unavailable and unresponsive, so they develop insecure attachment bonds with their parents. This bond have severe dangers, as the children have greater risk for developing problems of their own, such as behaviour problems, psychopathology or cognitive problems (Overbeek et al, 2021). Children of the multi-problem families that grow up in these environments are limited in their further opportunities at life (Tausendfreund et al., 2016). Altogether, children growing up in multi-problem families have more chance at developing their own problems and perhaps even facing these problems long-term, making these problems intergenerational (Overbeek et al, 2021). However, one should be careful not taking causal conclusions: not every child growing up in a multi-problem family will end up living long-term in these problem situations (Tausendfreund et al., 2016).

This summary of characteristics of multi-problem families argues that families are dependent on governance support of social services to break out of these interwoven, varying and complex problems they face. Also, social services need to consider the circumstances in which the children of these families grow up. This is needed to break through the vicious intergenerational circle, in order for these children to develop their own future without ending up in the same problem situations as their parents. Therefore, this thesis will take the circumstances of these children into great consideration, providing a new perspective on governance collaboration in the form of interagency collaboration. In addition, because these families make use of a large amount of social services and their contribution to society is relatively low, multi-problem families produce high costs for society (Overbeek et al, 2021). Providing effective treatment for this societal problem is therefore both socially and economically desirable.

2.4.1 The relationship between collaboration and integrated care

Above, the well-known and wicked governance issue of multi-problem families is described. Due to the extensive amount of literature and the fact that these families are well known in the academic field, the question remains why there is not yet an effective governance strategy to tackle this societal problem. Therefore, this chapter explains the relationship between interagency collaboration and integrated care. Integrated care is defined as "*care that is coordinated across professionals, facilities, and support systems; continuous over time; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health*" (Singer, Burgers, Friedberg, Rosenthal, Leape & Schneider, 2011: 113). In this particular definition, coordination is not applicable to this research, because coordination is seen as part of the collaborative process. To prevent overlap and similarities between the concepts, the part of coordination is deleted and replaced by the word '*provided*' in this definition used in the operationalization. Below, the indicators for the measurement of the effectiveness of integrated care are discussed.

To explain the level of integrated care further, indicators of integrated care are discussed. The first indicator, early identification and broad assessment, is part of the integrated care to identify families' needs and timely involve other professionals with the required expertise if needed. Also, professionals stressed that broad assessment at the beginning of the care process is essential to identify needs across several life domains. The second indicator, multidisciplinary expertise, emphasizes the need for both generalist and specialist expertise to provide integrated care (Nooteboom, Van den Driesschen, Kuiper., Vermeiren & Mulder, 2020: 6). The third indicator, continuous pathways, can be described as "*clear and coherent alignment of support throughout the entire continuum of care*" (ibid.). Multi-problem families are in need of flexible provision of support through the continuum of care, which is matched to the family's changing needs. The fourth indicator, matched care, is the current approach in integrated care provision. Matched care is described as "*tailoring support to families' needs and preferences based on their demands*" (Nooteboom et al., 2020: 7). The sixth indicator, evaluation of care processes, can be described as the keeping track of the care process by monitoring and discussing the progress and timely altering support if needed (ibid.).

To explain the relationship between interagency collaboration and integrated care, underlying issues and problems of multi-problem families are identified to argue that collaboration is needed to deliver integrated care. Tausendfreund et al (2016) divides this issue in three different categories: organizational problems, problems with the design of intervention and problems in the relationship between the family and the social agency (9). The organizational problems occur when different social workers are in contact with the family, without communicating their activities with each other (Tausendfreund et al., 2016). This category relates to the fragmentation of problems, which is already explained before. Due to the development of multiple problems in different domains, care taking institutions tend to only focus on the problems in which they are specialized (Koper et al., 2020: 2). Institutions tend to focus on specific, single problems and short-term assistance due to the individualization, differentiation and professionalization of social agencies (Rots-de Vries, Kroesbergen, Mathijssen, 2017). Therefore, collaboration between the agencies would prevent that agencies tend to only focus on their field of specialization and would force agencies to overlook the whole context of the problems.

The second category fits this frame of mind. Problems with the design of intervention occur when the complexity and interconnectedness of the problems is not sufficiently taken into account (Tausendfreund et al., 2016). There is a high need of an overall interaction between the social agencies, in which they oversee the interconnectedness between the problems in the various domains of life. Like said above, the characteristic of these problems is that they are chronic. This chronic characteristic needs to be taken into consideration, preventing that care is fragmented and the family is suffering from repeated relapse. When agencies do not communicate and look at the problems with an

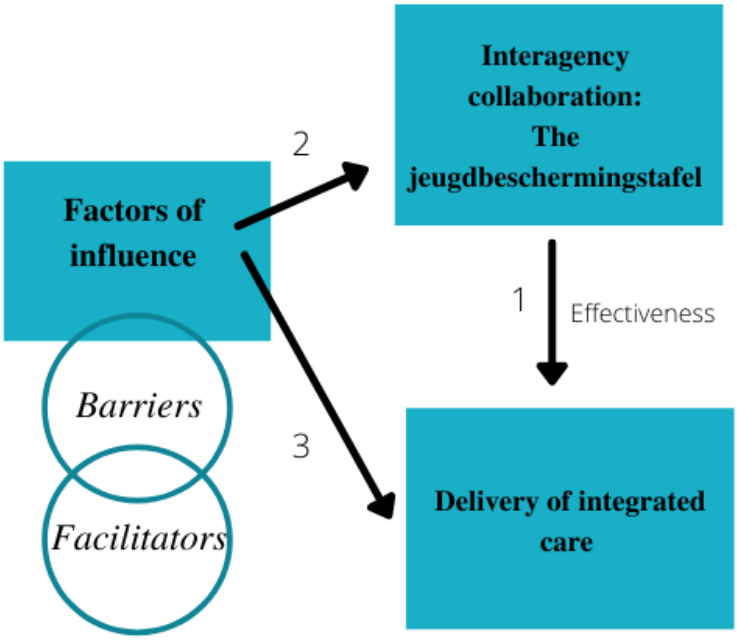
integral approach, short-term solutions for the varying problems are developed, creating the risk that families re-enter the process in social agencies multiple times (Tausendfreund et al., 2016). Therefore, standard fragmented treatment is insufficient and ineffective; the problems of these families are too complex for the standard procedures (Overbeek et al., 2021).

The third category of problems are based on the relationship between the family and the professional. In many cases these families had bad experiences with the care system. Tausendfreund et al. (2016) explain: "*Because of this, fear and mistrust of and hostility towards care provision can be expected by the social worker"* (10). Another cause of the problems between the family and the professionals is the failure of communication, due to a lack of understanding and trust (Gelles & Maynard, 1987). The lack of understanding is caused by the use of language, which is in many cases to difficult for the family. Because of this, the family cannot understand when the professional tries to get beyond the superficial problems to a discussion of the important matters such as behavioural problems or parenting issues. At the professionals' side, the lack of understanding is seen in the difficulties these professionals face in turning to the level of communication these families need. Due to all these factors, the families lose trust and retreat from the care system (Gelles & Maynard, 1987).

All these underlying issues and identified problems lead to the fact that most of the families return to the care system multiple times, because the treatment is not sufficient. The fragmentation of problems, the lack of communication between the agencies and the communication problems with the professionals create a situation in which the family needs to explain every aspect of their problems consistently to every agency they get support from. This develops into a superficial relationship between the family and the agencies, in which they not break through the complexity and interrelation of the problems. As a consequence, the families perceive their problems as unsolvable, causing a lack of motivation, trust and furthering distancing from the care system (Overbeek et al., 2021: 3).

These problems that occur between multi-problem families and the care system show that collaboration between agencies could prevent the underlying issues and tackle the problems, especially when collaborations use an integral approach. By using this approach, the problematic situation of the family is taken into account as a whole (Ghesquiere, 1993: 100). Delivering integrated care, all problems are incorporated into one strategic plan for delivering support (Frost, 2005: 13). The focus of the particular collaboration of the jeugdbeschermingstafel, is on the problems regarding the youth. Having an integrated approach in this case is thus having a strategic plan or providing support that incorporates all problems that affect and endanger the development of the children.

2.5 Conceptual framework



Above, the conceptual framework is sketched as an outcome and overview of the theoretical framework. In the conceptual framework, all concepts of the main research question and their relationships are portrayed. The independent variables are the facilitators and barriers of the interagency collaboration as part of the factors of influence. The dependent variable is the delivery of integrated care. Arrow 1 represents the relationship between interagency collaboration and integrated care, by which is assumed that if the collaboration is effective, integrated care is delivered. Arrow 2 represents the relationship between the factors of influence and the interagency collaboration of the jeugdbeschermingstafel. Arrow 3 represents the relationship between the factors of influence and the delivery of integrated care. This research will thus provide an explanation of how these facilitators and barriers influence the collaborative process itself and effectiveness of the collaboration, which is assumed as the delivery of integrated care.

Chapter 3: Research design

3.1 Operationalization

3.1.1 Definitions of the variables

Interagency collaboration:

Some writers incorporate the terms 'multi-agency', 'interagency' 'interdisciplinary' and 'joint working' under the general umbrella of interagency collaboration between professionals. Therefore, in this thesis the definition of interagency working used: *"two or more independent organizations, usually with different missions, develop formal agreements for working together toward a common purpose or goal"* (Anderson-Butcher & Ashton, 2004: 41).

Integrated care:

Integrated care is defined as "*care that is provided across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health*" (Singer, Burgers, Friedberg, Rosenthal, Leape & Schneider, 2011: 113).

3.1.2 Indicators

Concept	**Indicators**	**Sub indicators**
Interagency collaboration	1. Governance 2. Administration 3. Organizational autonomy 4. Mutuality 5. Norms	Sub indicators 1: o Formal agreement o Standard operating procedures o Resources o Mission statement o Informal/formal communication Sub indicators 2: o Coordinating manager o Conflicts o Formal communication o Role and responsibilities o Functioning o Coordination o Evaluation Sub indicators 3:

		○ Organizational mission ○ Organizational independence ○ Commitment ○ Sharing information ○ Believe in positive results Sub indicators 4: ○ Positive influence on each other ○ Professional philosophies ○ Perspective/vision ○ Goal accomplishment ○ Combine resources ○ Achieving own goals better ○ Joint solution Sub indicators 5: ○ Trust ○ Taking advantage ○ Obligations ○ Domination ○ Own interests ○ Long-term relations
Integrated care	1. Early identification and broad assessment of the problems 2. Multidisciplinary expertise 3. Continuous pathways 4. Matched care 5. Evaluation	Sub indicators 1: ○ Early consultation ○ Potential risk factors ○ Familiar with other systems ○ Families functioning in other domains ○ Current involvement with services ○ Informal network of the family Sub indicators 2: ○ Reach of own expertise ○ Different roles Sub indicators 3: ○ Familiarity ○ Frequent evaluation ○ Up-to-date information sharing Sub indicators 4:

		○ Tailored support ○ Families' preferences ○ Shared decision-making Sub indicators 5: ○ Monitoring the progress ○ Timely altering support ○ Evaluation of the process

3.2 Methods

The research and research question are focused on understanding the relationship between the factors of influence, interagency collaboration and the delivery of integrated care. These relations cannot be measured by quantitative data, because it is dependent on experiences. Also, it is not desirable to describe these relationships by generating numerical data or data that can be transformed into usable statistics, because the influence of these factors can only be interpreted by words and not by numbers. Also, this research tries to uncover how these factors influence the collaborative process and the effectiveness of the results they develop. Therefore, it is not the question if these factors play a role, but how these factors play a role in the process. To develop an answer to the research question and explanation of this complex relationship, qualitative research is suitable because this research tries to uncover and describe trends in interpretations, opinions, experiences and perspectives of members of the collaboration about factors that influence the process and the results. This research is thus interpretative and dynamical, instead of objective and immutable.

After explaining why qualitative methods is most applicable to this research, more explanation about specific the method in the field of qualitative research is required. The case of multi-problem families and the multiple social agencies involved are often sensitive subjects and subjects that are hard to measure through a scale or other quantitative methods, so having semi-structured interviews is the right method for this research. Due to the fact that the values of these variables are hard to measure by scale, in-depth conversation will uncover the values of the variables and the perspectives of the members. To make sure these values and perspectives are uncovered, semi-structured interviews are chosen to lead the conversation towards the concepts explained in the theoretical framework. The potential interviewees are different collaborating members of the jeugdbeschermingstafel, such as the representatives of institutions and municipalities.

In the timeframe from April till August 2021, 15 different members of the jeugdbeschermingstafel were interviewed. To improve issues around validity and reliability, the selection of respondents was based on their membership in the jeugdbeschermingstafel. Due to the fact that this collaboration is

based in all regions of the Netherlands, the geographical location was not taken into account within the selection system. Therefore, the selection system based towards members of the collaboration, but randomized on their location in the Netherlands. Furthermore, the first group of respondents indicated that they could connect me with other jeugdbeschermingstafels because the field is a small world. Hence, a snowball technique was used to recruit members of the collaboration. Due to the fact that jeugdbeschermingstafels are arranged differently in every region, an overall picture is sketched of the workings of the collaboration. This also has a positive effect on the validity and reliability of the research, because my findings represent the collaboration as a whole.

3.3.1 Validity and reliability

With the research method in mind, an explanation of the validity and reliability of this research design is required. Many opponents of qualitative researchers state that this kind of research is to subjective to secure the validity and reliability. As Van Thiel (2007) states: "*Most qualitative data is indeed subjective; however, certain measures can be taken to ensure the reliability and validity"* (150). Overall, the strengths of the method chosen are the internal validity, because of the extensive operationalization based on existing and valid theory to demarcate the variables strictly. The weakness of semi-structured interviews in relation to reliability and validity is replication, because it is hard to replicate this research due to external factors. Due to the changing circumstances, the reliability is another weakness, which is tried to ensure by accuracy in measurement of the variables. To strengthen the reliability further, an extensive coding scheme is made in which variables are captured as correctly and precisely as possible.

A third weakness of this method is external validity, which is most important in qualitative research. Although the external validity is strengthened because the data is conducted by different jeugdbeschermingstafels all over the country, the differences between the jeugdbeschermingstafels over the Netherlands and in comparison with other collaborations are big. Consequently, it is unknown whether the research can be generalized. Therefore, the external validity remains weak, due to the major differences in how the region organizes the collaborations of the jeugdbeschermingstafels. The fourth weakness is socially acceptable answers, which I will try to prevent by making the interviewees as comfortable as possible, try not to force the conversation and phrase questions in a neutral and non-biased way. Therefore, the first few minutes are used to have an informal conversation, an introduction of myself and the respondents and an introduction to my research to make the respondent as comfortable as possible.

Chapter 4: Empirical findings and analysis

The data from 15 respondents has been collected and the interviews are transcribed word for word. After the data was fully transcribed, the data was coded using both 'structured' coding as well as grounded theory. When using 'structured' coding, themes and codes have already been defined on the basis of the theoretical framework. Using grounded theory, the data is coded without already identified codes, in order to stay open to surprising outcomes. The process of coding was an iterative cyclical process, in which the data is read multiple times, going back and forward at different levels and types of coding. The system used for coding is Atlas.

The data was analysed for key words and indicators based on collaborative governance, interagency collaboration, the factors that influence the effectiveness of collaboration and the integration of care, as described in my theoretical framework. Next, I coupled and bundled the themes to search for patterns between the answers given by the respondents. Below, an analysis of the most important findings in the data are given, using the structure of the theoretical framework and logic of the conceptual framework.

4.1 Case description

The jeugdbeschermingstafel is an institutional arrangement, which a respondent defines as: *"A point in the process, in which social workers and parents jointly discuss what is going wrong. It is a moment when professionals in the field get stuck and come together with the family to discuss what they can do to accomplish a breakthrough."* The jeugdbeschermingstafel was implemented due to the transition and decentralization of youth services in 2015. Hereby, the youth services were delegated to the municipals, which created the regional need for the jeugdbeschermingstafel. Therefore, the jeugdbeschermingstafel is anchored around policy decisions and agreements made in the municipality the jeugdbeschermingstafel represents. Consequentially, every jeugdbeschermingstafel based in regions all over the Netherlands is different, but the process and goals are similar. To start the process within the jeugdbeschermingstafel, a notification of a mandated institution is needed. This notification is called a 'Verzoek tot Onderzoek' (VTO) meaning that the certified institution "*thinks there are concerns in the voluntary framework, developmental threats for the child and a need for investigation by the Raad voor de Kinderbescherming*" (See list of abriviations for translation: p4).

Within the process, *"the members are testing if there is sufficient ground to start an investigation by the Raad voor de Kinderbescherming"*. Sometimes, there is insufficient ground for an investigation and alternative ways will be discussed. Alternative ways can be a forced temporary 'Ondertoezichtstelling' or continuing voluntary assistance (See list of abriviations for translation: p4).

A respondent explains the process of testing grounds: *"By becoming more and more connected with each other, all members hope to have an early conversation in which you discuss the complex situation and what is required to help the family to solve their problems. That can be by forced assistance or voluntary assistance"*. The families that sit to discuss their circumstances with these professionals vary enormously, from multi-problem families to families with divorce issues and child abuse. *"It concerns for example multi-problem families, people with a combination of relationship problems, domestic violence, debts, psychiatric problems. Very often, the children also need a lot of attention and care, something that these parents cannot give their children. Therefore, it is often a combination of many different problems all together."* The core value of the jeugdbeschermingstafel is that there are concerns about the child that need to be dealt with for the safety and development of the child.

The members of each jeugdbeschermingstafel differ, as each municipality and region has their own formal agreements on which partners will get a permanent seat at the table. Most of the respondents indicate that they have a fixed team, for which their participation is anchored by formal collaboration agreements. However, *"the specific assigned members to a case are tailored to the needs of the family. It is a bit of both, some members are fixed, but we also have the freedom to examine case by case which members are needed to achieve results*". On the basis of the problems that play a part in the day-to-day lives of these families, other members can be invited to participate as a confidant or participant in the conversation. The formal agreements are developed by the board of municipalities and chain partners in the health care system. The agreements are valid within a certain region that consists of multiple municipalities, such as "*Haaglanden of het Rijk van Nijmegen*".

Important non-permanent members that participate in the table are the personal network of the family and the involved social workers. The involved social workers, who are employed by various institutions, are important because they know and experienced the situation of the family. Therefore they know what is going wrong and how complex the problems are. The personal network of the family is also of great importance, as sometimes the family wants a confidant as support. An important side note is that the confidant is not part of the conversation but functions as a listener. Another reason can be "*the positive engagement someone has, such as the grandparent taking care of the children and their involvement in the future of children's lives*".

Representatives of the institutions that have a permanent seat in the collaboration are not always the same individuals. Most of the time, the representatives are varying dependent on the case, such as the representatives of the Raad voor de Kinderbescherming or mandated certified institutions. However, some respondents indicate that the health work field in the region is a small world, meaning that the individuals are often known from other meetings at the jeugdbeschermingstafel or other activities in

the field. Sometimes, when the individual is new to the process and a part of the notification of the family, "*we ask someone to come along who has more experience with the jeugdbeschermingstafel, so that they can inform them how the process works, what is being discussed and what the overall goal is*".

4.2 Collaborative governance and interagency collaboration

As stated in the theoretical framework, this thesis uses the definition for collaboration of Gray (1985): "*The pooling of appreciations and/or tangible resources by two or more stakeholders to solve a set of problems which neither can solve individually"* (912). By analysing the empirical case with the aid of the theory, a respondent indicates that the collaboration is initiated when the professionals in the field "*get stuck*". Therefore, the collaboration of the jeugdbeschermingstafel tries to solve a set of problems that the voluntary certified health care institutions cannot solve by themselves. Another feature of collaborative governance is the critical position towards hierarchical mechanisms, which is also identified in the data through the jeugdbeschermingstafel being defined as "*no hierarchical collaboration"*.

Other specifications of collaborative governance are also identified in the empirical data as part of the process of the jeugdbeschermingstafel. The jeugdbeschermingstafel is a process in which all considered relevant actors communicate and influence each other. Here, the choice of words of considered relevant actors is made deliberately, because every jeugdbeschermingstafel select their permanent members as they consider them as the most relevant. Also, the collaboration also leaves spots open for members they consider relevant to the specific case. These members are directly engaged and participating in the decision-making process. However, when respondents are asked if they think all relevant and important actors are involved, some indicated that "*if you really want to involve all actors that play a significant role in the life of the child, the teacher or at least the school should also participate*". Altogether, it is questionable if all relevant actors are present. The next criterion of collaborative governance is that the process is formally organized and structured. As indicated by respondents, the collaborative process of the jeugdbeschermingstafel is highly structured and recorded in standard operating procedures and collaboration agreements, in which all features of the process are explained.

To specify the collaboration further, the findings show that the jeugdbeschermingstafel is an interagency collaboration. Anderson-Butcher and Ashton (2004) describe that interagency collaboration occurs when: *"two or more independent organizations, usually with different missions, develop formal agreements for working together toward a common purpose or goal"* (41). In this case, indeed independent organizations share the goal of delivering effective care. Also, they made

agreements during the establishment of working towards the same goal *"which is reported in the collaboration agreements and often repeated during the meetings*". Respondents indicate that they see the delivering of effective care as the overall goal, in order to "*tackle the endangerment of the development of the child*". The jeugdbeschermingstafel also aims for coordinated and integrated service delivery. The collaboration make decisions together at the table, so the planning part of coordinating services is a permanent part of the process. The delivery part of coordinating services is not always part of the process, because some cases are forwarded to the Raad voor de Kinderbescherming. If they decide the family gets voluntary care, a coordination of services is being developed in which the members look at what is going wrong and decide what support the family needs exactly.

The framework used to measure interagency collaboration includes five components: Governance, administration, organizational autonomy, mutuality and norms (Thomson, Perry & Miller, 2009: 4).. The first indicator is identified in the data through the collaboration agreements which create a formal structure of working rules. Herein, "*is described who is mandated and qualified to make a notification, which certified institutions are allowed to join and how you choose which certified institution. It also describes the content of the notification, what the requirements are and what eventually happens with the reports when we have made a decision*". The second indicator is identified by having an independent chairmen that leads the conversation, openly discussing conflicts and within the decision letter. This letter contains the decisions made together around the table, but also substantive details about the care provided. The third indicator is also identified, as members indicate that they are committed to the process, the collaboration is a procedure that is part of their everyday job, but their organizational independence remains. The fourth indicator is identified through mutually beneficial interdependencies based on shared interests. Although respondents reacted mixed on issues around trust, reciprocal exchange is identified and thus the fifth indicator is mostly identified.

4.3 Barriers and practical implications

The barriers described in the theoretical framework that are present within the empirical case are the tightly fixed structure of the predetermined members, accountability issues, the legal restrictions on sharing information and trust building. The barriers described in the theoretical framework that are tackled by the collaboration of the jeugdbeschermingstafel are practical implications merged under the term diversity. Below, all barriers present in the theoretical framework are discussed within the empirical data collected.

One of barriers of collaborations the theory describes, develops out of the considered membership of the collaboration. The jeugdbeschermingstafel uses a tightly managed and fixed structure of

predetermined members. This barrier is partly prevented by keeping open spots available for actors that do not have a permanent spot in the collaboration. However, respondents indicate that some actors that they consider as relevant are not part of the process. A respondent indicates that the school of the child is one of the actors that they consider as relevant, but is not a permanent member and seldom invited for an open spot in the collaboration. A respondent explains "*the teacher or school of the child spends many hours with the child, sees the problems the child copes with and thus oversees the whole situation*". Therefore, by not involving the school, the collaboration does not involve all actors they consider as relevant. Other implications that derive out of the fixed structure need to be taken into account. The permanent members have differing representatives, which according to respondents does have an influence on the process: "*Some members have a fixed group of representatives, others use the individuals that stay involved with the family. This does effect the course of the conversation, because the fixed group is used to the process, while the individuals that stay involved is not*".

Another set of implications described in the theoretical framework focuses on accountability. Within the jeugdbeschermingtafel, not every member, but a part of the permanent members act on behalf of agencies, such as the Raad voor de Kinderbescherming or certified institutions. Respondents working on behalf of the Raad voor de Kinderbescherming explained that during the establishment *"the organization created positions that included our role in the jeugdbeschermingstafel*". Accountability issues can also arise with members representing certified institutions, especially because they expressed a lot of resistance during the establishment. Through time, these frustrations and changes were tackled by understanding the goal and belief in positive results. In addition, the collaborative process of the jeugdbeschermingstafel became a part of procedures in the system, as regions and municipalities developed the jeugdbeschermingstafel as a point in the process of providing the right care for families with problematic circumstances. Therefore, they got used to the process as part of their everyday jobs. Although it seems accountability issues are tackled, respondents indicate that issues within own organizations influence the attitude of these members. As a respondent explains: "*Every organization has its own interests. Taking into account the work pressure in the field, waiting lists for an investigation by the Raad, shortage of money and a shortage of personnel. This all influences the attitude of members in the collaboration*."

When agencies try to collaborate, the practical implication of the legal restrictions on sharing information about clients can arise. In all of the interviews, the AVG (Algemene verordening gegevensbescherming) became a subject of the conversation (See list of abriviations for translation: p4). To share all the information on a specific case, the family needs to give permission to do so. This is a very important barrier in the report of VTO, as this format needs to describe what has happened, what support has already been provided by the social workers and why this has not been effective. This thus requires all available information. "*To do our job well, it is conditional that the format is*

strictly adhered to, parents are asked for a response on the notification and that the privacy protocols are strictly followed". Many respondents experience this as a barrier, as having information about the circumstances of the family is crucial to effective decision-making.

The jeugdbeschermingstafel overcomes a set of issues and practical implications merged under the term diversity. One of the practical implications that arise from the complexity of diverse members is different professional languages that create misunderstandings and delay in agreements. The jeugdbeschermingstafel collaborates with diverse actors, but negotiate with a language that everyone can understand. Due to the fact that the parents are also members at the table, the language used is adapted so that members that are not professionals in the field can participate in the conversation and understand what is being said. Aside from the language, permanent members of the jeugdbeschermingstafel also agreed on one overall goal of the collaboration and mainly have the same norms, beliefs and interests in the field. Therefore, practical implications such as frustration between members, due to the lack of heading towards an agreement, are avoided. Although they all have a different specialization and expertise, the intention of the meeting is to bring all the expertise together to deliver effective care and support for the family.

All these practical implications and barriers have an influence on building trust, a feature that the theory described as critical. However, the reactions of respondents on the need for trust when collaborating is mixed. Some respondents think trust plays a positive and facilitating role in the process, but others think it is unnecessary and see trust even as a barrier. First, respondents who think that trust plays a positive and facilitating role explain: "*Trust is something that positively influences the process. It helps if everyone trusts that everyone has the same goal*". Trusting that other parties at the table deliver good work and fulfil their obligations also has a positive effect on the collaboration: "*If you really know that everyone involved delivers good work and knows what the goal of the collaboration is, the collaboration and communication will be easier*". This can be challenging, due to the fact that representatives differ per case. Therefore, respondents indicate that they are strict and clear about the tasks, agreements and overall goal of the collaboration when members are new to the process.

They also explained that trust relations grew over time since jeugdbeschermingstafels were established, as there was a lot of resistance at the start of the establishment. Social workers and care providers were used to discussing these kind of matters among other professionals and could make direct notifications to the Raad voor de Kinderbescherming. Suddenly they were required to justify their actions and views in front of the family in question, which was "*quite a change*". Through understanding the goal of the process and the positive results, trust in the process and each other grew over time.

Second, respondents that experience trust as unnecessary and even as a barrier in the process say: "*It is of course nice to know that there is trust between the collaborating members, but on the other hand the independence of some members play a major role*". Every member comes from and represents a different institution, but the permanent chairman and secretary that every jeugdbeschermingstafel has are independent, meaning that they have "*no interest in whether the case is forwarded to the Raad*". The respondents explain that the independence of the chairman and secretary are important to show the parents that "*it has not yet been decided in advance what the outcome of the negotiation will be*". Therefore, it is important to show that it is not the intention to directly comply to the vision of the care providers: "*It is certainly important to radiate that independence to parents, to show that we do not just go along with all the information that is available. We really look at everything on the table before making an independent decision*". As a result, building trust relations and showing trust in one another is something that they are cautious about.

This group of respondents also explain that trusting other parties to deliver good work and fulfilling obligations is not a part of the process: "*Sometimes it happens that we need to correct a care provider that he/she has not done their work properly. You should be able to do that and therefore there is no trust relation in advance. Per case we check what has been done, whether the care provider has done a good job and has not made any mistakes*". In addition, the respondent also emphasizes the importance of the independence of the chairman and secretary, in order to correct other members when needed and not to trust other members in advance that they are doing what they agreed on during the collaborative process.

4.4 Facilitating factors

This section will focus on the facilitating factors of the collaboration, structured by using the components of Gray (1985). The facilitating factors of the problem-setting component that are identified within the empirical case are the belief of all members in creating positive results and the identification of the legitimacy of actors. The facilitating factor of this component that is problematized and not identified is the identification of actors involved. The facilitating factor of the direction-setting component identified within the empirical case is the coincidence in values among members. The facilitating factor of this component that is problematized and not identified within the data is the dispersion of power among involved actors. All facilitating factors of the structuring component are identified in the empirical data, which consists of the degree of ongoing interdependency, external mandates and the ongoing negotiation between members about how to regulate and formalize the process.

The problem-setting component describes the importance of identification of members affected by the problem. The three conditions that influence this component are the identification of actors involved, the belief of all members that the collaboration will develop positive results and the identification of the legitimacy of actors. The jeugdbeschermingstafel uses a fixed structure of members and open spots for relevant actors in the specific case. However, some respondents indicate that they believe not all important actors are identified and involved, as already argued above and specified as a barrier towards the process. Additional to this condition, information sources must be exchanged to develop a mutual understanding of the complex situation and to take all viewpoints and perspectives into account. The jeugdbeschermingstafel meets these criteria by developing a VTO report before the start of the meeting, in which all information and viewpoints on the specific case are explained.

The second condition is the belief of members that the collaboration will develop positive results. The belief in positive results of members in the jeugdbeschermingstafel was not there from the beginning. At first, social workers from the certified institutions complained and showed resistance towards the process. Over time, they became aware of the positive results made by jointly making decisions and exchanging critical information, so the belief in positive results grew. The third condition is automatically established, as the members of the collaboration are all working in the field and therefore have the capacity, skills and resources to justify their involvement. The family as a member is exceptional, but their involvement is justified by the fact that the decision-making has a major effect on their lives. The involvement of the family is the core of this collaboration, as the results seem "*more effective since the parents are also a part of the decision-making process*".

The direction-setting component describes the process of finding a sense of common purpose and determining a joint perception of the problem. The conditions that facilitate this component of the process are the coincidence in values and the dispersion of power among members of the collaboration. Due to the demarcated area in which the permanent members of the collaboration are working, the development of a common perspective on the problem seems obvious. On the contrary, respondents mention that they do "*strive towards getting everyone on the same page*", but they often see that the vision and perspective of members "*clash*". To overcome this, respondents explain that every member gets the opportunity and time to explain their vision, in order to understand each other and increase the chance to arrive at a common perspective. Gray (1985) also states that multiple joint information search also has a positive effect on creating a joint perspective (926). The members of the jeugdbeschermingstafel all possess the same information about the case in which the situation is sketched and on which they jointly make decisions, namely the report of the VTO. However, the VTO is not a joint information search of the members, because the information is collected, bundled and explained by the certified institution that makes the notification.

The second facilitating condition in this component is the dispersion of power among members of the collaboration. As already mentioned above, respondents indicate that they strive towards "*getting everyone on the same page and agreeing with the final decision*", they also explain that the process is not a democratic process. The end-decision is put in the hands of specific members that differ per jeugdbeschermingstafel. Most of the times, the independent chairmen and the Raad voor de Kinderbescherming are in power of making the end-decision, even if some members do not agree with the decision made by these members. Therefore, these members are perceived as having more power than the others. Although every member gets the opportunity to influence the process by explaining his or her vision, the power distribution is uneven.

The structuring component describes the formalization of a structure to regulate and guide the interaction process of the collaboration. Ansell & Gash (2008) refer to this process as '*the institutional design'* (555), which is also identified in the empirical data. The three conditions that facilitate this component are the degree of ongoing interdependency, external mandates and the ongoing negotiation between members about how to regulate and formalize the process. The degree of ongoing interdependency plays a major role in the collaboration of the jeugdbeschermingstafel, as they are dependent on the collaboration for information about the circumstances of the family. Without the VTO report, full agreement of every member in the decision-making process in every meeting becomes difficult. Especially because the members need to make decisions about a specific case in a limited time period, their interdependency is ongoing and critical to achieve results.

The theoretical framework describes that when the collaboration is mandated, it is important that factors such as an ongoing degree of interdependency are present to provide a structural framework. The collaboration of the jeugdbeschermingstafel is a collaboration mandated by municipalities and facilitated by different factors that provide a structural framework. Due to the fact that the collaboration is mandated by the municipality, the jeugdbeschermingstafel needs "*to refer to implemented policies and agreements regularly*" to be able to assess the workings of the collaboration. The factors that facilitate this framework are for the most part the standard procedures and the formal collaboration agreements, which guide the process. These documents together provide a structural framework, so that members know how the process works, what is being discussed and what their role in the process is.

The third condition that positively influences the structuring component is the ongoing negotiation between members about how to formalize and regulate the process. This condition is certainly established within the collaboration, as respondents explain that standard operational procedures and formal collaboration agreements are continuously changing. They experience the process as a learning process for the members: "*We are still fine-tuning and learning over time. So it is partly strict*

procedures, but we are also looking at the extent to which we can be flexible in this regard." Within the learning process, agreements are fine-tuned when they think it is necessary and will change the process positively. Evaluating the process is not identified within the data: "*We evaluate the process rarely, which is a pity because I think it is very important*". Gray (1985) also mentioned the important factor of the geographical location, as she explains that collaboration on a local level has a greater likelihood of success (930). The jeugdbeschermingstafel is based on location and their municipalities, which makes it possible to have face-to-face meetings. This will also affect the collaboration positively.

4.5 Integration of care

The decision making process determines if there are sufficient grounds to start an investigation by the Raad voor de Kinderbescherming. This leads to three results: An investigation by the Raad is needed, a forced temporary 'Ondertoezichtstelling' is implemented or voluntary assistance will continue. When the jeugdbeschermingstafel decides that the Raad needs to further investigate the case, the case will be forwarded. When they decide one of the alternative ways is best for the family, the jeugdbeschermingstafel will "*try to look at the case with an integral approach, but we do not deliver the care. The care lays within the hands of the agencies involved*". The jeugdbeschermingstafel thus does not deliver integrated care, but tries to look at cases with an integral approach by "*making agreements in which everyone and every expertise at the table thinks along, for example: what can parents do themselves? What can a youth protector do? We make one plan for each case*". Although the jeugdbeschermingstafel does deliver integrated care on a practical level, the results the jeugdbeschermingstafel develops are agreements and advice on organizing and designing integrated care. Below, a measurement of integrated care is discussed, to confirm this conclusion.

In the theoretical framework, integrated care is defined as "*care that is provided across professionals, facilities, and support systems; continuous over time; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health*" (Singer et al., 2011: 113). When comparing this definition to the results of the decision-making of the jeugdbeschermingstafel, some of the features of the definition are identified within the data. The decisions are explained in the decision letter. When the jeugdbeschermingstafel decides that one of the two alternative ways are needed, the decision letter consists detailed information of care across professionals and support systems. They also take into account the needs of the family and therefore provide a tailored design of care for each specific case. On the other hand, the support is not continuous over time. Some jeugdbeschermingstafels make use of follow-up letters written by the certified institution that provides support. Hereby, the care is continuous over a certain period of time, due to the fact that if the agreements made are not effective enough or they get stuck in the support

process, they report back their difficulties and the process of the jeugdbeschermingstafel starts again. The continuous care over time is thus depending on the specific jeugdbeschermingstafel.

When specifying the results of the collaboration further, the level of integrated care is measured by using the framework with indicators explained in the theoretical framework. The first indicator of integrated care is the early identification and broad assessment of the problems. The families' needs are certainly identified, as they jointly discuss why the voluntary help is not effective and what is needed to make a change. The timely involvement of professionals with required expertise is partly identified, as the jeugdbeschermingstafel becomes active after "*professionals in the field get stuck"* and the child's development is at risk. Therefore, their involvement is not timely. On the other hand, the jeugdbeschermingstafel makes a broad assessment of the problems and involves all professionals with required expertise: "*If we don't think we have enough knowledge on a certain aspect, we invite an expert who can think along with us*". Therefore, the second indicator is also identified. The jeugdbeschermingstafel is a point in time in which all these islands of expertise come together to talk with each other and the family about what is going wrong and what could be helpful in the future.

The third indicator, continuous pathways, is not identified in the data on the empirical case. As already explained above, some jeugdbeschermingstafels make use of follow-up letters written by the certified institution that provides support. This follow-up letter is only made one time and detailed only when the situation is seen as problematic. Therefore there is no frequent evaluation and up-to date information sharing. When jeugdbeschermingstafels do not make use of these follow-up letters, there is no question of continuous pathways. Although the third indicator is not identified, the jeugdbeschermingstafel does design matched care. Matched care is identified in the decision letter, in which they give a detailed description of the care to be delivered, by whom and how this care is provided. "*We deliver customisation for each case*", on which you can infer that they do design tailored support. Also, respondents indicate that "*we try to make decisions together, but sometimes the family does not agree*", but "*we take their vision very seriously*". Thus they aim for shared decision-making, but this is not always feasible. Also, because they take the families vision very seriously, their preferences are taken into account.

The fifth indicator has partly been identified in the empirical data. This indicator is described in the theoretical framework as keeping track of the care process by monitoring and discussing the progress and timely altering support if needed (Nooteboom et al., 2020: 7). As already stated, some jeugdbeschermingstafels make use of follow-up letters. The specific jeugdbeschermingstafels that make use of these follow-up letters do monitor the progress and they discuss the progress during the follow-up meeting planned. A sidenote is appropriate here, because when they do plan a follow-up meeting, the circumstances are seen as problematic. Therefore, the chance that the case will be

forwarded to the Raad is big. Altogether, if altering the support is identified, it is not timely. Thus, this indicator is partly identified within the data covering the jeugdbeschermingstafels that use these follow-up letters and meetings.

Above, the identification of elements in the definition of integrated care and the indicators to measure integrated care within the data are explained. To conclude, the analysis identifies the broad assessment of problems, multidisciplinary expertise and matched care. Thus, de jeugdbeschermingstafel does provide some level of integrated care by looking at each case with an integral approach. By negotiating they make agreements and give advise about which care is needed, how this care should be delivered and by whom. However, because the actual delivery of care, early identification, continuous pathways and evaluation are not fully identified, integrated care is not provided by the jeudbeschermingstafel.

Chapter 5: Discussion

The last chapter discusses the most important findings in the analysis of the empirical data on the interagency collaboration of the jeugdbeschermingstafel. Hereby, the factors that influence the effectiveness of the collaboration are identified. These factors are the barriers and facilitators of the process that are present within the empirical data. This chapter will provide a discussion to explain how these barriers and facilitators influence the process and results of the collaboration. To do so, the empirical findings of the analysis are discussed, using new theoretical insights and critical reflection. This is required to interpret the results and to give an answer to the main research question in the conclusion.

5.1 Barriers and practical implications

The barriers identified within the analysis of the empirical data are the tightly fixed structure of predetermined members, accountability issues, legal restrictions on information sharing and the mixed results about trust building. In this section, these barriers will be discussed further, using new theoretical insights to provide an explanation about how these barriers influence the process itself and the effectiveness of the process, which is considered as the delivery of integrated care.

The first barrier identified is the tightly fixed structure of predetermined members, which creates practical implications. The positive feature of this circumstance is that the chance to arrive at a joint-perspective and agreement is bigger, but the chance of excluding important actors is also big (Huxham, 2000: 346). The jeugdbeschermingstafels leave open spots for new members, but most of the members consist of predetermined members that are recorded in the collaboration agreements. By using this structure, important actors that influence the effectiveness of the collaboration can be excluded. Gray (1985) argues that the set of involved actors need to reflect the complexity of the problem under consideration (919). An example that respondents consider as an important actor that is not involved is the school of the child, because they oversee and experience the situation up close. If important members are excluded, the chance of overlooking important elements in the broad assessment of problems in organizing and designing integrated care will be big. Consequently, insufficient requisite variety of information is developed. Thus, by not involving all relevant members, the variety of requisite information is insufficient and will negatively influence the effectiveness of the collaboration.

This barrier also creates practical implications for the process, as the permanent members have differing representatives. For example, some of the certified institutions use the same group of individuals, whereas other certified institutions use the individual that stays involved with the family

as a representative. Using the same group of representatives has the advantage that these individuals are used to the process, know how it works and what their role at the table is. On the other hand, an individual that stays involved with the family will not be used to the process, but is more likely to be willing to cooperate in the voluntary and preventive framework. Therefore, both representatives create different practical implications for the process.

The second identified barrier in the analysis of the empirical data are accountability issues. When members consist of representatives of organizations, implications of accountability between their parent organization and the collaboration can arise. Although it seems that the jeugdbeschermingstafel tackles accountability issues, taking into account the work pressure in the field, the long waiting lists for an investigation by the Raad, shortage of money and personnel in the field, practical implications do arise. If members take these issues of their own organization into account at the table and the decision-making process, they will likely promote the options that enable them to avoid these issues. For example, when the involved social workers have a shortage of personnel to deliver the right care for the family, they will probably opt for the option to forward the case to the Raad for an investigation, instead of choosing the option that the family stays within the voluntary framework. Therefore, this barrier will influence the decision-making negatively by the increased chance of making decisions that do not meet the client's needs.

Within the scientific literature, these issues of work pressure, shortage of money and personnel and the restrictions on information sharing are considered as barriers that are particularly relevant in the health sector. Shepherd & Meehan (2012) explain that if the workload of social workers is too high and these issues are structural, investing time in collaborations and relationships with other agencies in the field takes a low priority (404). On the other hand they argue that when the collaboration is sanctioned a specific time, investing time will be a priority to these agencies (Shepherd & Meehan, 2012: 404). In the case of the jeugdbeschermingstafel, the collaboration is mandated and is thus part of their work routine. Yet, being devoted to the collaboration does not take all these barriers away. To tackle these barriers, the national government should take these issues into account. Especially because these families make use of a large amount of social services and their contribution to society is relatively low, these families produce high costs for society (Overbeek et al, 2021).

The third identified barrier in the analysis of the empirical data are the legal restrictions on information sharing, in particular the AVG. Due to these legal restrictions, information sharing in the health-care field became more difficult. Due to the AVG, mandated institutions need permission of the family to collect and request information from other parties. Not having permission of the family has a big influence on the VTO and thus on the process and results of the jeugdbeschermingstafel. Since the jeugdbeschermingstafel needs to make decisions in one hour to one and a half hour timeframes,

having all information in advance of the meeting is of greatest importance. The VTO is the report of the mandated institutions that make the notification, in which all relevant information is collected and bundled. These reports are important to decide which participants need to be invited, in order to have a good preparation and to have the right persons sitting around the table. This report is thus crucial for making a broad assessment of the problems and designing matched care. Also, respondents indicate that it is unusual and even forbidden to bring up new information during the meeting. Therefore, the AVG restriction on information sharing is a barrier which negatively influences the effectiveness of the collaboration.

Another barrier of the process is the time limit in which the jeugdbeschermingstafel need to make decisions. Overall, the duration these tables negotiate is approximately one hour to one and a half hour. Respondents think this is enough time to make effective decisions: "*It strikes me how quickly you can create a picture of a certain situation, after you read the VTO and negotiate for about one hour. I also seek confirmation from parents whether this picture corresponds to the reality* ". On the other hand, as Gray (1985) argues, it takes time and effort to achieve a common purpose and joint perception of the problem (925). Although the time and effort that Gray (1985) describes to arrive at this joint perception is thus limited, they speed up this process by collecting all information in advance of the negotiation. In complex cases, the time limit could be a barrier if they do not have enough time to make a broad assessment of the problems with all visions of the multidisciplinary expertise. Therefore, this could negatively influence the effectiveness of the collaboration.

All these barriers influence trust building, which the scientific theory on governance collaboration argue as critical to achieve meaningful results. As already explained in the last chapter, some respondents see trust building as a facilitator and some experience trust even as a barrier of the process. The respondents that experience trust as a barrier, point towards the importance of independence of the chairmen. It is important that the chairman shows his independency, to take away the fear of parents that the outcome of their case is already decided. Respondents indicate that to do so, the chairman is cautious about showing trust towards other members. Hence, these respondents assume that trust and independence cannot be combined. Emerson & Nabatchi (2015) argue that to create an understanding about trust building in collaboration, an emphasis on the "*structure or relationships between individuals, groups, and organizations*" is required (21).

Looking at the structure of relationships, it can be concluded that the jeugdbeschermingstafel has a unique structure that consists of professionals in the field, independent members working for the municipality and the family. First, looking at the relationship between the family and the other members, Tausendfreund et al., (2016) explain that families that receive support from multiple agencies, also have high level of mistrust because of their past bad experiences in the care system (10).

Ansell & Gash (2008) confirm this by explaining that past history of conflict could develop low levels of trust (553). To make effective decisions, the family needs to be committed to the process and therefore they need to develop trust in the process.

The chairman tries to win the trust of the family by showing their independency, but this does not mean that independency and trust cannot be combined. When looking at the relationship between the professionals, respondents indicated that an initial level of trust is established, but that the level of trust grew over time. The fact that trust is already established between professionals, does not mean that the independency of the chairmen is endangered. "*The power of the jeugdbeschermingstafel is to have a unique conversation with the clients at the table, in which you hope to bring all visions together, but we cannot imagine beforehand what will be the outcome*". Therefore, trust and independency can be combined, even if the trust of the family needs to be gained in every case.

5.2 Facilitating factors

The facilitating factors of the problem-setting component that are identified within the empirical case are the belief of all members in creating positive results and the identification of the legitimacy of actors. The facilitating factor of the direction-setting component identified within the empirical case is the coinciding in values among members. The facilitating factor of this component that is not identified within the data is the dispersion of power among involved actors. All facilitating factors of the structuring component are identified in the empirical data: The degree of ongoing interdependency, external mandates and the ongoing negotiation between members about how to regulate and formalize the process.

The first identified facilitator in the problem-setting component is the belief of all members that the collaboration will create positive results. This belief is identified in the empirical data, as members confirm this by explaining it grew over time. Gray (1985) argues that believing in positive outcomes implies that there is a level of dissatisfaction with the existing situation (920). The level of dissatisfaction plays a role in the process, as the existing approaches for these families have been unsuccessful. Consequently, the professionals are dissatisfied with not delivering effective care. Dissatisfaction with the current situation also creates the families' belief in positive results, as respondents indicate that the family is unhappy with their circumstances and are hoping to make a change. This facilitator thus has a positive effect on the process and effectiveness of their decisions, because members will be more committed to the process and to creating effective results.

The second identified facilitator in the problem-setting component is the identification of legitimacy of actors involved. The professionals identify each other automatically as legitimate, as each expertise

has the capacity, skills and knowledge to justify their involvement. The legitimacy of the family as a member is identified, because the family has a legitimate stake in the problem. According to Gray (1985), having a legitimate stake in the problem, means you have the right and capacity to participate (921). The family has the right to participate, because they are impacted by the decisions made. They also have the capacity to participate, because they have knowledge and experience with why the current voluntary care does not work. Ansell & Gash (2008) add to this by stating that when groups feel they have a legitimate stake in the process, they feel more committed to the process (556). Therefore, the family is seen as a critical member to achieve effective results by their legitimate stake in the design of matched care and assessment of their needs.

The direction-setting component describes the process of finding a sense of common purpose and determining a joint perception of the problem. Coinciding in values are identified, since professionals share the mission to deliver effective care for their clients. Coinciding in values does not automatically mean that a sense of common purpose and joint perception is reached. Gray (1985) argues that it takes time and effort to achieve a common purpose and joint perception of the problem (925). Arriving at a joint perception of the problem to jointly make decisions does not always happen. Respondents indicate that sometimes visions differ between members. Therefore, having two members in power of the end-decision is needed to make decisions in a short period of time.

The theory on governance collaboration argues that power imbalance is a barrier for the process, but in the unique case of the jeugdbeschermingstafel, power imbalance is needed to make decisions. Therefore, a critical reflection on the theory of governance collaboration is needed. The shadow of hierarchy theory explains the positive feature of power imbalance by arguing that having a hierarchical structure in the background facilitates the process of jointly making decisions (Lance, Georgiadou & Bregt, 2009: 250). Due to the awareness of members that other members will make the end-decision if they do not arrive at a joint agreement in this limited time, they are motivated to make horizontal decisions together in the time set for the negotiation. In this way, the members in power of the end-decisions operate ‘in the shadow of hierarchy’ (Scharpf, 1994: 29). Therefore, power imbalance is a facilitator in the process by stimulating members to arrive at a joint perspective to make decisions together in a short period of time.

The structuring component describes the formalization of a structure to regulate and guide the interaction process of the collaboration, which is referred to as ‘institutional design’ (Ansell & Gash, 2008: 555). This component is fully identified within the data as a facilitating factor in the process of the jeugdbeschermingstafel. The collaboration of the jeugdbeschermingstafel is a highly structured process, with formal collaboration agreements leading the process. This document provides information about how the process works, what is being discussed and also describes the criteria the

VTO has to meet. Due to this institutional design, members know what is expected of them, what the options are for each case and how to make a notification with complete information about the case. Without having a highly structured process each member is aware of, making decisions in a limited time is difficult. Therefore, this facilitator makes it possible to make a decision in the limited time and therefore also has a positive effect on the results of the jeugdbeschermingstafel.

Another condition identified, which also facilitates the structuring component, is the ongoing negotiation between members about how to formalize and regulate the process. The members experience the process of collaboration as a learning process in which collaboration agreements are fine-tuned. Evaluating the process regularly will positively stimulate this learning process. Hibbert & Huxham (2005) argue that there is a need for evaluating the process as part of the learning process, especially in complex interagency collaboration (60). Therefore, evaluation is a point of improvement for the jeugdbeschermingstafel.

Chapter 6: Conclusion and recommendations

This research sought an answer to the main research question: "*How do the barriers and facilitators influence the interagency collaboration of the jeugdbeschermingstafel and the delivery of integrated care".* To formulate an answer, a qualitative research has been done. 15 interviews have been held with different members of jeugdbeschermingstafels in differing regions of the Netherlands. The positions of interviewed members were independent chairman, independent secretary, representative of the Raad voor de Kinderbescherming and youth director. This conclusion describes the main patterns of how these barriers and facilitators influence the process and results of the interagency collaboration of the jeugdbeschermingstafel.

On the basis of the empirical results it can be concluded that the collaboration of the jeugdbechermingstafel is governance collaboration, in specific an interagency collaboration. The jeugdbeschermingstafel clearly applies to the theory on governance collaboration, as they solve problems the members can solve on their own. The jeugdbeschermingstafel is a horizontal collaboration in which relevant members are invited to participate in the decision-making process on a specific case. In addition, every member has the opportunity to explain their vision and thus the ability to influence the process. The process is highly organized and structured with standard operating procedures and formal collaboration agreements. Due to the many forms of governance collaboration, the jeugdbeschermingstafel is specified as interagency collaboration, as the members of the jeugdbeschermingstafel work together towards a common goal set out in the formal agreements. This common goal is tackling the endangerment of the development of the child by providing the needed care.

Furthermore, the empirical analysis identifies the broad assessment of problems, multidisciplinary expertise and matched care. Thus, de jeugdbeschermingstafel does provide some level of integrated care by looking at each case with an integral approach. By negotiating they make agreements and give advise about which care is needed, how this care should be delivered and by whom. However, because the actual delivery of care, early identification, continuous pathways and evaluation are not fully identified, it can be concluded that the jeugdbeschermingstafel does not provide integrated care.

The main barriers that influence the process and results of the jeugdbeschermingstafel are not involving all relevant actors, accountability issues, AVG restrictions on information sharing and the time limit of the decision-making process. By not involving all relevant actors, important elements in the broad assessment of problems can be overlooked. To conclude, this barrier influences the process by an insufficient variety of requisite information and influences the results by the chance of not

including important elements in organizing integrated care. Therefore, this barrier has a negative influence on the process and effectiveness of the collaboration. The set of accountability issues is the second barrier of the jeugdbeschermingstafel. Due to the work pressure in the field, the long waiting lists for an investigation by the Raad, shortage of money and personnel in the field, members will promote decisions that enable them to avoid these organizational issues. To conclude, these issues will influence the process by having members that act on issues in their parent-organization within the decision-making process. These issues will influence the results of the jeugdbeschermingstafel by the chance of making decisions that do not meet the clients' needs.

The AVG restriction on information sharing is also one of the main barriers of the jeugdbeschermingstafel. Due to these restrictions, the VTO report will be incomplete if the family does not give permission to share and request information from parties. This report is crucial for making a broad assessment of problems and designing matched care for each specific case. AVG restrictions thus only influence the process and results if the family does not give permission to share information. To conclude, AVG restrictions influence the process by not having all required information to negotiate. Furthermore, by not having the required information, the AVG restrictions influence the results because members cannot make a broad assessment of problems and designing matched care. The time limit of the negotiation of the jeugdbeschermingstafel is also one of the main barriers, because they make decisions about complex cases. To conclude, the time limit could be a barrier in complex cases if the mandated timeframe is not sufficient enough to make a broad assessment of the problems with all visions of the multidisciplinary expertise. Therefore, this could negatively influence the effectiveness of the collaboration.

The main facilitators that influence the process and results of the jeugdbeschermingstafel are the belief in positive results, legitimacy of members, power imbalance and institutional design. On the basis of the empirical results it can be concluded that the belief in positive results will have a positive influence in the process and on the results of the process, because all members will be more committed to the process and to creating effective results. Furthermore, on the basis of the empirical results it can be concluded that the family is seen as a critical member to achieve effective results by their legitimate stake in the design of matched care and assessment of their needs. Having two members that are in power of the end-decision creates the power imbalance. Contrary to the statements of the scientific literature, power imbalance positively influences the process and results of the jeugdbeschermingstafel because of the limited timeframe. To conclude, these members operate in 'the shadow of hierarchy', stimulating other members to jointly make decisions in a short period, because otherwise they will decide the outcome. The last main facilitator of the jeugdbeschermingstafel is referred to as the institutional design. On the basis of the empirical data it can be concluded that having a highly

organized and structured process makes it possible to make decisions in the timeframe and therefore also has a positive effect on the results of the jeugdbeschermingstafel.

6.1 Limitations and recommendations

The limitation of this study is related to the validity of this research, in specific the replication of the research. The jeugdbeschermingstafel is mandated by municipals and regions due to the decentralization of youth services. Therefore, every jeugdbeschermingstafel is unique and different. Moreover, every jeugdbeschermingstafel is established at a different point in time, thus some have more experience in practice than others. Therefore, every jeugdbeschermingstafel has different standard operating procedures, formal collaboration agreements, rules, permanent members and workings. This makes it impossible to replicate this research with other interagency collaborations. This limitation also has an effect on the results of this research, because respondents experience factors differently due to their differences stated above. The reader should bear in mind that this research is based on an interagency collaboration that is different in every region of the Netherlands.

Also, respondents were asked what they think of and if they take these indicators of integrated care into account in the collaboration to measure the level of integrated as effectiveness of the collaboration. The families that this collaboration provides care for are not part of the respondents. Therefore, a reflection on the methodology is needed, because these families are not asked for their opinion on the indicators of integrated care. Due to the different starting points and the differences between each jeugdbeschermingstafel, further research might explore a more concrete collaboration in the health sector that has one overall establishment and no differences due to external factors. Considering the overload of media attention towards the effectiveness of integrated service delivery, further research should further examine collaborations in the field to determine whether integration of services is more effective.

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Appendix 1

Respondent	Function	Date of interview
Respondent 1	Independent chairmen	28-05-2021
Respondent 2	Independent chairmen	01-06-2021
Respondent 3	Independent secretary/deputy independent chairmen	01-06-2021
Respondent 4	Independent secretary	25-06-2021
Respondent 5	Independent chairmen	25-06-2021
Respondent 6	Representative Raad voor de Kinderbescherming	25-06-2021
Respondent 7	Representative Raad voor de Kinderbescherming	02-07-2021
Respondent 8	Independent chairmen	08-07-2021
Respondent 9	Representative Raad voor de Kinderbescherming	08-07-2021
Respondent 10	Respresentative Raad voor de Kinderbescherming	14-07-2021
Respondent 11	Independent chairmen	26-07-2021
Respondent 12	Independent chairmen	27-07-2021
Respondent 13	Regisseur Jeugd (mandated institution VTO)	28-07-2021
Respondent 14	Regisseur Jeugd (mandated institution VTO)	30-07-2021
Respondent 15	Independent chairmen	30-07-2021

Appendix 2

Interviewguide:

General:

- What is a jeugdbeschermingstafel?
- What is your function in the jeugdbeschermingstafel?
- Can you explain what kind of families you meet at the jeugdbeschermingstafel?

Interagency collaboration:

1. Governance
   - Is there a formal agreement with regard to the members of the jeugdbeschermingstafel? What does this formal agreement say?
   - How is determined which members participate? Predetermined? Differing members?
   - To what extent are the activities and actions of each participating party coordinated?
   - How does the meeting work? Can you guide me through the process?
   - To what extent is every opinion seriously taken into account in the final decision?
   - How does the decision-making process works? Joint agreement?

2. Administration
   - How is the negotiation process structured?
   - Is there a clear division of tasks? Are these tasks and roles clear to all participating parties?
   - To what extent are difficulties or conflicts openly discussed?

3. Organizational autonomy
   - Do you think the collaboration create barriers for the participating parties to carry out their tasks in their parent organisation? Why or why not?
   - To what extent do you feel the collaboration produces positive outcomes?

4. Reciprocity/mutuality
   - Do all participating parties influence each other's services? How?
   - To what extent are members dependent on each others resources?
   - Do the participating parties achieve their goals better by working together? (in comparison to fragmented)? How? And why?

Level of integrated care:

1. Early identification and broad assessment of problems
   - To what extent is there an early consultation initiated by professionals?
   - How do you become aware of possible risk factors?
   - To what extent are the professionals aware of the (past or present) functioning of the family in different domains?

2. Multidisciplinary expertise
   - To what extent do you think that all expertise needed is a part of the process?

3. Continuous pathways
   - Do the professionals share up-to-date information about the clients/events related to the clients?
   - To what extent do you take the families' preferences into account?
   - To what extent does the jeugdbeschermingstafel stay involved within a specific case? Why?

4. Matched care
   - Do you evaluate the process? How and why? Also with family?