



Implementation of a solution based approach for child protection: A professionals' perspective



Brigit Rijbroek^{a,b,*}, Mathilde M.H. Strating^b, Robbert Huijsman^b

^a Child Protection Services Rotterdam Rijnmond, Delftseplein 29, 3013 AA Rotterdam, The Netherlands

^b Erasmus University Rotterdam, Institute of Health Policy and Management, PO Box 1738, 3000 DR Rotterdam, The Netherlands

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ABSTRACT

A child protection system is not just about minimizing child abuse but also maximizing welfare (Munro, 2008). Therefore, the new Youth Act in the Netherlands promotes empowerment in child protection (Ministry of Health, Welfare and Sport & Ministry of Security and Justice, 2014). The last decade, empowering child protection services was dominated by the Signs of Safety (SoS) approach of Andrew Turnell and Steve Edwards (1999), a strength-based method with a strong client focused perspective.

The current study evaluates a multilevel implementation process of a SoS approach within a Child Protection Service (CPS) in the Netherlands as perceived by professionals. Since 2014, the CPS is implementing its own SoS-version called Safe Together Step by Step (STSS). The study comprised a cross-sectional survey ($n = 138$) with an experimental and control group and was part of a larger evaluation study on the STSS approach.

We analysed a multilevel approach, using Cretin's chain of action, dividing professional level, team level, organisational level and contextual level determinants of implementation. Results show that the implementation of STSS within current CPS is still in an early adoption stage. The study provides some support for a multilevel implementation strategy with 38% explained variance. However the professional level is the largest contributor (25%) to the use of STSS, especially knowledge necessary for implementation and influences of important others (subjective norm), contribute to the use of STSS.

A multilevel implementation strategy should include activities on all levels in order to improve the determinants. With an integrated multilevel strategy chances for implementation success increases. In addition, the multilevel strategy should include a long term process with continues feedback on the implementation and adjustments in implementation strategies if needed. Moreover, knowledge from literature and practical experience should meet to further develop the implementation strategy for SoS approach in order to improve empowerment based working within child protection services.

1. Introduction

Child maltreatment is a universal phenomenon causing harm to millions of children all over the world (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2014). In the United Nation's Convention on the Rights of the Child (1989) 194 countries explicitly stated that they will take all measures in order to protect children from maltreatment. The aim of a child protection system like that is not just about minimizing child abuse but also maximizing welfare (Munro, 2008). Therefore, the new Youth Act in the Netherlands promotes empowerment in child protection (Ministry of Health, Welfare and Sport, & Ministry of Security and Justice, 2014). Research shows that empowerment makes child protection services more efficient and decreases the need for specialized care (Bosscher, 2014). Moreover,

empowered families are less likely to be involved in maltreatment (Browne & Winkelman, 2007). Empowerment gives control to individuals and their lives and helps families to deal with problems (Rappaport, 1987). It reinforces the ability to solve future problems, which makes them less dependent on care agencies (Graves & Shelton, 2007; Jones & Meleis, 1993; Resendez, Quist, & Matshazi, 2000). Therefore, improving empowerment is a central ambition in the new youth care system in the Netherlands (Bosscher, 2014; Hilverdink, 2013).

During the last decade, empowering child protection services was dominated by the Signs of Safety (SoS) approach of Turnell and Edwards (1999), a strength-based method with a strong client focused perspective. The approach assumes that families are able to change. In addition, it strongly focuses on collaboration between child protection

* Corresponding author at: Erasmus University Rotterdam, Institute of Health Policy and Management, PO Box 1738, 3000 DR Rotterdam, The Netherlands.
E-mail addresses: rijbroek@eshpm.eur.nl (B. Rijbroek), strating@eshpm.eur.nl (M.M.H. Strating), huijsman@eshpm.eur.nl (R. Huijsman).

workers and families (Bartelink, 2013). Some research shows promising results and states that professionals and scientists are generally positive about the development of the SoS approach (De Wolff & Vink, 2012). However, studies to the effectiveness are still missing.

Implementation of the SoS approach is not easy and a clear implementation protocol is lacking (Bartelink, 2010). In addition, no research to a successful implementation strategy for the SoS approach was found. However, some research shows that the implementation of SoS is a long-term process (Anthonijsz, Van Julsingha, Van der Sluijs, Kleinjan-van Zwet, & Mobach, 2014; De Wolff & Vink, 2012) and should be seen as an ‘organisational journey’ (Turnell, 2010). Several characteristics, such as the organisation, its teams and professionals, seem to influence the implementation process (De Wolff & Vink, 2012; Salveron et al., 2015; Turnell, 2010).

These findings are in line with implementation models that point out the importance of a multilevel approach in which individual, team, organisational and contextual success factors are integrated (Cretin, Shortell, & Keeler, 2004; Fleuren, Wiefferink, & Paulussen, 2004). Although, some theories about multilevel implementation are available, most studies focus on only one level of the implementation strategy (Proctor et al., 2011). In addition, potential interactions between these determinants on different levels have not been analysed yet (Grol, Bosch, Hulscher, Eccles, & Wensing, 2007). Therefore, determinants on each level should be derived from theories about single determinants and need to be tested.

To gain deeper understanding of a multilevel implementation strategy for SoS more research is needed to investigate success determinants and the interaction of all determinants on all levels. The current study tries to contribute to this knowledge gap by evaluating a multilevel implementation process of a SoS approach within a Child Protection Service in the Netherlands as perceived by professionals. The first aim is to analyse the multilevel implementation process. The second aim is to gain understanding of the direct effect of each determinant on the implementation and thirdly to explore the relations between determinants to find their indirect effects.

1.1. Case setting

This study took place in one out of fourteen Child Protection Services (CPS) in the Netherlands. According to the CPS characteristics, provided by the CPS, the organisation gave supervision to 11,540 children and employed about 400 child protection workers in 2014. Since 2014, the CPS is implementing their own SoS-version called Safe Together Step by Step (STSS), as Turnell obtained the intellectual property rights on SoS in 2013 (Resolutions Consultancy, 2015). The implementation of STSS aimed to improve empowerment based working within child protection workers.

An implementation manager was appointed in 2014 and an implementation plan was made. The implementation started with constructing a concept guideline, developed by a selected group of professionals, who were previously trained in the original SoS approach. Although SoS offers no specific guideline it does offer practical instruments (Bartelink, 2010). The current STSS guideline included the following instruments: a tool guided conversation with the child(ren), drawing a genogram, a round table conference with formal and informal network and a safety plan designed with parents.

Next, implementation took place in several stages starting with four teams out of sixteen. These were appointed as experimental teams for current study. All members of these four teams were trained in STSS during late 2014 and early 2015. The STSS training consisted of three days, two incompany days focussing on theory and practise and one day focussing on professionals' experiences with STSS. Further, four consultation sessions each year were provided by the internal experts who also developed the guideline.

In addition to the experimental teams, four teams were appointed as the control condition in which no STSS training or implementation took

place during the measurement of this study. However, in the beginning of 2015 the transition led to major changes within the CPS. A re-organisation allocated many professionals from one team to another. This resulted in untrained professionals in the experimental teams and trained professionals in the control team by the time of measurement in April 2015.

2. Theory

Implementing an intervention is often difficult in practice (Breuk et al., 2006; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Grimshaw et al., 2004). Mostly because an implementation process is influenced by determinants on several levels (Cretin et al., 2004; Fleuren et al., 2004; Grol & Wensing, 2011; Van Everdingen, Assendelft, & Burgers, 2004). Further, a successful implementation of a SoS approach requires a multicomponent implementation approach (Wheeler & Hogg, 2011). Cretin et al. (2004) offers a model that outlines several levels, called the chain of action, stating that the contextual, organisational and team level factors influence professionals' behaviour and therefore influence healthcare process. Grol and Wensing (2011) confirm that an implementation process should include each level in order to complete a successful implementation. The implementation model by Fleuren et al. (2004) includes socio-political context, organisational and professional determinants, and innovation characteristics.

The current study uses the multilevel approach of Cretin et al. (2004) and conceptualises the levels of Fleuren et al. (2004) shown in Fig. 1. However, this study centralises the position of the individual professional because the SoS approach strongly depends on the collaboration between client and professional (Turnell & Edwards, 1999). Therefore, the conceptual model starts with the professionals' abilities and explores the surrounding of the professionals in their teams, organisation and contextual determinants in order to fully adopt the SoS approach. The arrows symbolise the direct effects determinants have on the outcome, but also the indirect effect that they have on each other.

2.1. Professional determinants

The individual level determinants describe the characteristics of professionals that give insight in the ability to adopt a SoS approach (Fleuren et al., 2004). Professionals are able to adopt when they are capable and willing to use it (Stals, Van Yperen, Reith, & Stams, 2008). The current study, therefore, includes competences and willingness to change as individual determinants.

Competences of professionals strongly influence the success of implementation (Astroth, Garza, & Taylor, 2004; Mildon & Shlonsky, 2011; Stals et al., 2008). Competences can be defined as “distinct sets of behaviours applied to reliably complete a critical task that is directly linked to a critical outcome” (Ricciardi, 2005). Skills and knowledge about a new intervention are crucial for a successful implementation (Oosterlaken, 2015; Smith, 2011; Stals et al., 2008). Van Rossum, Ten Berge, and Anthonijsz (2008) defined specific competences for child protection with knowledge, skills and attitudes on several levels, distinguishing signalling, acting, cooperating, evaluating and attitude

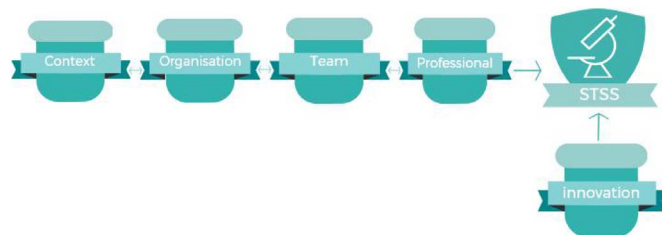


Fig. 1. Multilevel implementation model for STSS.

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