Exploring the policy to practice gap: Social workers' experience of embedding child protection policy into their practice

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Abstract

Ireland has a long and complex social history regarding the development of child protection practice. A wide body of literature has been published internationally over the past twenty-five years researching and theorising on the best approaches for implementing new governmental policies. Irish governmental policy and professional practice has made numerous attempts to bridge the policy to practice gap in child protection by developing various implementation strategies. To date, these strategies have been reviewed predominantly using a top-down assessment approach.

In contrast, this qualitative research study critically examines the policy to practice gap through a bottom-up approach by exploring the implementation of child protection policy from a frontline perspective. This qualitative study employed a phenomenological approach to explore how social workers experience applying child protection policy to their practice. In-depth interviews were conducted with eight participants who had a minimum of one year's post-qualification experience in child protection.

Four themes emerged from the data analysis. The first theme, *Professional role identity*, discussed the participants' perception of their role and responsibilities as child protection social workers. The theme *Spheres of influence* captures their perspective regarding the influence and impact that external stakeholders, service users and external professionals have on the ability of social workers to implement child protection policy.

Child protection social work in Ireland has undergone many changes in recent years; such as the establishment of the new TUSLA Child and Family Agency. Hence *Negotiating the change process* is a theme that often arose during the participant interviews. The final theme, *Exercising frontline discretion*, explores how practitioners exercise professional judgement in making practice decisions within legal and policy frameworks.

The findings from this research study are analysed through the lens of implementation science which highlights the highly complex nature of applying policy in frontline practice settings. From a social workers' perspective, all of the findings suggest a 'policy overload' which can be an indicator of organisational crisis. This, in turn, has implications for both service providers and service users.

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- The eight study participants who generously gave of their time and shared their professional experiences.

In reflecting back on my Masters journey I am reminded of a quote by Amelia Earhart:

The most difficult thing is the decision to act; the rest is merely tenacity. The fears are paper tigers. You can do anything you decide to do.

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CHAPTER ONE – INTRODUCTION

1.1 Forward

Over the last twenty years, researchers and policy makers have devoted attention to developing and disseminating effective guidance documents, policies and practices in child protection and welfare that are based on best international practice and research. While debate persists with respect to what comprises evidence based practice interventions (Gambrill, Littell & Shlonsky, 2010 as cited in Mildon and Shlonsky 2011), the child protection field in Ireland is moving toward providing services that are demonstrably effective in implementing evidence based policy to support best practice (Appendix 1). This development is evidenced by the publication of *Children First National Guidance for the Protection and Welfare of Children 2011* (CF 2011) and the *Child Protection and Welfare Practice Handbook 2011* (CPWP Handbook 2011).[1]

Much less attention, however, has been paid to what is needed to implement these policies in a range of real-world settings, such as front line child protection social work. In Ireland, research on the implementation of child protection policy into practice has usually approached the issue predominantly from a 'top-down' perspective. This entails the implementation process being reviewed from the perspective of top-level or Head Office based service managers, and the specific implementation plans they describe as having been put in place. For example, there are published Government sectors' implementation strategies for child protection policy which adopt a 'cascading' model of policy implementation from the CEO of the Government agency (such as the head of the Health Service Executive [HSE]) down to front line staff (Appendix 3). In contrast

[1] Appendix 2 contains a glossary of all abbreviations used in this dissertation.

to existing top-down policy implementation studies, this research study takes a 'bottom-up' perspective through exploring the lived experiences of front line child protection social workers as they seek to bridge the policy to practice gap. This research focuses on the most current cornerstone of child protection policy in Ireland: *Children First National Guidance for the Protection and Welfare of Children 2011* (CF 2011).[2] However, its precursor, *Children First National Guidelines for the Protection and Welfare of Children 1999* (CF 1999), will also be referred to due to the formative impact it had on the development of the more current policy. CF 2011 emphasises the need for an effective implementation strategy to ensure that the guidelines are demonstrably integrated into practice, thereby guaranteeing the safety and well-being of Ireland's children. This research investigates social workers' understandings of what it means to embed CF 2011 into their service delivery.

The chapter begins with a discussion of the research context, including a short timeline regarding the development of Irish child protection policy guidelines and services since the 1990s. This is followed by a review of the theoretical concepts of implementation science, which serve as a framework for the subsequent literature review of the history of Irish child protection policy and the issuing of CF 1999 and CF 2011. These two *Children First* guidance documents are then analysed through the lens of implementation science. This discussion provides a foundation for stating the significance of the research study, the research aims and the research question. The chapter concludes by summarising the importance of this research study.

[2] For greater clarity, in this dissertation the Children First National Guidance for the Protection and Welfare of Children 2011 (CF 2011) is referred to as a guidance document as it outlines broad principles for best practice in the protection and welfare of children. Other documents, such as the CPWP Handbook, the Caseload Management policy, or the Standard Business Process are referred to as ancillary policies/ procedures (see also Appendix 9). Among child protection social workers, however, every document is sometimes referred to as a 'policy'. HIQA also refer to these policies as ancillary to CF 2011.

1.2 The research context

Ireland has a long and complex social history regarding the development of child protection policy and practice. There have been a number of major inquiries in Ireland since the early 1990s investigating situations where children have been seriously abused and neglected both within family and organisational contexts. In an effort to prevent similar situations of abuse occurring again, each inquiry made recommendations which resulted in legislation, national child protection guidelines, ancillary policies/ procedures, and the further development of child protection services (Appendix 4).

However, in both the U.K. and Ireland the question has arisen as to whether inquiry recommendations were being effectively implemented, as evidenced by the prevention of future abuse. Lonne *et al.* (2008) appear doubtful when they underline the cyclical nature of national child abuse inquiries (as cited in Buckley and O'Nolan, 2013) (Fig 1).

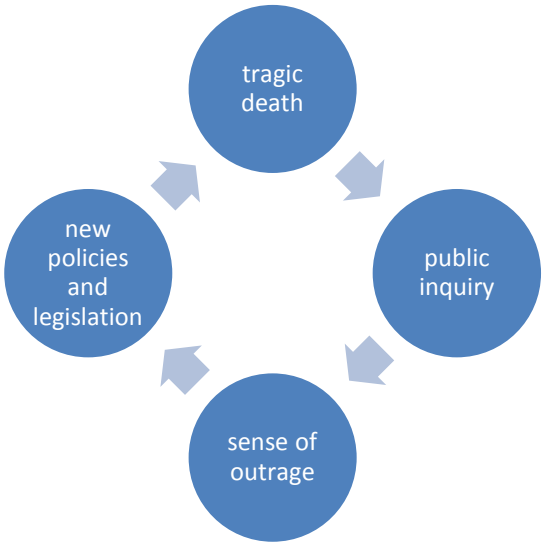

Figure 1: Repetitive cycle of child abuse inquiries

A desire to break any such repetitive cycle has led to research studies being conducted to uncover sources of influence on decision-making in order to identify which implementation methods, in any organisation and with any group of people, result in the behavioural shifts which are required to improve practice.

1.3 The theory of implementation science

For the past twenty-five years policy makers and researchers have critically reviewed methods which are deemed effective in bringing about changes in practice within an organisation. The subsequent body of literature concerning these change-inducing interventions or innovations is called implementation science. Generally speaking, implementation science challenges the common assumption that change processes will somehow happen automatically (Leeman, Baernholdt & Sandelowski, 2007).

McKenney and Reeves (2012) identify three general stages in the implementation process (Fig. 2).

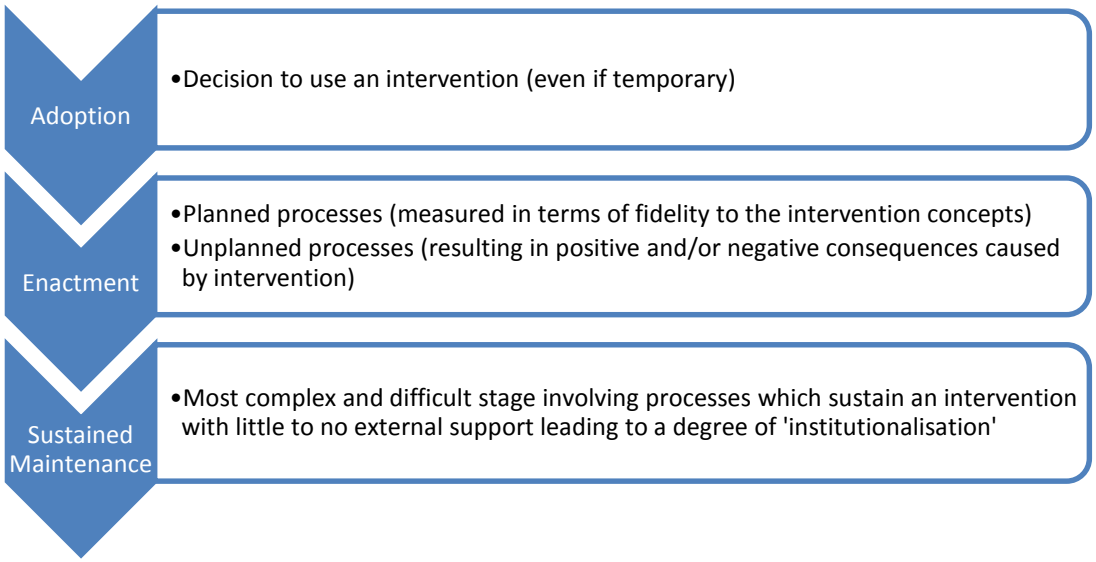

Figure 2: Stages of Implementation

Leeman et al. (2007) would add a pre-cursor to the adoption stage, particularly in the case of large-scale interventions. They name this pre-cursor an 'awareness' stage when individuals first become cognisant of a new intervention/ innovation. In this, they reflect the work of many change theorists from both business and psychology literature (Prochaska, DiClemente & Norcross, 1992; Lewin, 1951; Rogers, 2003).

Throughout all implementation stages, communication is deemed a vital component. Different types of communication channels are most effective at different stages. During an awareness stage, for example, the passive dissemination through the mass media can be an effective communication tool. During the adoption stage, active dissemination through interpersonal communication channels are considered critical. Interpersonal communication is most effective among peers, particularly if some in this peer group have already adopted the new intervention. (Leeman *et al*., 2007; Rodgers, 2003)

Critical success factors to implementation have been variously identified by successive researchers and academics. Approaches which are purposeful, active and integrated are key according to Fixsen (as cited in Mildon and Shlonsky, 2011). McKenney and Reeves (2012) underline the importance of the following factors:

1. **the attributes of the intervention/ innovation**
2. **strategies for embedding implementation**
3. **the context and surrounding systems**
4. **the participants involved**

Regarding the attributes of the intervention/ innovation (factor 1), McKenney and Reeves (2012) state that the intervention needs to offer something better than what is already in place; otherwise lasting change will not occur. At the same time, they maintain that the innovation needs to be compatible with existing values, cultures, practices, and beliefs. Otherwise, an explicit effort must be made to change those

values, beliefs and practices as part of the implementation process (Ryan, McNamara and Deasy, 2006).

The recruitment of what are termed implementation leaders and champions, in order to effect practice change, is advocated by many (Bridges, 2003; Mildon and Shlonsky, 2011; Rogers, 2003). Such recruitment is an example of a strategy to embed implementation (factor 2). Change champions tend to emerge spontaneously during change efforts; whereas change leaders are given authority to lead the change by the manager or organisation. Champions do not necessarily have authority, rather they effect change through their charisma and commitment (Leeman *et al.*, 2007). Hence, the recruitment of leaders and champions is also dependent on the participants involved in the intervention (factor 4).

Implementation fidelity is commonly discussed in implementation science literature and is an example of the context and surrounding systems (factor 3 above). Mildon and Shlonsky (2011) argue that the quality of execution of the implementation strategy can be measured by the on-going assessment of fidelity to the introduced intervention. In a recent article on implementation, the Irish Centre for Effective Services (CES) states that in order to keep evidence-based initiatives effective, programmes and policy must be implemented with high fidelity (CES, 2012). A lack of fidelity to the intervention design has been identified as grounds for failure in implementation (Fagan *et al.*, 2008). McKenney and Reeves (2012), however, dispute the need for a rigid approach to intervention design fidelity. They argue that interventions must allow a degree of flexibility in their design to be successfully implemented. This is because interventions must withstand minimal adaptation in order to accommodate local differences.

The McKenney and Reeves (2012) stages of implementation and the concomitant factors for success serve as the theoretical lens through which the practice-based enactment of CF 2011 is critically examined in this research study of front line practice. The need for an effective implementation strategy has been clearly identified both within CF 1999 and CF 2011, and by organisations and individuals who are expected to adopt the guidelines and guidance within these documents. The implementation of CF 1999 was analysed in 2010 by the then Ombudsman for Children, Emily Logan, from the perspective of management (top-down approach). However, neither CF 1999 nor CF 2011 policy implementation has been studied from the perspective of front-line service providers (bottom-up approach). Such a study would begin with a review of the implementation strategies incorporated into first CF 1999 and then CF 2011.

1.4 Children First 1999 - The foundation for Children First 2011

CF 2011, the main focus of this research study, is actually a re-issuance of an earlier child protection national guidance document, *Children First National Guidelines for the Protection and Welfare of Children 1999* (CF 1999). The key aim of CF 1999 is to promote the welfare of all children and to assist people in identifying and reporting child abuse. Specifically, CF 1999 sets out to "*clarify and promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection*" (DoHC, 1999, p.17); a concern raised by the 1993 Kilkenny Incest Investigation. However, whereas CF 1999 lays out a framework for inter-agency and multi-professional work practices, this document does not have statutory footing. The Child Care Act 1991, though, does provide an important legal background to CF 1999, particularly with regards to the roles and duties of the Health Boards and Gardai. At the time of the publication of CF 1999, there appeared to

be a willingness by all parties to adopt these guidelines as they were seen to offer a positive change to what was already in place. As McKenney and Reeves (2012) note, this is an important component in the implementation process. CF 1999 also offers guidance for the implementation of the document's national guidelines through the adoption of local procedures to support the implementation process within all organisations, both statutory and voluntary. The local procedures were to incorporate the definitions and reporting of child abuse as set out in CF 1999. The Health Boards (which became the Health Service Executive [HSE] in 2004) were identified as the key leaders in the implementation process of CF 1999. Theoretically speaking, these implementation steps relate to the enactment stage as described by McKenney and Reeves (2012). CF 1999 clearly outlines strategies for embedding implementation of its guidelines while taking into account the context and surrounding systems. In addition, the emphasis in CF 1999 on the development of local procedures reflects McKenney and Reeves (2012) concern about accommodating local differences.

1.4.1 Critical review of Children First 1999 implementation

Since the publication of CF 1999, there have been several implementation reviews of this policy document both at local (O'Leary, 2007) and national level. Two key national reviews were: 1) *National review of compliance with Children First: National guidelines for the protection and welfare of children* conducted by the then Office for the Minister for Children and Youth Affairs (OMCYA, 2008); and 2) *A report based on an investigation into the implementation of Children First: National guidelines for the protection and welfare of children* conducted in 2010 by the Ombudsman for Children, Emily Logan. The former identified "a significant difficulty around the absence of a comprehensive local, regional or national structure" to support the implementation of CF 1999 (p. 18).

Logan conducted the latter review at her own initiative under section 10 of the Ombudsman for Children Act 2002. She primarily used a top-down approach as evidenced by her reliance on consultation with senior-level stakeholders and review of child protection procedures; while not additionally interviewing front-line staff or auditing case files. Specifically, Logan held interviews with senior managers in Local Health Offices, the Office of the Minister for Children and Youth Affairs, the Health Service Executive at national level, An Garda Siochana and the public sector employee trade union IMPACT. With the exception of IMPACT, all of these organisations were identified as key stakeholders in CF 1999. In addition, Logan reviewed and analysed all local child protection procedures and any other documents that demonstrated implementation of CF 1999 (Ombudsman for Children Office [OCO], 2010).

The findings of Logan's 2010 investigation provide great insight into how the implementation of CF 1999 had progressed since its publication eleven years earlier. As stated previously, CF 1999 requires the drawing up of local procedures to support the document's implementation into practice. According to Logan, however, half of the Local Health Offices either did not have proper local procedures or had only recently drawn them up (OCO, 2010). One could argue that perhaps local procedures are not so critical and that what matters is professional practice on the front line. Although frontline practice is certainly very important, at the time of Logan's report there were no standard processes around the internal audit of case files or external inspection (this was before the establishment of the Health Information and Quality Authority [HIQA][3]) to ascertain that practice was fit for purpose.

[3] Since 2012, HIQA has been inspecting child protection social work departments across Ireland. The purpose of these inspections is to monitor TUSLA's compliance with regulations and standards meant to ensure the safety and quality of the services being provided to children and their families (HIQA, 2014). The approach adopted by HIQA to gather evidence of compliance is situated directly within frontline

In Logan's judgement, the formation of the HSE on January 1st 2005 created a vacuum in areas of responsibility with regard to the implementation of CF 1999. Under the former Health Boards, the local health managers had responsibility for CF 1999's implementation. At the establishment of the HSE there was never a clear written instruction transferring these responsibilities to managers in the HSE (OCO, 2010). The creation of the HSE was most likely an example of an unplanned process, as described by McKenney and Reeves (2012), in the enactment phase of CF 1999 implementation (see Figure 2). The change in organisational structure (from Health Boards to the HSE) made it difficult to achieve design fidelity in the execution of the original implementation strategy as laid out in CF 1999. The key embedding element of CF 1999 was the development of local procedures. The focus of the new HSE, however, was on nationalising and centralising service delivery and processes. As described by Fagan et al. (2008), a lack of fidelity to the intervention design has been identified as grounds for failure in implementation.

Overall, Logan identified several examples of what she termed unsound administration by the HSE (OCO, 2010). Namely, that if the HSE as an organisation failed to implement local child protection procedures as per CF 1999, the HSE also failed in its role to encourage other statutory and voluntary organisations to adopt their own local procedures. One notable exception was the Southern Health Board (Cork/Kerry) which had developed local child protection business processes to support the implementation of CF 1999 in its area. Logan's report highlighted these processes as an important step towards the successful implementation of CF 1999. She also stressed the importance of a commitment to regular implementation reviews of CF 1999 by auditing case files and records (OCO, 2010). Reviewing case files and records would be an opportunity to link

service provision through: 1) meetings and interviews with local social work teams; 2) case file audits among other tools.

in directly with participants involved in implementing the changes in practice. The auditing of case files would also serve the purpose of identifying who the change champions are within any team. This would be an example of the importance of recruiting change champions as advocated by Leeman *et al*. (2007).

Cork/Kerry was the only former Health Board to have completed a case file audit within their child protection social work departments at the time of Logan's report (O'Leary, 2007). The results from Cork/Kerry's audit in 2003-2004 were worrying as they evidenced a significant gap between standards and practice. As stated above, Cork/Kerry had developed local child protection procedures that were CF 1999 compliant. Their implementation into practice, however, failed in some key areas such as insufficient case recording, poor case management and lack of consistency across departments (OCO, 2010).

With regards to the other regions, Logan identified several barriers to CF 1999 implementation. For example, she stated that in the Eastern Health Board the non-engagement of IMPACT trade union due to industrial relations issues acted as an impediment (OCO, 2010). The lack of engagement from participants is an example of a further unplanned process in the enactment stage as outlined by McKenney and Reeves (2012). It is debatable, however, whether more advance planning to engage the unions in the design process of CF 1999 prior to implementation would have been fruitful.

In other areas, Logan felt that the initial impetus to implement CF 1999 had lost momentum. For example, by 2003 key Health Board staff that had been seconded to posts specifically to support the implementation of CF 1999 had returned to their substantive posts and had not been replaced. As a result, in many parts of the country key implementation mechanisms such as Garda/HSE joint meetings, regional Child

Protection Committees and local Child Protection Committees were not happening as required by CF 1999 (OCO, 2010). According to implementation science researchers, this would be a clear indication of lack of change leaders and change champions to implement CF 1999 (Bridges, 2003; Leeman *et al*., 2007; Rogers, 2003; Mildon and Shlonsky, 2011); resulting in a lack of sustained maintenance (McKenney and Reeves, 2012). Logan also cited a critical lack of evidence-based oversight (through internal case file audits or external inspections) regarding whether the principles of best practice as laid out in CF 1999 were being applied by front line staff within the HSE (OCO, 2010). In her recommendations, Logan listed key aspects of CF 1999 that needed to be implemented as well as other recommendations arising from inquiries post 1999. Logan, however, proffered no additional implementation strategies as to how to successfully embed this document into practice, other than those already detailed in CF 1999.

Another example of the inadequate implementation of CF 1999 emerged during the Roscommon Child Care Case Inquiry. This inquiry again found that the lack of effective co-ordination between services gave the false impression that everything was being done for this family and thereby masked the full extent of the children's suffering (Gibbons, 2010). The Roscommon report also emphasised that the successful implementation of CF 1999 is a critical factor in keeping children safe, but that this implementation had not been fully achieved in the Roscommon area in 2010. From the findings of the inquiry, it seems that there was a lack of consistent and sustained leadership within the Roscommon child protection team. This was compounded by a high turnover of staff during that same period. From a theoretical perspective, the lack of consistency in key service-providers would impact on the sustained maintenance of any intervention, including the implementation of CF 1999. Having implementation leaders and champions to effect practice change is essential to achieve sustained

implementation, leading to institutionalisation of the new procedures (McKenney and Reeves, 2012).

The publication of the Roscommon report provided further urgency to the demand for successful implementation of national child protection guidelines. A new Government, elected shortly after, published a revised and updated version of CF 1999: *Children First 2011*. A the time of the launch in July 2011, the then new Minister for Children, Frances Fitzgerald, gave a commitment that mistakes made around the implementation of CF 1999 would not be made again and that CF 2011 would be successfully embedded in practice.

1.5 New developments with the implementation Children First 2011

The Department of Children and Youth Affairs (DCYA) was established in June 2011 which has resulted in national state policy in relation to children now being led by its own government department. The then Minister for Children and Youth Affairs, Frances Fitzgerald, re-issued CF 1999 as a revised guidance document in July 2011, known as *Children First: National Guidance for the Protection and Welfare of Children* (CF 2011). The key aims and principles for best practice outlined in CF 1999 remain unchanged in CF 2011. CF 2011 does, however, reflect changes in service delivery that have occurred since the publication of CF 1999. The creation of services such as the HSE, HIQA (Health Information and Quality Authority) and the DCYA are incorporated in CF 2011 as well as relevant new legislation such as the Children Act 2001.

Significantly, CF 2011 incorporates a structured and detailed child protection social work assessment process to be applied across all social work teams; known in practice

as the Standard Business Process (SBP). Developing and implementing SBP addresses one of the main concerns of the 2010 review of the implementation of CF 1999.

Additionally, in September 2011 the HSE published a *Child Protection and Welfare Practice Handbook* (CPWP Handbook 2011) which is designed to be a complementary and companion volume to CF 2011. This Researcher knows from her work as Children First Implementation Officer that the response from various organisations (both internal and external to the HSE) to CF 2011, and particularly to CPWP Handbook 2011, has been very positive. This is important according to McKinney and Reeves (2012), as any new intervention needs to be perceived as better than what is already in place for change to occur.

The roll-out of CF 2011 and the CPWP Handbook 2011 was supported by the HSE appointment of a National Director for Children and Families Services in late 2010. Theoretically speaking, the National Director is a change leader, the importance of which is highlighted in the literature (Bridges, 2003; Leeman et al., 2007; Rogers, 2003). The programme for change in the delivery of children's services culminated in the establishment of the new Child and Family Agency, known by its Irish-derived name TUSLA, on 1st January 2014 (Appendix 5).

A criticism since the launch of CF 2011, in the lead-up to the creation of TUSLA, has been the lack of inclusion of local context and surrounding systems in the devising of national policies to support the implementation of CF 2011, as advocated by McKenney & Reeves (2012). Nonetheless, the national office of TUSLA expects a high level of design fidelity in the implementation of CF 2011 and of all policies pertaining to the guidelines. McKenney and Reeves (2012) would argue that there is no need for such a rigid approach to intervention design fidelity. They advocate allowing a degree of

flexibility so as to better ensure successful implementation. The rigidity of TUSLA's approach to ancillary policies/ procedures implementation could jeopardise the embedding of CF 2011 guidelines in practice.

Despite changes in the Constitution, CF 2011, like CF 1999 before it, remains a guidance document that has no statutory footing. Since its establishment, the DCYA is preparing legislation to put CF 2011 on a statutory footing. In addition, the Minister for Children and Youth Affairs has established a Children First Implementation Inter-Departmental Group (CFIDG) to bring central government oversight to the implementation process. The direct responsibility for implementation rests at an organisational level (such as the HSE within the health sector) as per CF 2011. Each government department represented on the CFIDG prepared a Children First Sectoral Implementation Plan, published in the summer of 2013. The publication by each Government department of their strategic implementation plan is evidence of McKenney and Reeve's (2012) adoption stage. Each government department has identified national and sectoral change leaders as part of their strategy. However, as outlined in this study, there are other critical success factors which also need to be considered during the enactment and sustained maintenance stages: 1) giving due emphasis to the context and surrounding systems and; 2) the participants (professionals) being involved in front-line implementation.

Whereas CF 1999 and CF 2011 are perhaps not the panacea for addressing all the complex issues involved in achieving positive outcomes for children, there is an expectation nationally that all front-line staff operate under these guidelines. From the perspective of implementation science, after review of the literature and policy documents such as CF 1999 and CF 2011, the Researcher maintained that further knowledge was required. More specifically, there was a need for research using a

bottom-up approach through examining the experiences of frontline service providers regarding the implementation of CF 2011. An analysis of the barriers and facilitators they encounter could serve to inform future policy design and implementation strategies.

1.6 Significance of the Research

The review of the literature on the implementation of CF 1999 and CF 2011 demonstrates how the process of enacting policy recommendations is highly complex. Although implementation science literature is long-standing and extensive, there appears to be a gap in the application of some of its tenants to a review of Irish frontline services in child protection. In particular, Irish research to date into the implementation of CF 1999 and CF 2011 has taken a top-down perspective, as exemplified by Logan's (OCO, 2010) report. This research study aims to compliment the top-down approach by using a bottom-up perspective through exploring front line practitioners' lived experiences of embedding CF 2011 into their practice. An implementation science framework guided the analysis of the collected data.

1.7 Research Aims

The aims of this research were to study the implementation of CF 2011 from a child protection social workers' perspective by:

- Identifying social workers' attitudes towards implementing CF 2011 into their daily practice.

- Exploring how social workers negotiate the process of applying CF 2011 and ancillary policies/ procedures in their practice.
- Analysing the collected data through the lens of implementation science so as to make recommendations as to how child protection social workers can best be supported in meeting the challenges of implementing CF 2011.

1.8 Research Question

What are child protection and welfare social workers' experience of implementing Children First 2011 in their practice?

1.9 Chapter summary

Ireland has a long and complex social history regarding the development of child protection practice. At the same time, a wide body of literature has been published internationally over the past twenty-five years researching and theorising on the best approaches for implementing new governmental policies. Irish governmental policy and professional practice has made numerous attempts to bridge the policy to practice gap in child protection by developing implementation strategies using 'cascading down' methods or once-off training modules on CF 2011. To date, these strategies have been reviewed using a top-down assessment approach. In contrast, this qualitative research study critically examines the policy to practice gap through a bottom-up approach, by exploring the implementation of child protection policy from a frontline service providers' perspective. Based on the findings, the Researcher makes recommendations as to how child protection social workers can be best supported in further implementing mandated child protection policy.

CHAPTER TWO: METHODOLOGY AND METHODS

2.1 Introduction

This chapter presents a rationale for the overall qualitative methodology chosen for the research study, followed by a description of the concomitant data collection and data analysis methods.

2.2 Overview of research methodology

The Researcher employed a qualitative approach as there is a lack of research into the implementation of CF 2011 from a service provider's (bottom-up) perspective. The qualitative researcher explores areas where there is limited prevailing knowledge, seeking an in depth understanding so as to better describe, understand and interpret human behaviour (Polit and Beck, 2004). The Researcher specifically chose a phenomenological approach for, as stated by Finlay and Ballinger (2006), "phenomenology is concerned with the way things appear to people" (p. 186). This approach allowed the Researcher to look not only at events and behaviours, but also at how the research participants themselves make sense of these and how their understanding influences their own behaviour.

Ensuring validity and reliability was central to this qualitative research process.

2.2.1 Reliability and validity

Reliability (also referred to as external validity) is a term generally used with quantitative research to determine the replicability of research findings; i.e. whether or not they would be repeated in another study using the same or similar methods (Ritchie and Lewis, 2004). With qualitative research, terms such as trustworthiness, consistency and dependability are most often used in appraising the soundness of a study (Ritchie

and Lewis, 2004; Lincoln and Guba, 1985). The Researcher applied the following strategies, as laid out by Finlay and Ballinger (2006) and Denzin and Lincoln (2005), to ensure trustworthiness, and therefore validity, of the research. The Researcher:

1. Demonstrated coherence between the research aims, question and data collection methods and the underlying epistemological stance of the researcher
2. Engaged in a process of Researcher reflexivity
3. Gave evidence of a systematic and careful research conduct ; e.g. provided a clear and verifiable description of the processes of data collection and interpretation so as to support the generalisability of the study findings (external validity)
4. Gathered multiple perspectives on the question under study so as to add rigour, breadth and complexity to the findings (internal validity).

2.2.1.1 Epistemological stance of researcher

Epistemology is a branch of philosophy that questions what knowledge is and how it can be acquired. Regarding the first point above, qualitative researchers seek answers to questions that underscore the 'how' social experience is created and thereby stress the socially constructed nature of reality (Mason, 2007). Hence, the Researcher applied a constructivist-interpretive paradigm within a qualitative research methodology. This paradigm recognises multiple meanings and subjective realities, particularly important when using a phenomenological approach to research participants' lived experiences (Finlay & Ballinger, 2006).

Such an interpretivist epistemology recognises that it is impossible to be objective and that the researcher's identity and standpoint "shape the research process and findings in

a fundamental way" (Finlay & Ballinger, 2006; p.19). Hence, a major element of this research process involved self-questioning activity, or reflexivity (point 2 above).

2.2.1.2 Researcher reflexivity

Reflexivity requires "thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognizing the extent to which your thoughts, actions and decisions shape how you research and what you see" (Mason, 2007, p. 5). Considering the Researcher's position as a Children First Implementation Officer with the Child and Family Agency**,** applying reflexivity to her research analysis was a necessary component to assuring research validity. After each interview, the Researcher recorded field notes about the content and process of the interview, as well as noting any extra information or non-verbal observation. Thoughts and feelings of the Researcher were thus recorded as the research progressed and the Researcher critically self-reflected on how she affected the research and the research affected her. It was important during this study that the Researcher demonstrate a clear understanding of her role as Researcher and not that of an Implementation Officer. The Researcher interviewed participants who were aware of her in her professional role as Implementation Officer. Therefore, due diligence needed to be paid to participants' understanding of the Researcher's role and responsibility.

2.2.1.3 External validity

Regarding point 3, the Researcher provided an auditable trail of the processes of data collection (through qualitative in-depth interviews) and analysis (using implementation science as a theoretical framework). Burgess terms qualitative interviews as "conversations with a purpose" (as cited in Mason, 2004, p. 62). The accounts reported by social workers revealed how they embed their own understanding of CF 2011 into

their practice. As stated by Mason (2007), such interviews can provide data on different professionals' versions of, and positions within, an embedding process. Using such an in-depth interviewing technique underscores the constructivist-interpretivist epistemology of this study. This is because the interviewees are considered experts of their own individual realities that the research question is designed to explore. Prior and Barnes (2011) argue that:

> *Because the construction of meaning is contingent upon particular contextual, biographical and other cultural contexts, and is itself a product of reflexive interpretation on the part of the researcher, we do not treat actions and meanings as 'variables' operating independently and therefore susceptible to forms of measurement. Rather, we regard them as interdependent, mutually constitutive and continually changing. This approach to investigating policy implementation is not, therefore, a search for certainty in explaining outcomes, but a search for the conditions that make particular outcomes possible.* (p. 265)

2.2.1.4 Internal validity

This study's internal validity (point 4 above) is best determined by answering the question: Is the Researcher "accurately reflecting the phenomena under study as perceived by the study population?" (Ritchie and Lewis, 2004 p.274). The answer to this question allowed an evaluation of the strength of the Researcher's methods (detailed below) and the quality of her analysis and interpretation of the data. Denzin and Lincoln (2005) advocate the use of multiple data sources, in this case interviewing eight study participants, as it better ensures "an in-depth understanding of the phenomenon in question" (p. 5). In the literature, there are usually two distinct purposes for cross-referencing the different data sets: 1) confirmation of data and; 2) completeness of data (Casey & Murphy, 2009). Confirmation of the data was given by the Researcher examining multiple source data for the extent to which they agree or converge. The greater the degree of convergence, the greater the Researcher's confidence in the credibility of the findings (Denzin & Lincoln, 2005). The Researcher

demonstrated completeness of data by providing a holistic and contextual representation of the phenomena through the cross-referencing of multiple perspectives. As suggested by Patton (2002), different data sources are sensitive to different real-world nuances. The over-arching epistemology of this research, however, accepts that "understandings gained from research remain provisional, partial and entirely dependent on context" (Finlay and Ballinger, 2006, p. 19).

2.3 Research Methods

Whereas a discussion of research methodology provides an overview of the philosophical approach and epistemology of this study, it is the description of research methods which gives the details of participant recruitment and the specific procedures used for data collection and data analysis.

2.3.1 Study participants

The Researcher used a purposive sampling strategy to identify appropriate research participants. Due to time limitations, the Researcher restricted herself to social work teams in the Cork area. The in-depth study of phenomena inherent in a qualitative research methodology means that it is better to obtain depth rather than breadth in data collection in terms of sample size (Ritchie and Lewis, 2004). For this reason, the sample consisted of eight participants, each of whom was interviewed for approximately 60 minutes.[4]

2.3.1.1 Inclusion and exclusion criteria

The inclusion criteria were:

[4] The Researcher would like to acknowledge the support and cooperation of TUSLA in allowing social workers to use work time to participate in this study. In return, the Researcher has agreed to make the findings available to TUSLA staff upon request.

1. Participants were child protection social workers in Cork city and county who were familiar with CF 2011. A basic pre-requisite was that they had to have attended the one-day training module on CF 2011. The sample also included social workers who additionally had experience in being practice teachers for student social workers on placement.
2. Male and female participants were included in the research. Social workers are predominantly female; however, one man was included as an interviewee.
3. Participants could be of any ethic origin. In this sample, however, all participants were Caucasian, though not all of Irish origin.
4. Participants were working in both rural and urban social work teams. The Researcher was able to select four participants from urban teams, and four from rural teams.
5. Participants had to have a minimum of one years' experience. The sample participants had variable length of practice experience in child protection. A combination of practitioners working for less than or more than three years in child protection social work was achieved.

The one exclusion criteria for being interviewed for this study was anyone working in a management capacity (Team Leader, Principal Social Worker).

2.3.1.2 Recruiting study participants

The Researcher recruited participants by approaching the Principal Social Workers of the four Cork child protection teams and asked them to identify possible participants who met the above criteria. Principal Social Workers were asked to propose a minimum of two possible participants within their team. The Principal Social Workers acted as gatekeepers between the Researcher and the possible research participants until such

time that participants had an opportunity to read the research study information sheet (Appendix 6) and expressed an interest in participating in the study. The information sheet provided details about the purpose of the study, what participation would entail, and particulars about how the data would be used and stored. Participants were informed that confidentiality would be assured through no identifiable attribution of comments in the final research report as each participant would be assigned a pseudonym. The Researcher paid particular care in this regard as she is currently working with the research sample pool both directly and indirectly. The Researcher considered if, in addition to the pseudonym, it might be necessary to change minor personal details (years' experience, general place of work) to further disguise identity but this did not prove necessary; nor did the Researcher need to get specific consent from the participant to include such details (Ritchie and Lewis, 2004). The Researcher then approached the named potential participants directly to answer any further questions they had and gave them an opportunity to sign the research consent form (Appendix 7).

2.3.1.3 Profile of participants

Table 1 below outlines pertinent demographic information for each participant. To protect their anonymity, each was assigned a pseudonym that indicates only their gender and the sequence in which they were interviewed (first participant assigned a pseudonym beginning with the letter A).

Table 1: Participants in study

Name	Place of work	Years of experience	Professional grade
Aoife	Cork county	≥10 years	Social worker
Bianca	Cork county	≤3 years	Social worker
Caitlin	Cork city	≥10 years	Social worker
Doreen	Cork city	≥10 years	Social worker
Edwina	Cork city	≤3 years	Social worker
Fred	Cork county	≤3 years	Social worker
Gwen	Cork county	≥10 years	Social worker
Holly	Cork city	≤3 years	Social worker

2.3.2 Data Collection

An interview schedule (Appendix 8) of open-ended questions was designed to ensure that similar data was collected from each participant (Polit & Beck, 2004). The interviews were interactive in nature and combined structure with flexibility, key features of qualitative interviews (Ritchie and Lewis, 2004). To this end, the Researcher used a range of probes and other techniques in order to achieve greater depth of answers in terms of "penetration, exploration and explanation" (Ritchie and Lewis, 2004, p. 141). The questions were based on information acquired through an appraisal of the current literature and were designed to address the aims of this research study. The questions were formulated so as to be unambiguous and clinical jargon was excluded to enable universal understanding of their meaning.

The Researcher conducted eight individual interviews, of approximately one hour in length, with practicing child protection social workers. Participants were given a choice of time and location for the interview. Five participants chose to meet in interview rooms at their places of work; while three other participants chose to meet in the Researcher's office. All interview locations were quiet and free from distractions; phones were switched off and there were no interruptions. Before the semi-structured questioning commenced, time was devoted to explaining the interview process and to answering any questions the participants had. The Researcher consciously refrained from explaining the rationale behind the research in too much depth so as not to unduly influence the responses from participants. Efforts were made to adopt a comfortable and conversational atmosphere as this encouraged free narrative (Mason, 2007). Once the interview was completed, the Researcher and participants discussed more freely the rationale behind the research and questions that participants had around it, as well as any other issues of concern for the participants.

The interviews were audio recorded in order to capture the depth and nuance of the interviewees' own language in its natural form. Audio recording also freed the Researcher to establish an authentic presence with the participant by making appropriate eye contact and to listen intently without having to take notes. During the interview, the Researcher strived to achieve a balance between talking and listening, observing verbal and non-verbal cues whilst also sustaining the flow of the interview (Carpenter & Suto, 2008). Implementation of these techniques supported the establishment of rapport and trust between the Researcher and participants and consequently resulted in the gathering of more insightful and trustworthy information. Participants were advised that the interview recordings would be transcribed and they were given the option of reviewing the transcripts; none of them, however, availed of this option (Appendix 7).

2.3.3 Data Analysis

The Researcher was mostly concerned with her interviewees' interpretations and understandings of how they make sense of the embedding of CF 2011 into their daily practice. The Researcher conducted her data analysis of each of the eight individual interviews through performing what Creswell (2003) describes as the generic steps to data analysis (pp. 191 – 195). The Researcher:

1. Organised and prepared the data
2. Read through the data transcripts in order to get a general sense of the information and then reflected on its overall meaning or gestalt
3. Began a detailed analysis through a coding process which organised the material into 'chunks' (initial coding)
4. Used the initial coding to generate a small number of themes or categories (focused coding)
5. Developed a narrative passage or story to represent the themes
6. Made an interpretation or meaning of the data and discussed lessons learned

Throughout, the Researcher applied interpretive and reflexive readings which ultimately involved "reading through or beyond" the data (Mason, 2007, p. 149). The Researcher also used reflexive reading of the data to locate herself as part of the generated data and sought to explore her role and perspective in the process of generation and interpretation of data in an ongoing reflexive diary (Mason, 2007).

In the initial coding stage, the Researcher employed cross-sectional indexing of the data by devising a consistent system for code terms for all of the transcripts "according to a set of common principles and measures" (Mason, 2007, p. 150). Short chunks or slices of text which had a discrete meaning were labelled with a term or code. This initial coding process is referred to by Saldana (2009) as the 'first cycle'. Careful first cycle coding is important in order to 'take ownership' of the data (Saldana, 2009). To

facilitate consistently applying the same set of codes to all of the transcripts and the easy retrieval of specific text slices, Computer Aided Qualitative Data Analysis (CADAS) software was used; specifically *Ethnograph* as it was easy to learn and relatively inexpensive to purchase.

The process of second stage focused coding allowed the development of a matrix of relationships between different groupings of codes. Saldana (2009) describes this second cycle as more challenging because it requires analytic skills such as 'classifying, prioritising, integrating, synthesising, abstracting, conceptualising and theory building' (p.45). Eventually over-arching themes, or families as they are referred to in *Ethnograph,* emerged. These themes served as additional layers for a more complex analysis of the data, which allowed the Researcher to make an interpretation as to the meaning of the data (Creswell's step five). These themes were reviewed to assure that they were either applicable to each case (convergence) or that they provided a more holistic understanding (completeness) of the phenomena (Casey & Murphy, 2009). Saldana (2009) describes this process as where the Researcher transcends mere indexing of the data in order to progress towards richer interpretive meanings.

The final interpretation of the data was viewed through the lens of implementation science. During this final step (step six), analysis of the findings opened the door to other literature, sociological theories such as Lipsky's (1980) 'street level bureaucracy' and change management literature. Applying all these theories allowed the Researcher to draw conclusions and recommendations from her research for developing implementation strategies to better support best practice in child protection services in the future.

2.4 Chapter summary

This chapter demonstrated the overall methodological integrity of this study by outlining the rationales for the qualitative methodology and the phenomenological approach. In addition, the primary element of quality research, namely the study's trustworthiness and internal and external validity, was discussed in depth. Due to the Researcher's position as an Implementation Officer with TUSLA, researcher reflexivity was described at length. Specific details about the methods for data collection and data analysis were provided.

CHAPTER THREE – FINDINGS

3.1 Overview of the chapter

Four themes, with concomitant sub-themes, emerge from the lived experience of child protection social workers as they seek to embed the guidelines of Children First 2011 into their practice. These are depicted in Figure 3. Each of these themes will be discussed in turn, including references to literature introduced in the first chapter. The chapter concludes with a summary of the most salient findings.

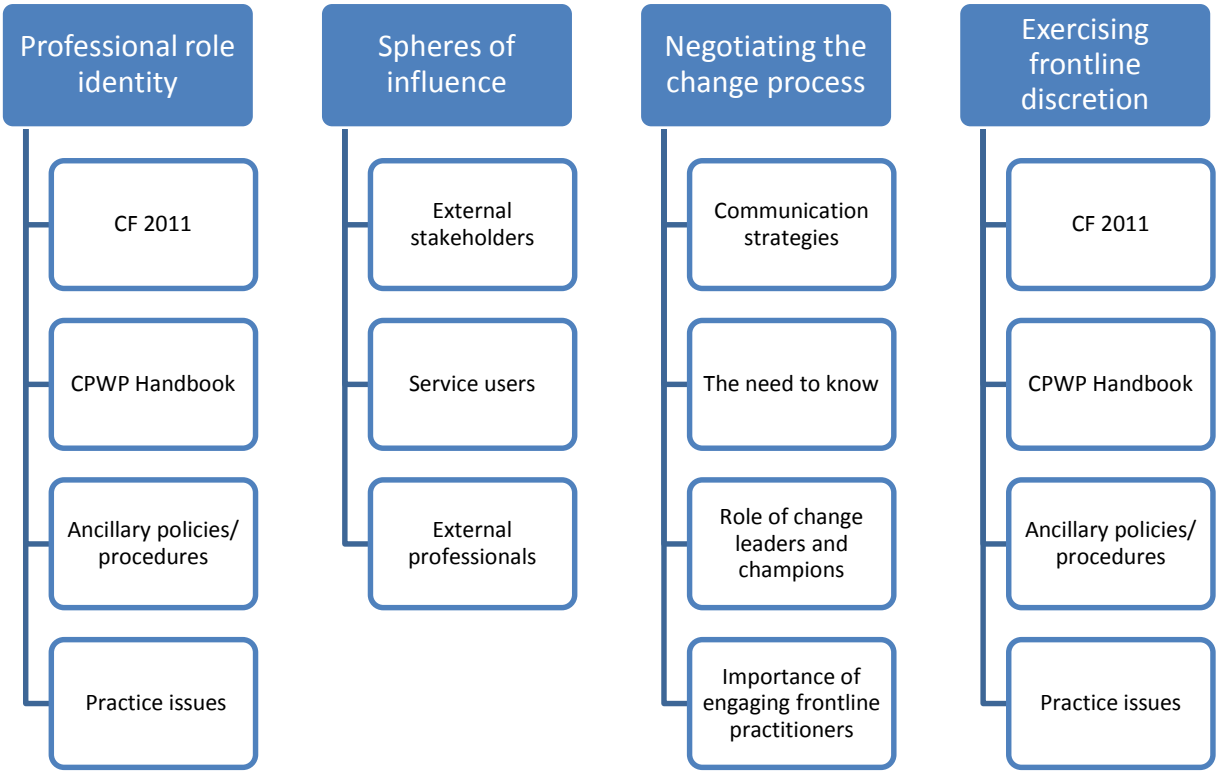

Figure 3 Themes and sub-themes

3.2 Theme 1: Professional role identity

The first theme encompasses child protection social workers' identity as manifested by how they perceive their professional role and responsibilities. This identity is first described in relation to CF 2011 globally, and then as it is framed by the CPWP Handbook and the myriad of policies / procedures ancillary to CF 2011 (Appendix 9). Finally, the participants reflect on how the enactment of their professional role identity may be compromised by certain practice issues such as an inordinate volume of administrative tasks and a lack of resources.

3.2.1 CF 2011

Every one of the eight participants spoke of Children First as a document that is integral to their practice and sense of a professional role identity:

[CF 2011] *just puts into words what our job is about apart from job description,* [which is] *very black and white* […] *Children First is what our job is about really.*
(Gwen 423-428)

So [CF 2011] *is everything. It is your practice. I think I would find it hard to give examples, because I would like to think it is […] what I do every day.*
(Holly 210-222)

I would think everyone adheres, obviously because of the nature of the work […] *they would have to, I would like to think.* [CF 2011] *is not something that we have a conversation about. This is just me generalising completely, but like it is raining today, you wear a coat* [you work in child protection] *you use* [CF 2011].
(Holly 585-599)

Holly elaborates further by querying how anyone could argue with the priorities reflected in a document that clearly sets out its intent with the title *'Children First'*; thereby, in her opinion, underscoring the principle that children have to be paramount and their needs must come first. Holly, a recent graduate, even brings Children First into her personal environment:

I even use it [CF 2011] *at home I imagine because I am a parent so it is not that I just use it at work, I use it every day. I look at other people on the street or in the super market if somebody screams at a child or grabs a child, and it is not so much social work head at the weekend but it's like, are you not aware?*
(Holly 223-232)

Thus, participants' experience of CF 2011 and their professional role identity appear to be completely in synch with each other – as if CF 2011 was the foundation on which all practice and policy implementation is built. It is, however, a guidance document which is meant to be implemented by all professionals who have contact with children. Hence, some participants appreciate the scaffolding given to their professional role identity by a policy/ procedure, such as the CPWP Handbook, written expressly with them in mind.

3.2.2 CPWP Handbook

The CPWP Handbook appeared to be particularly appreciated by both newly and long-qualified social workers. As one participant noted:

I think what I like about the handbook as well is that it is just very specifically geared for social care workers as opposed to Children First which is across the disciplines.
(Aoife 407-412)

Another experienced social worker feels less of a need for such a support:

I think the reason for that [don't use the CPW Handbook] is the fact that I am so long in my job that I think I know what I am doing. And I don't mean that as I know everything, I don't, and I would never say that I know everything but I think it is more of an essential guide for a young social worker starting out in practice. I think it would be essential to them. The longer you are working at what we are doing, the more you know. (Doreen 411-423)

3.2.3 Ancillary policies/ procedures

Being familiar with other policy/ procedures ancillary to CF 2011 (Appendix 9) was valued as an important aspect of their professional role identity:

It is very important to make time to read all these things [policy documents], *of course it is, we have to because that is what our job is about but it is difficult to make the time.* (Gwen 652-657)

So I think they are like repositories of information. I know there is something in there, I will go and get it and I will use it.
(Fred 889-893)

The participants internally debate the nature of their professional role identity when applying new policies/ procedures. The latter, they feel, may impact their practice in a manner that potentially puts their practice in conflict with their current perceived professional role. For example, participants expressed a distinct dislike in how their work, and the human interactions therein, are sometimes described as a 'business process'. As Buckley (2012) points out: "…describing human interactions in very fraught circumstances as 'business processes' and 'operational procedures' seems contradictory as they are often anything but business like" (p. 63). Hence, an administrative policy/ procedure such as the Standard Business Process (SBP) is not viewed in an entirely positive light by the participants. Featherstone, White and Wastell (2012) expand further in maintaining:

Integral to the building of relationships is that [child protection social] workers have enough time to assess what is happening, to mull over differing versions of events, to weigh up conflicting sets of evidence and to elicit truthful accounts. This kind of work cannot be done by harried workers running from one case to another without the space to think (p. 60).

The conflict between paperwork associated with the business process and the core nature of social work, as in the building of relationships, creates a paradox within participants' professional role identity that has led to practice issues.

3.2.4 Practice issues

Participants also commented on certain practice issues which they feel have an impact on their performance of their professional role. For example, they feel that the volume

of administrative tasks has a negative impact on their ability to perform other important duties:

It comes down to having too much paperwork for us to do. Because I actually spend more time at my desk than I do with clients. (Doreen 826-830)

Another participant comments:

[There is too much policy around practice] just makes the work more bureaucratic and that doesn't do anything to change the outcomes of the children that you are working with when you have more paperwork to do at the end of the day. So things like that I don't think are particularly helpful. I don't know whose needs they are serving but I don't think that they serve the children and families that we work for. And they certainly don't suit social workers in terms of the time that you have. (Caitlin 402-415)

The workplace stress due to increasing demands, particularly administrative, is identified as a barrier to exercising the principles for best practice underpinning CF 2011, principles that social workers believe to be congruent with their own values and professional role identity:

It is disappointing and it is upsetting as a social worker and as a practitioner because you know you are not doing the best for your clients that you want to do. (Edwina 504-508)

Every participant also noted that the lack of resources with regards to frontline services meant that they could not enact all the principles for best practice as set out in CF 2011:

While I think in principal it is really good, the resources aren't there to allow us to be fully compliant with us. (Aoife 93-96)[…] *I think it is hard to be compliant with it because of other resource issues.* (Aoife 122-124)

The reality is that where there is an absence of resources to respond to these cases that makes for a very unsafe situation. And we are not meeting our statutory requirements [under CF 2011] *because of that.* (Caitlin 523-529)

Performing a professional role in a manner that may not reflect implementation of all of the guidance documents, policies/ procedures ancillary to CF 2011, as would be expected by HIQA, is a cause of great concern for many of the participants.

I think that the nature of our work is that you are constantly hoping that something doesn't go wrong on your case because by God if it does, you have signed up that you have read Children First but why didn't you follow section 2.1 or whatever. (Caitlin 712-719)

3.2.5 Summary of professional role identity theme

The findings in relation to professional role identity clearly indicate that the CF 2011 values and principles are reflected in social workers' practice. With regards to ancillary policies / procedures to CF 2011, participants express uncertainty as to how some of them should impact their professional role due to unfamiliarity with their content; possibly due, in part, to the sheer number (more than 50) of such policies/ procedures. The apparent tension between social workers' professional role identity under CF 2011 and their high workloads will be further explored within the fourth theme of 'exercising frontline discretion'.

Social work practice is, by its very nature, always exercised in collaboration with other professionals and service users. Hence any discussion of policy and practice must encompass these external stakeholders, as discussed under theme two.

3.3 Theme 2: Spheres of influence

This theme communicates the perspective of child protection social workers regarding the influence and impact that external stakeholders (such as HIQA, DCYA, Ombudsman for Children Office [OCO], media, general public), service users and external professionals have on policy implementation. A key theme across the recommendations from twenty-nine major inquiries in Ireland since the early 1990s[5] is

[5] These inquiries investigated situations where children were seriously abused and neglected both within family and organisational contexts. The Kilkenny Incest Investigation in 1993 explored child protection failings in Ireland and gave rise to key recommendations which centred on the need for national procedures around the identification, investigation and

the importance of interagency cooperation and joint working to keep children safe. A breakdown in communication between agencies and disciplines was highlighted as early as the 1993 Kilkenny Incest Investigation (McGuinness, 1993, p. 94):

> *We were also conscious that violence and sexual abuse, whether against children or adults, must not be seen as solely the concern of the Health Services. Other statutory and non-statutory agencies and the community as a whole must share responsibility. The introduction of additional statutory provisions and new service developments will not in themselves protect persons from abuse. This must be a shared responsibility supported by society at large.*

Clearly then, the importance of interagency cooperation cannot be overstated.

3.3.1 Collaborating with external stakeholders

Social workers' spheres of influence concern the impact that external stakeholders and professionals play in the implementation of child protection policy. Child protection social work practice does not happen in isolation. For example, social workers are very dependent on external professionals' contributions to the assessment of risks and needs of service users. However, social workers feel that although CF 2011 is clear on child protection being everyone's responsibility, it is their profession which is held most accountable in the eyes of the general public, the media and HIQA. Even in situations where the failure to meet children's needs should be attributed to other professionals not

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management of child abuse (McGuinness, 1993). The recommendations then served as a blueprint for the principles for best practice outlined within CF 1999. Many of these inquiries are in relation to historical cases of child abuse and the circumstances that allowed the abuse to be perpetrated. Broadly speaking, all twenty-nine inquiries have dealt with either intra-or extra-familial abuse. The extra-familial abuse inquiries are predominantly linked to clerical/ institutional abuse (for example, the Ryan Report, 2009). Other significant inquiries investigated cases of intra-familial abuse: Kilkenny Incest Inquiry (McGuiness, 1993); Kelly – A Child is Dead (Joint Committee on the Family, 1996); West of Ireland Farmer Case (Bruton, 1998); Monangeer Inquiry (Brosnan, 2008) and; the Roscommon Child Care Case (Gibbons, 2010). The Roscommon Child Care Case inquiry again found that the lack of effective co-ordination between services gave the false impression that everything was being done for this family and thereby masked the full extent of the children's suffering.

fulfilling their responsibilities under CF 2011, social workers feel such a perspective is not accurately reflected in audits performed by external stakeholders such as HIQA.

3.3.2 Collaborating with service users

Several participants spoke of the influence of CF 2011 in relation to service users. They felt that CF 2011 gave their involvement with families' legitimacy and framed their engagement with them. Participants gave examples of using Children First to explain the rationale for their involvement:

Working with the parents, trying to outline to them that they can't continue doing what they are doing and this is why you can't do what you are doing. This isn't me coming into your home because I believe people shouldn't drink. No what I am saying is there is guidelines and laws that govern for children, it is not me making it up, this is law. I can pull out the stack and this is what I am adhering to, this isn't made up at all. (Holly 607-619)

3.3.3 Collaborating with external professionals

All participants spoke of how they apply the principles for interagency practice contained in CF 2011, as they feel CF 2011 supports their practice with external professionals. Participants gave examples of work practices including other professionals that are contained within CF 2011: strategy meetings, child protection conferences and joint working with An Garda Siochana. When asked by the Researcher how they evidence CF 2011 in their practice, working with other professionals was the most commonly cited example:

[CF 2011] *is national guidelines, it is not something we are making up* […]. [CF 2011] *shares responsibility* […] *because other professionals should be aware of Children First as well and what is expected of them. So that is why I would bring it up and voice it out to them.* (Edwina 225-240).

I know I definitely use [CF 2011 when I am] *speaking to different professionals* […] *A lot of stuff is kind of dumped on social workers and as long as they make a phone call to the duty worker they feel their job is done and this is not the case obviously. So I found*

it useful to be able to quote from [CF 2011] *to say, no it is actually <u>all</u> our responsibility.* (Bianca 139-151).

In some respects, this second theme also reflects the social workers' professional role identity. For example, participants spoke of how they choose to reference CF 2011 when working with external professionals as they feel it empowers their practice decisions:

For me [CF 2011] *gave me a confidence that this isn't just me saying this, I can now reference* [CF 2011] *and this backs up what I am saying.* (Aoife 603-607)

Many participants, however, also mentioned frustrations they experience during joint working as they feel that CF 2011 is not consistently implemented among external professionals. They feel this, in turn, has a negative impact on their practice:

The social work department seems to own it and everybody else seems to pay quite a lot of lip service to it and [other professionals] *don't seem to follow through on it. For example I had a discussion with a psychiatric nurse last week when I was on duty. (…)* [We had this] *big debate about is there a risk, does she think there is a risk, does she have a concern. And I said to her, 'it is not your job to decide whether there is a risk, it is only your job to report a concern, it is our job to assess it.' So then we had this big debate then about what that means.* (Fred 552-578)

Participants gave examples of where the lack of implementation of CF 2011 among external professionals could also be putting children at further risk of harm when these professionals are not meeting their responsibilities as set out in the guidelines:

We get a lot of informal consultations from schools or GPs and the like, you kind of get the whole, 'I don't know if I will report it or not.' And well under Children First if there is a concern then you have to. (Bianca 107-113)

Some participants said they would welcome Children First being put on a statutory footing with the Children First Bill. They felt that this would remove any possible ambiguity around roles and responsibilities with other professionals. Other participants expressed concern around the impending Children First Bill as they feared it could

result in a significant increase in the numbers of referrals received by the child protection teams who are already under considerable strain. Such a situation might result in those children who are most at risk being missed through the volume of potentially inappropriate referrals:

They [external professionals] *are going to report everything and it will be our job to filter through that and we are going to get lost in that noise, aren't we? So that could actually be worse than not reporting.* (Fred 670-676)

In summary, these findings illustrate the influence that CF 2011 has on social workers within the framework of different spheres of practice such as responding to external stakeholders, service users and external professionals. However, the findings also identify challenges social workers encounter while trying to meet the demands of CF 2011 when they are dependent on other professionals engaging appropriately in the process. These challenges are perhaps exacerbated by the fact that child protection social workers are now part of TUSLA. Hence, key participants in the child protection domain are now members of a different agency (HSE). These service delivery modifications have become part of the negotiating the change process, theme three.

3.4 Theme 3: Negotiating the change process

While negotiating a change process can be challenging and overwhelming, it can also be exciting and create new opportunities for learning and professional development. Child protection social work in Ireland has undergone a lot of change in recent years, such as the establishment of the new Child and Family Agency, or TUSLA. Hence, negotiating the change process was a theme that often arose during the participant interviews. This theme is explored from a frontline perspective and reflects elements often reported in implementation science and change theory literature. Implementation science challenges

the common assumption that change processes will somehow happen automatically (Leeman, Baernholdt & Sandelowski, 2007). The HSE's Change Model (2008) is in congruence with well-known change theorists (Bridges, 2003; Rodgers, 2003) when it emphasises the critical importance of the following factors to any successful change process:

- Communication
    - Passive versus active dissemination strategies
- The need to know
- Role of change leaders and champions
- Importance of engaging frontline professionals

3.4.1 Communication

At all stages of the change process, communication plays a critical role in achieving successful outcomes in situations where the change is fully implemented (Leeman et al., 2007; Rodgers, 2003). Information/ knowledge can be communicated using either passive or active strategies.

3.4.1.1 Passive dissemination strategies

Oftentimes, the HSE, and now TUSLA, have relied on a passive dissemination model where it is assumed that if a policy is made available (in an email, on a website) that this is sufficient to guarantee that it has been read, understood and even implemented. Extensive research, however, has demonstrated that passive models for information dissemination rarely result in new knowledge being effectively communicated (Rodgers, 2003). For example, seven out of eight participants spoke of limited awareness of the myriad of new policies/ procedures being developed by TUSLA (see Appendix 9) and reported being unsure as to whether all these policies were being

implemented within their teams. Some expressed confusion over which policy related to which elements of their practice. This state of affairs is extremely important to highlight as HIQA assumes that once a policy/ procedure has been adopted by TUSLA, the policy is being implemented by frontline service providers. As they state in their document *Guidance for Providers: Monitoring programme for regulated services for children* (HIQA, 2014):

… there is an understanding that the information required [during a HIQA inspection of frontline services] *should already be in existence as part of the programme of implementing the relevant standards and regulation for the service"* (p. 15).

Participants gave different examples of passive dissemination attempts made by their team management to raise awareness around existing and new policy documents:

We were given a big binder with all the policies and we were told at a team meeting that that was there and we need to read it. (Bianca 595-599) […] *but finding the time to flick through it was obviously challenging.* (Bianca 606-609)

An email went around, you have [a policy/ procedure]*, read it and sign that you have read it.* (Edwina 972-974)

Several participants seem to assume that it was ultimately the responsibility of the individual, rather than the team, to assure familiarity with any new policies/ procedures:

It is left to us to do that. It has been provided to us, it is up to you now to read it, but the time to read it isn't there. It doesn't take priority over the phone calls or the emails or the home visits that you have to do and that is what I struggle with. (Bianca 1068-1075)

All participants, except one who began working after the CPWP Handbook was issued in 2011, spoke of the passive dissemination of the CPWP Handbook being somewhat different as the handbook was more deliberately distributed to all members within their teams:

There was a bit of structure put around that [introduction of the CPW Handbook], that we had to read that and you had to sign in that you read it and what date you read it.

So there was a bit of structure put around that. But everything else and other policies there wouldn't have been. (Edwina 944-952)

Even the passive dissemination tool of having one well-known, accessible place to policy documents has not been adopted by all teams. For one participant, taking individual responsibility in creating a space where the policies could be accessed was a solution:

Yes I would know where the policy is. Sometimes you might think of a question and then you might think, oh I remember six months ago we got an email about that and then it is a big job to find it. But if you have stored it properly in the first place it is only a one minute job to find it. So it is about taking that time, but that kind of appeals to me, the nerdy part of me really. (Fred 528-539)

Others identified access to policies as still being an issue within their team:

There isn't a go to place where all policies are kept or stored. I think people probably have things saved on their computers, some people would print things off. Has everybody read it? (Caitlin 698-703) *[…] I think if we had a list of what these policies are to begin with I think that would be helpful. I think if there was a central resource that we could access. I am sure there are policies in existence that I don't even know exist.* (Caitlin 907-913)

Some participants made commentaries on how even passive dissemination strategies could be made more effective:

So what do we want from policies? We want to know, is it relevant to me and what is in it and what we need to do. That is all we need to know, don't we? So make them understandable, user friendly, I like a good flow chart to be honest, maybe at the front of the document, a good flow chart about what this is all about (Fred 971-980)

[CPWP Handbook] *is very well written, it is very clear, very simple, there are no big words or big language in it. You can very quickly look up something.* (Gwen 245-249)

Nonetheless, these participants acknowledged that there was no discussion within the team around applying the handbook to practice:

I don't think myself and any of the other team members have discussed how we use the handbook. (Fred 797-799)

Six participants noted a similar situation regarding CF 2011:

Do we discuss Children First as a team? I am not sure that we do. I mean we are all aware of it but do we have conversations about how we use it? I don't think we do actually (Aoife 385-390)

Having a discussion around a passively circulated document would change the dissemination strategy from passive to active.

3.4.1.2 Active dissemination strategies

As discussed extensively in the change management literature (Rodgers, 2003), interpersonal communication channels are most effective when: 1) they involve a face-to-face [i.e. active] exchange; 2) they link two or more individuals who are similar in education, socioeconomic status or professional work role. This is because research has shown that individuals do not usually evaluate an innovation on the basis of its objective merits, but rather on the basis of a subjective appreciation of an evaluation that is conveyed by someone who is like themselves and who has already adopted the innovation.

Emails were passive communication tools which some teams were trying to convert into a more active and collaborative communication channel in order to better raise awareness of a new policy document:

We have team meetings every second week and we would have been sent an email by the principal to say, here it is and we will discuss it on this date. (Bianca 648-652)

Particularly during the first stage of the implementation process, adoption and awareness, training can be an effective and useful active dissemination tool to raise

awareness of a new policy. All participants mentioned training in the course of their interviews, particularly in relation to CF 2011.

Half of the participants spoke of the joint Garda training when referring to Children First training and nearly all participants spoke of becoming aware of CF 2011 while in college. A few participants, however, expressed dissatisfaction with the depth of classroom discussion regarding CF 2011 and the linking of policy to practice:

When I look back now I don't think we ever actually pulled it apart and looked at in college. I think the first time we ever saw a copy of Children First or heard people talking about it was when I was in placement in the hospital in 2009. That is the first time I actually saw a copy of it. So it is alluded to in college but I don't think we actually really covered it. (Fred 142-153)

None of the four recently qualified participants spoke of having benefited from an induction period, another active knowledge dissemination strategy, when they started working as professionally qualified social workers in child protection. One participant described the experience of beginning her new job as very overwhelming as she started working only a few days after qualifying and she was immediately assigned a full caseload. She felt there had been little time for becoming familiar with any policy other than what she had been introduced to in college.

Other than training on CF 2011 itself, none of the participants spoke of attending training regarding any other policy documents being implemented by the HSE and then TUSLA. Rather, participants mentioned the lack of training and supports for adopting policy and applying it to their practice:

I think training […] *opportunities are quite limited at the moment and quite expensive.* (Aoife 884-887)

I think there is huge expectations on social workers to make assessments and make decisions based on assessments in the absence of sufficient training. (Caitlin 431-435)

Some participants identified limitations in using team meetings in adopting new policies within the team:

There isn't, usually, an opportunity for that to be discussed at a team level in terms of this is a policy document that is being introduced, we will be discussing it at a team meeting to see how it will be implemented across the department. (Caitlin 652-659)

Some people would read them, some people wouldn't, you'd be asked if everyone got a chance to read them and you'd have then five minute silence, some people nodding and some people just keeping the heads down. (Bianca 653-659)

My preference would be that there would be more of a discussion around those things. Because you get an email, you are in the middle of your working day, you read the email, oh right that is another thing I have to think about, carry on, you do not process it, you may not have read the article or opened the document when you got the email. (Caitlin 668-678) […] I don't think that the process is always very collaborative (Caitlin 710-712)

None of the participants named supervision with their team leaders as an active dissemination strategy for discussing or embedding policy within their practice. They identified supervision as a vehicle for case management. Professional development with regards to bridging the policy to practice gap was deemed to be less urgent:

No, like I mean, it sounds really blasé, but there is no time [to discuss policy] and I know that sounds awful but you just don't have the time. There is new policies and you will get them in your emails either from [the principal social worker] or from the national office and they are sent out and you open it and you might print it out and you might flick through the start of it but then your phone will ring. (Bianca 698-708)

However, one participant, Holly, gave an example of a member of her management team influencing her raising awareness of a policy document:

I know this person as team leader, it was definitely a lead by example; that is what this [team leader] does. (Holly 715-718) (…) *of course you are influenced more [by a team leader] because you are thinking I'd love to be at that level, and at that level still using that [CPW Handbook]. And you go into this person's office and you see that book. It is not that it is sitting pretty being polished up on the shelf. It is visible and it is used looking. And you are thinking, ok, and now you are telling this person when they are doing a court report (…) go back to the book, read it.* (Holly 737-750)

Regarding team-level communication, participants argued that there should be more of a discussion between the team as a whole as to how and why policies are being implemented so as to motivate the movement from the awareness to the enactment stage of policy implementation:

I think for change to happen or for something to be integrated into practice there has to be a whole team commitment to it or an openness to it and I think maybe we aren't great at that. (Aoife 687-693)

Two participants from the same team described peer workshops that their team had engaged in to support their professional development. These workshops were used as an implementation tool for CF 2011 with each participant taking on sections of CF 2011 to present and then lead discussions with the group:

We have something called journal club where once a month we try to set time aside to, well initially we started to look at articles, research pieces, and then at some stage we also decided to use that time to look at different sections from the Children First (Gwen 443-450) *And now over the last years we would have taken time aside and social workers would have played a particular part to look at as a team and how do we implement that* [policy]. (Gwen 106-111)

3.4.1.3 Summary of communication strategies

Based on these findings, there appears to be an assumption by management both at national and local levels that once a policy is issued, the implementation will happen automatically. There appears to be an overreliance on passive policy dissemination strategies made worse by ineffectual communication strategies. Both at national and local levels, passive policy dissemination occurs through a cascading correspondence and/or local meetings with no clearly identified follow-up afterwards. Training, considered active dissemination, does not appear to play a determinant role in the implementation of policy. The single exception to this statement is Children First training which is mandatory. No further training was mentioned by participants around

child protection policies. Two participants from the same team identified an internal journal club as playing a key role in policy implementation within their team. Such a forum would also be considered an active implementation strategy. No other participants identified such systems for implementation.

3.4.2 The need to know

For most participants, becoming familiar with new policy and applying it to their practice is done on a 'need to know' basis when they may be responding to direction from a supervisor or be self-directed:

So [my team leader] *would say, let's do a risk assessment on that boy using the children in care protocol. So they are brought up as and when required. But that is the nature of policies, that is what they are there for. You don't have to be experts on it, you just need to know there is something in there on that, don't you? So I think we use them in the most effective way.* (Fred 868-881)

I think what probably happens is you implement the policy on a needs basis, so it is when you need to know it, then you ask the questions and find out and do it. So it is not necessarily integrated into every day practice, all of them are not integrated into every day practice.
(Aoife 485-493)

I think sometimes I stumbled across them along the way in the last four years, oh this has happened, oh there is a policy on that. (Edwina 905-909)

Some participants expressed concern around policies being adopted by their team, but of which they themselves were not familiar:

I suppose I just know that I would like to be able to know what is in that policy so that if something were to come up or if you needed it as a point of reference for something, that I would be able to say that I have read this and I know this is the policy on it.
(Bianca 971-978)

Based on the research data, there also appears to be no internal reviews of case files and records within social work departments to evidence policy implementation. Reviewing

case files and records would also be an opportunity to link in directly with practitioners involved in implementing the changes in practice. With regards to external audits, this issue is further compounded by the fact that HIQA assume that once a policy is adopted by TUSLA, this translates in the policy being implemented by frontline services. Frontline social workers are very cognisant of this and worry that they could be held accountable for not evidencing policy implementation in their practice when audited. Both at national and local levels, it is clear from the research data that once new policy is disseminated, it is very much the responsibility of individual social workers to familiarise themselves and apply the policy to their practice. Supervision between social workers and team leaders is not used as a forum to review policy implementation as it is primarily used for caseload management. The lack of collective ownership around a policy implementation strategy adds to the feelings of isolation and vulnerability felt by some social workers. However these are feelings that social workers appear reluctant to dwell on as they firmly remain focused on their service user's best interests and giving the best possible service they can give.

3.4.3 Change leaders and champions

Other participants spoke of individuals, sometimes including themselves, within their team who would put themselves forward to implement policy changes. In the change theory literature, these people are known as change champions and they can have a great impact on whether or not a team effectively engages in the enactment and sustained maintenance stages of policy implementation:

I would say things get promoted in the team by specific people and I don't [think] *there is a team approach. There are maybe a few people that might try and drive things or initiate discussions about things and it is a struggle.(…) I don't think the team as a whole is proactive, whereas there are a couple of people, a few people, that are proactive and try and push things or open up discussions about things. And it is difficult to go anywhere with that if you don't have a whole team approach to it.* (Aoife 635-651)

All participants spoke of the interdependent relationships they share with their team peers and the importance of these relationships in successfully negotiating the change process of policy implementation:

I would speak to my colleagues as well and see their experience of a certain [policy] *and take direction from them, what worked, what didn't work and what their assessment would be of something as well, what they reckon. So there would be a lot that would inform the type of action we take on cases.* (Edwina 403-411)

All participants spoke of being directed by their team management to apply nationally directed policies to their practice, such as the Standard Business Process procedures or the Supervision Policy. These team leaders could be seen as assuming, effectively or not, the role of change leaders, though the demarcation between who is a change champion (oftentimes a frontline service provider) and who is a change leader is not always clear. Anyone on a regional or national management level, however, would be deemed a change leader. These research findings, however, indicate that currently there is a dearth of implementation champions within teams. A manner of fostering champions within teams might be having frontline professionals becoming more involved in policy development.

3.4.4 Importance of engaging frontline professionals

Participants also discussed the lack of input or ownership in policy development. Seasoned practitioners felt that despite years of experience and generating practice knowledge, they have no say in the policies which will impact their practice. Change management literature (Kotter, 1996; HSE, 2008) as well as implementation science (Bridges, 2003; Mildon and Shlonsky, 2011; Rogers, 2003) are clear on the importance of getting buy-in from key stakeholders to achieve successful outcomes. Involving frontline practitioners in policy development would also have the added benefit of insuring said policies are fit for practice.

Some participants felt that their difficulties in applying policy to practice were not heard by management within their team or higher management within TUSLA. On the other hand, the introduction of policy that supported participants' practice, such as the CPWP Handbook, was interpreted by participants as a positive interest on behalf of TUSLA management:

[The Handbook] *was a good resource. You felt as well that the organisation was interested. It was giving you information on areas of interest* (Caitlin 834-838)

Five participants spoke of communication, or lack thereof, between their department and the TUSLA national office. Participants expressed feelings of isolation and disconnect from the TUSLA national office around policy development and implementation:

Maybe all the policies coming down, I don't know how well integrated they are in practice across the board but the discussions that we have and the things we come up with, I don't know what the follow through is terms of up the line. Or even how do we do that? I don't know. I think there is certainly a gap in communication between national office and the on the ground workers and I don't know what to do about that. (Aoife 999-1002)

The lack of consultation around policy development was particularly expressed by experienced participants who felt they had no influence around determining how policy will impact on their practice:

We have a lot of knowledge, we have a lot of practice based, evidence based knowledge that isn't being utilised within the profession and within the child and family agency. I suppose maybe at national office they would say that it is because there are people who have been in practice involved in policy development but I don't know who they are. (Aoife 1078-1088)

Participants expressed that more consultation and dialogue needs to happen between frontline staff and higher management within TUSLA:

Because sometimes they are very idealistic policies, and they are cumbersome and they don't really fit the purpose on the ground. So I really do think there should [be] *consultation* [between policy makers and frontline staff]. [Experienced] *practitioners should have a lot of input in that I think, they would see a lot from their years of experience* […] *and what would work and what wouldn't work.* (Edwina 1070-1082)

I do think consultation is important as well and the organisation [should be] *interested in feedback on whether or not a policy document is workable in the format that they are proposing. I think policies should be reviewed and as part of that review there should be some sort of a checking in with teams and departments in terms of whether or not that policy is outdated now.* (Caitlin 969-980)

The majority of participants were cognisant of the imperative to implement policies in their practice.

Personally, if it is a policy that we have to follow, we follow. (Doreen 807-808)

At times, however, they questioned the rationale behind the purpose and function of some of the policy directives issued by the National Office of TUSLA:

At the end of the day you are the one who is having to follow the policy, put it into practice and sometimes I think policies are created or developed out of anxieties or out of an article in a newspaper or something has gone wrong and it is reactive. And it is to be seen to be doing the right thing and it can be optics driven. And I think policies need to be fit for purpose and they need to be straight forward and not too laborious, complicated. Keep it simple. (Caitlin 999-1013)

Overall, all of the participants noted the complexities involved in negotiating the changes in practice necessitated by the implementation of new guidance documents, policies/ procedures:

There is a difference between dissemination and implementation and somewhere along the line it kind of goes askew and we are not doing ourselves justice by not being able to say, yes we know about these policies, we know how to locate them, how to access them. And being given the time as well to read them. […] *At the end of the day you are the one who is having to follow the policy, put it into practice.* (Caitlin 960-1001)

The assumption of personal responsibility, however, is somewhat modified by concurrent acknowledgement of the role of exercising frontline discretion discussed below under theme 4:

[Policy implementation] *is like Chinese whispers as well because it starts at the top, it comes down and goes to different people. But by the time it comes to us, I have it on paper. I appreciate that, but there is different connotations put on it by different people, there are bound to be. So if a certain aspect* […] *is inoperable,* [we] *obviously look at it as a group at a* [team] *meeting and you say, right well we will just do* [certain elements of the policy]. *And I don't mean to change the essence of it at all, just around the edges, just to make it operable.* (Doreen 862-878)

3.4.5 Summary of negotiating the change process theme

Participants describe a heavy reliance on passive dissemination strategies for CF 2011 and ancillary policies/ procedures on the part of TUSLA. As a result, whereas participants express an interest and willingness to educate themselves about policies/ procedures which they judge to impact most on their practice, they feel that they are not being given the time nor support to achieve an adequate level of awareness. Without awareness there can be no implementation. In addition, from the perspective of frontline social workers, there are a few highly motivated and self-directed change champions, but they can identify no management-level change leaders of the myriad of policies/procedures ancillary to CF 2011. In the absence of such change leaders, frontline social workers have to rely on their own professional judgement when applying policy to practice. Based on the findings within the negotiating change theme, this Researcher would estimate that the vast majority of policies developed by the national office since CF 2011 are in the first or second phase of implementation. Some of the policies are not even in the initial adoption stage from a frontline perspective as social workers are not aware of them. This issue causes concern among frontline staff as they feel vulnerable to being held accountable for not being familiar with all policy

documents issued by the national office. They are unsure, however, as to how to remedy the situation, or even at times where to access the documents. This situation highlights a lack of leadership to oversee and support the whole implementation process. Further evidence from the findings would also suggest that child protection policy can be used as much to confuse as to clarify which has led to feelings of uncertainty among frontline staff. These feelings are further discussed within theme four.

3.5 Theme 4: Exercising frontline discretion

Lipsky (1980), in his thesis on 'street-level bureaucracy', defines exercising frontline discretion as how practitioners exercise professional judgement in making practice decisions within legal and policy frameworks. In the context of this research, the theme 'exercising frontline discretion' concerns the degree of fidelity which practitioners exhibit while implementing in their practice: 1) CF 2011 Guidance document and; 2) ancillary policies/ procedures.

Some implementation science researchers maintain that the quality of execution of a policy's implementation strategy can be assessed by the fidelity of actual practice to the introduced policy (Mildon and Shlonsky, 2011). McKinney and Reeves (2012), however, argue that a degree of flexibility must be allowed in order to accommodate local differences. Since Lipsky's writing in the 1980s, other researchers assert that public service and policy developments have been formulated in such a way as to exert greater control over the scope allowed for frontline discretion (Jones, 1999, as cited in Evans & Harris, 2004). Recent service and policy developments in Ireland, such as the establishment of the Child and Family Agency (TUSLA), would suggest the existence of such a form of 'managerialism' of public services (Prior and Barnes, 2011). The

introduction of a myriad of policies/ procedures (Appendix 9) under the umbrella of an over-arching guidance document (CF 2011) would appear intended to provide greater control of the activities of frontline social workers.

In contrast to Lipsky's original definition of frontline discretion, recent researchers have argued for a rejection of an all or nothing approach to the analysis of discretion. These researchers maintain that discretion operates along a continuum, allowing different degrees of professional judgement within a complex set of principles and rules. "Discretion is not the absence of principles or rules; rather, it is the space between them." (Evans & Harris, 2004, p. 881). In this research study, the theme of exercising frontline discretion explores the existence of this 'space' within the experience of participants applying CF 2011 and ancillary policies/ procedures to their practice.

Theme 4 explores the exercising frontline discretion in relation to the following four sub-themes: a) CF 2011; b) the CPWP Handbook; c) ancillary policies/ procedures; and d) a range of practice issues including prioritising their workload and being held accountable.

3.5.1 CF 2011

CF 2011 gives guidance to frontline practitioners around inter-agency practice (discussed under theme 'spheres of influence') and conducting child protection assessments. Participants spoke of how such a guidance document generally directs the course of social work assessments:

Whether […] *to plan an assessment,* […] *to gather information,* […] *to develop a plan around something that has happened* […] *we are clear as to what our objectives are. That is what Children First does; it sets out what those objectives are.* (Caitlin 245-255)

Within CF 2011, some participants acknowledge the existence of a 'space' for practice discretion in the course of their assessments:

There is still room for interpretation when you receive information about somebody having a concern about a child. You have to then think of the definitions together with the information you receive and say, 'yes that is child abuse or welfare issues.' (Gwen 167-175)

Caitlin also recognises that within child protection services there is a need for professional judgement:

For example maybe a parent is on a methadone programme, testing positive for opiates, obviously that is a huge concern but there is no corresponding impact of physical neglect on the child. So those are cases where you are making very fine judgements all of the time and managing risk and re-evaluating your information. (Caitlin 300-310)

Caitlin has more than ten years' experience in child protection. It was mostly the long-qualified practitioners who commented the most on exercising frontline discretion. She, like the others with years of experience, was well aware of the benefits and pitfalls of needing to embedded CF 2011 into practice:

I think that the nature of our work is that you are constantly hoping that something doesn't go wrong on your case because by God if it does, you have signed up that you have read Children First but why didn't you follow section 2.1 or whatever. (Caitlin 712-719)

3.5.2 CPWP Handbook

Moving from the general guidance of CF 2011 to the more specific procedures outlined in the CPWP Handbook, participants still felt that the latter provided direction to their professional judgements in a positive way:

Social work can be so open to different interpretations by different people so it is good to have a grounding practice that is evidence based and I think the handbook is very good for that. (Edwina 365-370)

Participants spoke of the introduction of the CPWP Handbook and having been told by their management that the handbook was a compulsory policy document. They described how they had to sign a document stating that they had received and read the

handbook. Despite this mandatory adoption, all participants spoke positively of the CPWP Handbook as they felt it was a useful resource and support to their practice. All participants described instances where they had used the handbook to help inform their practice decisions:

If there is any ambiguity about anything or anything I am not clear about, it is a great reference book. So I would use [the handbook] *a lot.* (Aoife 148-152)

The participants do not appear to regard the handbook as impinging on their professional judgement. Quite the contrary, they view the handbook as a welcome support. Participants that were more newly qualified spoke of how they found the handbook an essential tool to social work practice. One stated:

I think as social workers we go to work, we have our diary, our mobile phone and our practice handbook. (Edwina 353-356)

3.5.3 Ancillary policies/ procedures

In conjunction with CF 2011, there are more than 50 ancillary policies / procedures that provide further direction around social workers' professional practice. The participants only referred to four of these: 1) the Child Protection and Welfare Practice Handbook (CPWP Handbook 2011); 2) the Standard Business Process (SBP); 3) the Caseload Management Policy and; 4) the Supervision Policy. This Researcher, in her role as TUSLA Implementation Officer, mentally refers to the 'Holy Trinity' of CF 2011, the CPWP Handbook and the SBP. Participants' positive feelings towards CF 2011 and the CPWP Handbook were not always manifested in regards to other polices/ procedures. For example, some participants stated that even when they applied a particular ancillary policy to their practice, they queried whether it translated into better service delivery. One participant gave the example of a Caseload Management Policy (CMP) recently introduced by the TUSLA national office. The CMP contains a caseload measurement tool which practitioners are expected to apply to their caseload in order to determine the

'weight' of their workload. Having performed this task, Fred queried as to what such a calculation actually means to his practice:

If my caseload is unmanageable, what does that mean? The way I feel at the moment is if I am involved in an inquiry [they] *will say, 'the social worker's caseload was unmanageable.'* [Saying that] *doesn't make my caseload more manageable though does it?* (Fred 1036-1044)

Every participant spoke of having to apply the Standard Business Process (SBP) procedure to their practice. The procedure is comprised of a suite of forms that social workers must complete, following a strict timeline, at different stages of an assessment process generally outlined in CF 2011. As one participant explained:

All our physical documentation has now been developed from the document Children First. So our intake records, our initial assessment records, all of those documents, those records are built on what that document [Children First] *tells us we need to do when a report comes in.* (Caitlin 163-170)

For all the participants, applying the SBP to their practice had a direct impact on the volume of administrative tasks that they have to complete:

I would just struggle with it being called a business process […] *Is there the administrative support to back that up? Because a lot of the time we are so busy we need reminders of things we need to do. (Aoife 437-444)*

3.5.4 Practice issues

As with the theme of professional role identity, participants raised certain practice issues in regards to exercising their frontline discretion. Primarily among these were concerns about decisions taken regarding how to prioritise their workload and subsequently being held accountable for their professional judgements.

3.5.4.1 Prioritising workload

Some participants spoke of the fear and anxiety they feel while exercising frontline discretion in deciding whether the best practice guidelines outlined in CF 2011 have precedence over specific policies/ procedures, such as the SBP:

What if something was to happen? Sometimes I just think, yes it is great having your paperwork all up to date, and I do, but I have a parent that is in crisis at the moment and I haven't seen her this week but her paperwork is up to date. (Holly 491-498)

According to Carl O'Brien writing in *The Irish Times* (2014, September 16) Senator Jilliam van Turnhout maintains that child protection staff are having to cope with dangerously heavy caseloads as services are operating at 70% of their normal staffing levels. Gordon Jeyes, chief executive of TUSLA, states that in the past seven years the number of reports of children at risk received by social services has gone up by 98%.

All research participants spoke of exercising discretion while continually prioritising their workload and the pressure they sometimes felt in having to make choices between staying up-to-date with new policies and responding to immediate client needs:

It is difficult because we are all busy and it is a different pace to sit down and read a [policy] *document. It is very important but when we have families we think gosh should I call out and check on somebody or read this document? And you think, gosh there are child protection issues I had better go out there. So it doesn't get read. You have to make extra time for it. I mean for me it is almost outside work, at lunch time or something or else it just doesn't happen, I know it doesn't happen so it is difficult. And it is very important to make time to read all these things, of course it is, we have to because that is what our job is about but it is difficult to make the time.* (Gwen 638-657)

Gwen's point echoes all other participants' experiences in having to make those choices and where familiarising yourself with a new policy document is often viewed as a lower priority. Due to the high volume of policies / procedures being issued by the TUSLA national office (and the HSE Child and Family Services national office before it), social

workers struggle to determine which policy is most important and should be prioritised.

The recently qualified Fred observes:

There are lots of things we would like to do, discuss policies, blah, blah, blah. We don't have time. […] *It is a trade-up between what I would like to be doing and what I have to do and that is how my whole day goes, every single day.* (Fred 1015-1023)

Some participants would argue that the responsibility of prioritising the different policies/ procedures and their applicability to different domains of practice is not for frontline practitioners. Rather that such decisions need to be made higher up the management structure:

[The different policies] *are all important but it is going to be sorting the wheat from the chaff, somebody more important than I* [needs to] *deal with that one.* (Fred 682-686)

At the same time, participants highlighted that their frontline discretion regarding what takes priority can be resource-led; a situation they find very challenging to manage, particularly when the same financial constraints are being applied to other services and professionals:

I feel a lot of the time that I am not giving the clients the service they need or deserve or are entitled to because of restraints on resources, financial restraints, restraints on other departments like psychology, psychiatry, different places like that. You know the child needs the service but you just can't access it or there are walls put up to prevent you accessing it because of their caseloads. (Bianca 279-291) […] *If you identify a need of a child and you know that the need is there, like their foster placement or residential placement and you are being told by the fostering department there is no placement. So that child's needs continue to go unmet and that is a big frustration, day in and day out.* (Bianca 334-342)

3.5.4.2 Being held accountable

Participants stated that the limiting of their frontline discretion through a lack of resources made them very vulnerable regarding outside audit and scrutiny:

So decisions like that [implementing policies that conflict with best practice as outlined in CF 2011] *I think are a concern because we are working at a time where we all know the lack of resources* [… yet] *we are constantly being measured by our performance*

and what we are not doing. So it is not helpful then to introduce policy documents which aren't workable in practice. (Caitlin 486-495)

Caitlin's concerns are set against the backdrop of the TUSLA and HIQA expecting all adopted policies to be fully implemented by frontline social workers and applied to practice. Some participants queried what would happen if they were audited and held accountable for not meeting the guidelines set out in CF 2011:

And you are guided very much by that document because that is what we are going to be audited on, that is what we are measured on in terms of the standards of the work that we are doing. (Caitlin 196-202*) (...) Has everybody read it? I know that we all had to sign that we had read Children First and that was like, well once you sign that there is no going back if you don't follow it. And that is kind of the top down, there is a message in that as well I think.* (Caitlin 703-710)

3.5.5 Summary of exercising frontline discretion theme

These findings highlight the existence of a 'space' for child protection social workers to exercise frontline discretion while applying in practice both the CF 2011 Guidance document and ancillary policies/procedures. However, while participants appreciate the general objectives and best practice guidelines outlined in CF 2011, they also decry certain managerial aspects of some policies/ procedures. They feel the latter, in particular, increases paperwork to the detriment of meeting the needs of service users. The participants also expressed a fear about making a wrong judgement while exercising frontline discretion, as they could be held accountable because there was a policy somewhere, with which they were not familiar, stating that they should have done things differently.

3.6 Chapter Summary

In summary, four themes, with concomitant sub-themes (Figure 3) emerged from the data.

While discussing their professional role identity, participants maintain that the best practice principles of CF 2011 are embedded within their practice. However, there appears to be dissonance between social workers' desired professional role identity and the reality of managing high workloads. In addition, policies/ procedures ancillary to CF 2011 remain, for the most part, unfamiliar to frontline child protection social workers.

Regarding spheres of influence, social workers emphasise their dependency on external professionals meeting their own requirements under CF 2011, in order for social workers to meet standards for best practice as per CF 2011.

The negotiating the change process theme underlines TUSLA's over-reliance on passive policy implementation strategies both at national and local levels. This is further evidenced by TUSLA policymakers' lack of involvement of frontline stakeholders in both developing and disseminating policies. The absence of clearly identified implementation leaders and champions to drive policy implementation is also highlighted.

The exercising frontline discretion theme explores the existence of a 'space' for child protection social workers to use professional judgement while applying both CF 2011 guidance document and ancillary policies/ procedures to practice. While operating in this 'space' social workers experience difficulty in managing the competing demands of increased paperwork and the needs of their service users. This difficulty is amplified by the high fidelity expected by local and national management and HIQA in the implementation of those policies/ procedures. This leads to a fear among child protection social workers of exercising too much frontline discretion and being held accountable for either a lack of awareness or adoption the myriad of ancillary policies/ procedures.

The implications of these findings are further analysed through the lens of implementation science in Chapter 4.

CHAPTER FOUR – DISCUSSION

4.1 Introduction

The rational for this research was to critically examine the policy to practice gap. A 'bottom-up' approach was used to explore the implementation of child protection policy from a frontline service providers' perspective. In this chapter the findings are analysed through the lens of implementation science, a framework outlined in chapter one.

McKenney and Reeves (2012) underline the importance of the following critical success factors during implementation process:

1. **the attributes of the intervention/ innovation**
2. **strategies for embedding implementation**
3. **the participants involved**
4. **the context and surrounding systems**

These four factors are discussed in light of the findings from this study. When applicable, a comparison is made between shortcomings that Logan highlighted in her 'top-down' report on the implementation of CF 1999 (OCO, 2010) and findings from this 'bottom-up' research study on the implementation of CF 2011.

4.2 The attributes of the intervention/ innovation

As the findings suggest, the principles for best practice outlined in CF 2011 are reflected within social workers' professional role identity. Hence, social workers value the attributes of CF 2011 as they feel the guidance document is compatible with how they perceive their professional role and its concomitant values and beliefs. Social workers' lack of awareness around the elements of numerous ancillary

policies/procedures to CF 2011, however, make it difficult for them to integrate these policies to the same degree into their professional role identity, and thereby their practice.

4.3 Strategies for embedding implementation

As discussed in chapter one, Logan, Ombudsman for Children, identified failures within the HSE's strategies for embedding the implementation of CF 1999 (OCO, 2010). She highlighted the lack of child protection procedures to underpin the main principles for best practice as a key failing in the implementation of CF 1999. TUSLA now have over 50 policies / procedures (Appendix 9) that have been disseminated within the agency to promote CF 2011 in practice. The findings underline, however, that there is an overreliance within TUSLA on passive policy dissemination; a very narrow strategy for embedding CF 2011 and ancillary policies/procedures into practice.

Logan was also critical of the lack of consistent implementation leadership within the HSE. With the establishment of TUSLA in January 2014, there is a clearly identified management structure. A national office management team and seventeen local area managers have been assigned the role of implementation leaders with regards to bringing national policy to practice. At a local level, however, frontline practitioners do not appear to relate to these implementation leaders and struggle to identify implementation champions within their teams. Social workers also do not see themselves as implementation champions, and do not appear to be seen as such by their own management.

Communication with staff is a critical component of any implementation strategy. In this regard, TUSLA has made some positive changes with the adoption of an internal intranet website: the TUSLAHub. Here, staff can access many different kinds of useful

information, including current policies and procedures. The national office also issues regular newscasts via email to all staff, informing them, for example, of job opportunities and changes in the organisation. Logan would probably welcome these changes for, as Burke et al. (2012) posit:

Effective, on-going communication is critical in motivating staff, overcoming resistance to change and giving and receiving feedback. It is also essential for building and maintaining trust among staff.' (p. 11).

However, dissemination methods used by TUSLA would be classified as being passive, as they lack the important active facility of giving and receiving of feedback. As a result, the communication is mainly one-sided: *from* TUSLA national office *to* frontline practitioners. Research has demonstrated, however, that passive forms of information dissemination frequently do not result in new knowledge being effectively communicated. This communication gap is clearly reflected in the findings. None of the participants for example, mentioned either the TUSLAHub or the email newscasts. These are, however, new developments and it is hoped that they will have a greater impact over time. It would be interesting to explore in six months' time if staff use the TUSLAHub, which is accessible to every TUSLA employee, and how helpful they find it to be in their practice.

4.4 The participants involved

Child protection social workers are, by definition, the main players in applying child protection policy to practice. They are, therefore, the key participants within any policy implementation strategy. They do so through exercising their frontline discretion in making practice decisions within legal and policy frameworks.

The findings from this study suggest however, that social workers struggle with the managerial aspects of some policies/procedures adopted by TUSLA. Social workers

express difficulty in managing the competing demands of increased paperwork and meeting the needs of their service users. This tension was also highlighted in the Ombudsman for Children's most recent annual report. Logan (OCO, 2014) again identified gaps in how CF 2011 is being applied to practice, particularly in relation to record keeping and caseload management.

There is also a fear among social workers of exercising too much individual discretion thereby making the wrong professional judgement and being held accountable for not being familiar with possible related policy/procedure. A shortcoming that is not surprising given the sheer number of policies/ procedures (Appendix 9) with which frontline practitioners are expected to be familiar, while at the same time coping with 98 percent increase in reports of children at risk in the past seven years (Carl O'Brien, *The Irish Times*, 19 September 2014).

4.5 The context and surrounding systems

Child protection social workers perform within complex contexts and surrounding systems, as defined by CF 2011. They are dependent on other professionals engaging appropriately in the process and can also expect having their own compliance with CF 2011 and its ancillary policies/ procedures being monitored. This study's findings illustrate the influence of CF 2011 on social workers' practice with regards to these different spheres of practice. These include responding to service users, external professionals and external stakeholders.

For example, HIQA began conducting inspections within child protection teams in 2012. These inspections include case file audits and interviews with frontline staff.

HIQA's subsequent reports[6] (www.hiqa.ie) have highlighted ongoing issues around policies/procedures being adequately implemented and applied in practice within frontline services. The adoption of the Standard Business Process (SBP) has also supported measures to improve audit. It is easier for managers, for example, to see how many referrals have come in to a team and what are the outcomes of the referral (Featherstone et al, 2012). The expected high level of fidelity to such procedures/ policies as the SBP, are very hard to adhere to and are, therefore, now open to criticism on the part of HIQA and Logan. More concerning is that in previous inspections HIQA has even queried the seeming lack of awareness of the existence of some policies as reflected in practice files, including of CF 2011 itself.

Although monitoring is a central element in the policy implementation process, it is also very important to be cognisant of the four critical success factors before any monitoring process. Otherwise, monitoring review outcomes could be misinterpreted in regards to policies being embedded in practice. The introduction of performance measurement policies such as 'Measure the pressure' by TUSLA national office reflect their intention to monitor and evaluate whether the desired indicators are being met and outcomes being achieved. This tool, however, is used by managers for managers and therefore lacks the 'bottom-up' perspective and input of frontline practitioners.

4.6 Chapter summary

This chapter has examined, through the lens of implementation science, how the policy to practice gap is experienced from the perspective of frontline service providers. The Researcher has identified policy implementation enablers such as the valued place on

[6] All HIQA reports are published on their website and are available to the general public.

CF 2011 by child protection social workers and the existence of the easily accessible information dissemination channel - the TUSLAHub. This chapter also highlights various barriers to policy implementation: 1) the lack of clear implementation leadership, 2) the lack of solicitation of feedback from frontline practitioners, 3) too few active dissemination strategies and, 4) monitoring processes that do not appear to always take the critical success factors into consideration.

Chapter five offers suggestions for bridging the policy to practice gap demonstrated by this study's findings.

CHAPTER FIVE: BRIDGING THE POLICY TO PRACTICE GAP

5.1 Conclusion

In seeking to answer the question:

What are child protection and welfare social workers' experience of implementing Children First 2011 in their practice?

this Researcher explored the implementation of CF 2011 from a frontline practitioners' perspective. The findings suggest a feeling of 'policy overload' the part of child protection social workers. Such a situation can be an indicator of an organisation under great stress. In a paper presented at a conference held at Trinity College, School of Social Work and Social Policy in May 2013, Connolly maintained that organisations in crisis will develop or re-write operational policies urgently, defensively and with an emphasis on prescriptive control. She designated a service as being in crisis by the number of policies/ procedures it enacts for service delivery.

The findings also demonstrate that the process of applying policy to practice is highly complex. The findings also give evidence of the many challenges which need to be overcome while applying policy within real world practice settings. In addition, this research also underscores the conscientious efforts being made by frontline practitioners in order to meet the needs of their service users and their commitment to providing a child centred practice.

5.2 Recommendations for bridging the policy to practice gap

At a local level, this Researcher would recommend that the overreliance on passive dissemination strategies be curtailed within TUSLA. There are many active policy dissemination and adoption strategies that could be embraced; such as local policy implementation groups. These groups would include local department managers and frontline social workers. The former would act as implementation leaders, and the latter as implementation champions. These implementation groups should have responsibility for prioritising, categorising and overseeing the implementation process of the numerous national and local policies/ procedures. The implementation group could support training and implementation workshop initiatives to help embed policies/ procedures into practice. Once policies are enacted, the policy implementation group could support monitoring and evaluation processes to ensure sustained maintenance of the policies/ procedures.

At a national level, this Researcher would recommend that TUSLA reduce its reliance on passive dissemination strategies and actively support the designation of local implementation leaders and champions as discussed above. This Researcher would also recommend that TUSLA explicitly monitor how policies/ procedures impact on frontline practice through the solicitation of the perspectives of both managers and child protection social workers. Such a process could result in more congruence between CF 2011 and ancillary policies/ procedures. Consideration could also be given to the real necessity of so many policies/ procedures through a review of their usefulness conducted in a real world practice setting to ensure fitness for practice. TUSLA national office could also develop more effective strategies for utilising the extensive knowledge and experience of frontline staff, and how this knowledge base might be drawn on

during policy development. In doing so, frontline staff might feel more supported in their application of policies/ procedures and thereby aid their response to outside scrutiny (from HIQA among others). Such approaches might facilitate a better recognition on the part of both TUSLA and frontline practitioners that policy implementation is always a complex process that takes time and requires a purposeful, cooperative, multi-faceted and proactive approach.

In this Researcher's opinion, the application of the above recommendations would support CF 2011 and ancillary policies/ procedures completion of the stages of adoption and enactment, and reaching the final stage of the implementation process – that of sustained maintenance (Figure 2, p. 4). In this final stage, the policies would be so firmly embedded in practice so as to reach a degree of 'institutionalisation'.

5.3 Limitations of the research

Although this research was conducted within a rigorous methodology to ensure validity, the small size of the sample means findings need to be interpreted with caution when considering transferability.

5.4 Recommendations for future research

As highlighted in the findings and discussion chapters, interagency cooperation is key in the area of child protection and welfare. The expectations for interagency practice are clearly outlined within CF 2011. The experience of social workers, however, would suggest a policy to practice gap also exists among frontline external professionals (such as teachers, GPs, mental health workers). Further research is therefore needed on the lived experience of frontline external professionals in applying CF 2011 to their practice. A methodology similar to that used in this Researcher's study could be applied

to the future research. A longitudinal design would be recommended to allow for a broader appreciation of the implementation process particularly within the context of the upcoming Children First Bill. It is anticipated that this bill will introduce mandatory reporting of child protection concerns and compliance with CF 2011 into law.

REFERENCES

Bridges, W. (2003). *Managing transitions: Making the most of change.* London: Nicolas Brealey Publishing.

Brosnan, K. (2008). *Monangeer inquiry report*. Dublin: Department of Health and Children.

Bruton, M. (1998). *West of Ireland Farmer case: Report of review group.* North Western Health Board.

Buckley, H. (2012). Using intelligence to shape reforms in child protection. *Irish Journal of Applied Social Studies,* 12:1, pp. 63-73.

Buckley, H. & O'Nolan, C. (2013). *An examination of recommendations from inquiries into events in families and their interactions with state services, and their impact on policy and practice.* Dublin: Department of Children and Youth Affairs, Government Publications.

Burke, K., Morris, K., McGarrigle (2012). *An Introductory Guide to Implementation.* Dublin: Centre for Effective Services.

Carpenter, C. & Suto, M. (2008). *Qualitative research for occupational and physical therapists: A practical guide.* London: Wiley and Sons.

Casey, D. & Murphy, K. (2009). Issues in using methodological triangulation in research. *Nurse Researcher,* 16(4), 40-55.

Centre for Effective Services (2012). *Implementation: Getting 'what works' into public services.* Retrieved 29.10.2013 from http://www.effectiveservices.org

Connolly, M. (2013). Changing lenses: Supporting child and family-centred systems in child protection. Paper presented at Trinity College School of Social Work and Social Policy conference, Dublin, Ireland.

Creswell, J. (2003). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). London: Sage Publications.

Denzin, N. & Lincoln, Y. (2005). (Eds.). *The Sage handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Department of Children and Youth Affairs (2011). *Children First: National guidance for the protection and welfare of children.* Dublin: Government Publications.

Department of Health and Children (1999). *Children First: National guidelines for the protection and welfare of children.* Dublin: Government Publications.

Ellis, K. (2011) 'Street-level bureaucracy' revisited: The Changing face of frontline discretion in adult social care in England. *Social Policy & Administration,* 45:3, pp. 221-244.

Evans, T. & Harris, J. (2004). Street-level bureaucracy, social work and the (exaggerated) death of discretion. *British Journal of Social Work,* 34:6, pp.871-895.

Fagan, A.A., Hanson, K., Hawkins, J.D. & Arthur, M.W. (2008). Bridging science to practice: Achieving prevention program implementation fidelity in the community youth development study. *American Journal of Community Psychology,* 41, 235-249.

Featherstone, B., White, S. & Wastell, D. (2012). Ireland's opportunity to learn from England's difficulties? Auditing uncertainty in child protection. *Irish Journal of Applied Social Studies*, 12 (1), 49-62.

Finlay, L. and Ballinger, C. (2006). *Qualitative research for allied health professionals – Challenging choices*. London: Wiley and Sons.

Gibbons, N. (2010). *Roscommon child care case*. Dublin: Health Service Executive.

Health Information and Quality Authority (2014). *Guidance for providers: Monitoring programme for regulated services for children.* Dublin: Health Information and Quality Authority.

Health Services Executive (2011). *Child protection and welfare practice handbook.* Dublin: Government Publications.

Joint Committee on the Family (1996). *Kelly – A Child is dead: Report of a committee of inquiry.* Dublin: Government Publications.

Kotter, J.P. (1996). *Leading change.* Boston: Harvard Business School Press.

Leeman, J., Baernholdt M. & Sandelowski, M. (2007). Developing a theory-based taxonomy of methods for implementing change in practice. *Journal of Advanced Nursing,* 58(2), 191-200.

Lewin, K. (1951). *Field theory in social science*. New York: Harper & Row.

Lipsky, M. (1980). *Street-level bureaucracy: The dilemmas of individuals in public service.* New York, Russell Sage Foundation.

Lincoln, Y.S. and Guba, G.E. (1985). *Naturalistic inquiry.* Beverly Hills: Sage Publications.

Mason, J. (2007). *Qualitative researching*. London: Sage Publications.

McGuinness, C. (1993*). Kilkenny incest investigation*. Dublin: The Stationary Office.

McKenney, S. & Reeves, T. (2012). *Conducting educational design research.* New York: Routledge.

Mildon, R. & Shlonsky, A. (2011). Bridge over troubled water: Using implementation science to facilitate effective services in child welfare. *Child Abuse and Neglect: The International Journal,* 35, 753-756.

Morales, A.T. and Sheafor, B.W. (2004). *Social work: A profession of many faces.* Boston: Allyn and Bacon.

Munro, E. (2011). *The Munro review of child protection final report: A child-centred system.* London: Department for Education.

Office of the Minister for Children and Youth Affairs (2008). *National review of compliance with Children First: National guidelines for the protection and welfare of children.* Dublin: Government Publications.

Office of the Minister for Children and Youth Affairs (2009). *Report of the commission to inquire into child abuse – Ryan report.* Dublin: Government Publications.

O'Leary, D. (2007). *Report of audit of social work practice in relation to the child protection and welfare process practice guidelines incorporating Children First 1999.* Cork: HSE South, Cork & Kerry.

Ombudsman for Children's Office (2010). *A report based on an investigation into the implementation of Children First: National guidelines for the protection and welfare of children*. Dublin: Ombudsman for Children's Office.

Ombudsman for Children's Office (2014). *Annual report 2013.* Dublin: Ombudsman for Children's Office.

Patton, M. (2002). *Qualitative research & evaluation methods.* London: Sage Publications.

Polit, D. & Beck, C. (2004). *Nursing research: Principles and methods* (7th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Prior, D. and Barnes, M. (2011). Subverting social policy on the front line: agencies of resistance in the delivery of services. *Social Policy & Administration,* 45:3, pp. 264-279.

Prochaska, J.O., DiClemente, C.C. & Norcross, J. (1992). In search of how people change. *American Psychologist*, 47, 1102-1114.

Ritchie, J. and Lewis, J. (2004). *Qualitative research practice – A guide for social science students and researchers*. London: Sage Publications.

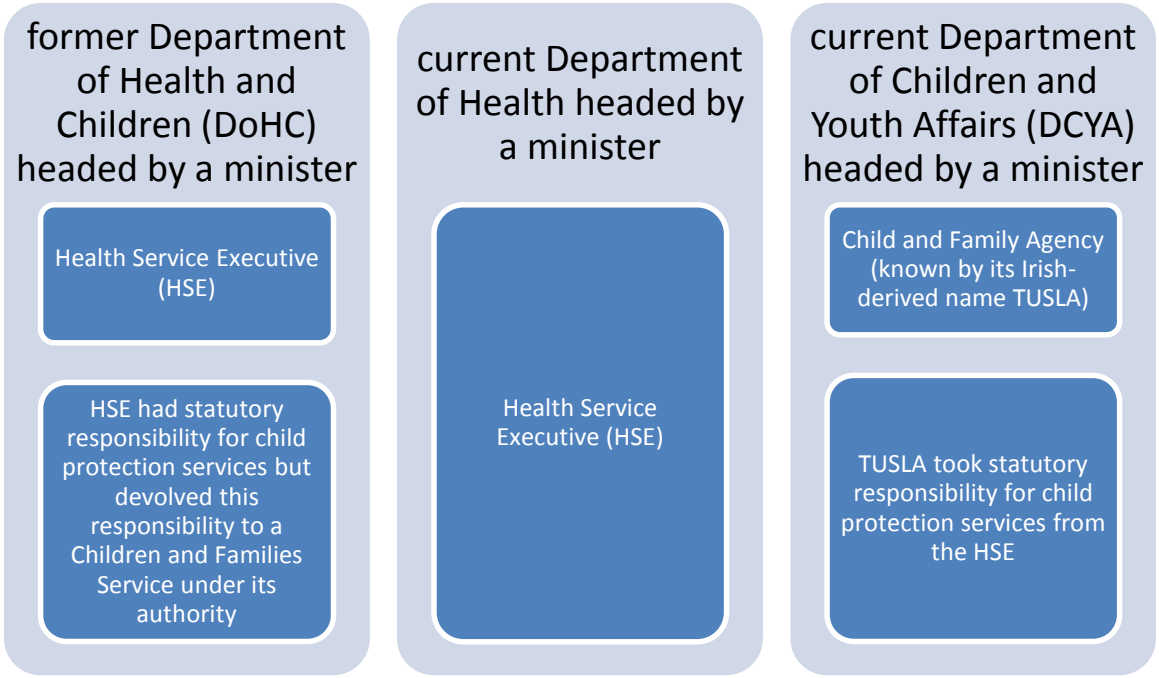
Rogers, E. (2003). *Diffusion of innovations* (5th ed.). New York: Free Press.

Ryan, D., McNamara, P., Deasy, C. (2006). *Health promotion in Ireland: Principles, practice and research.* Dublin: Gill & Macmillan.

Saldana, J. (2009). *The Coding Manual for Qualitative Researchers.* London: Sage.

Smith, C. (2001). Trust and confidence: Possibilities for social work in 'high modernity'. *British Journal of Social Work,* 31, pp. 287-305.

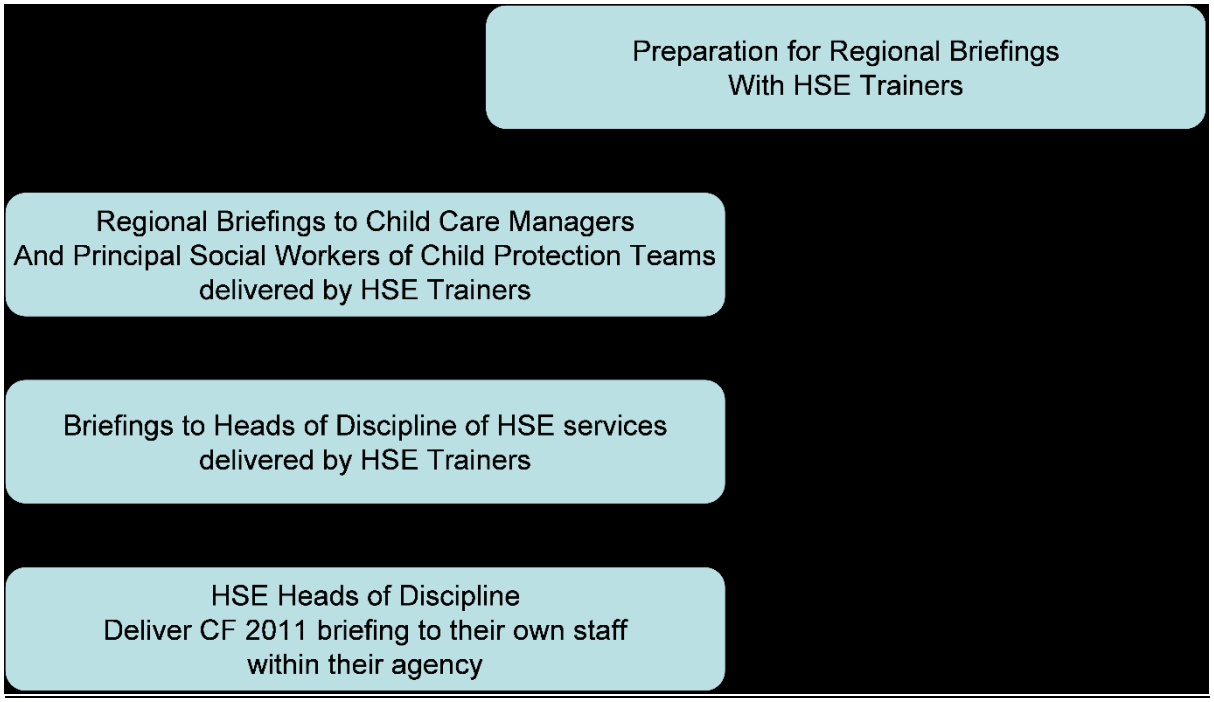
Appendix 1: Evolution of government structures in child protection services



Appendix 2: Glossary of abbreviations

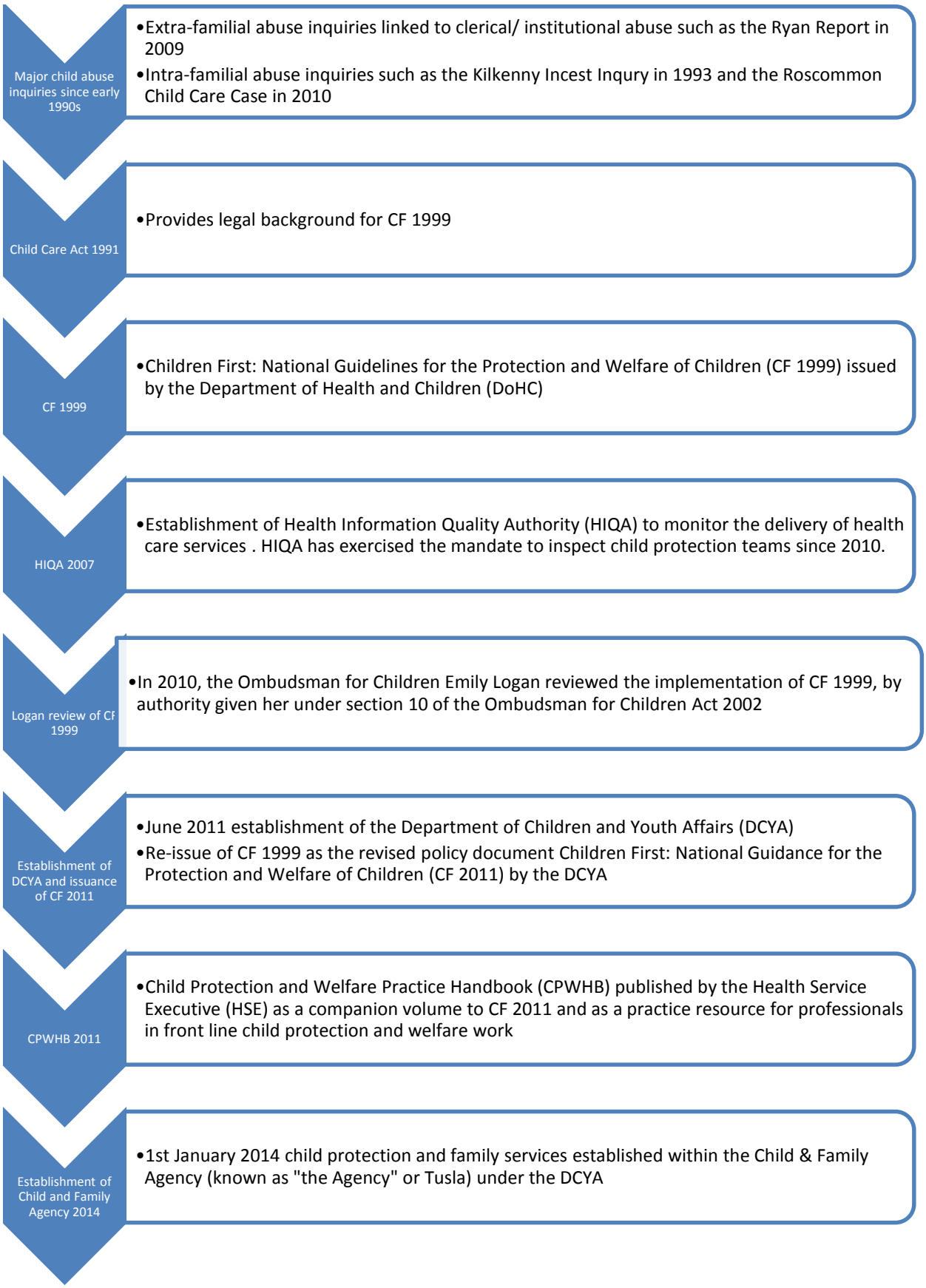
CEO	Chief Executive Officer
CES	(Irish) Centre for Effective Services
CF 1999	Children First: National Guidelines for the Protection and Welfare of Children 1999
CF 2011	Children First: National Guidance for the Protection and Welfare of Children 2011
CFIDG	Children First Implementation Inter-Departmental Group
CPWP Handbook	Child Protection and Welfare Practice Handbook 2011
DCYA	Department of Children and Youth Affairs
DoHC	Department of Health and Children
DoH	Department of Health
GP	General Practitioner (doctor)
HIQA	Health Information Quality Authority
HSE	Health Service Executive
LRC	Law Reform Commission
OCO	Ombudsman for Children Office
SBP	Standard Business Process
TUSLA	Child and Family Agency, known by its Irish-derived name

Appendix 3: Cascade Plan for implementation of Children First 201

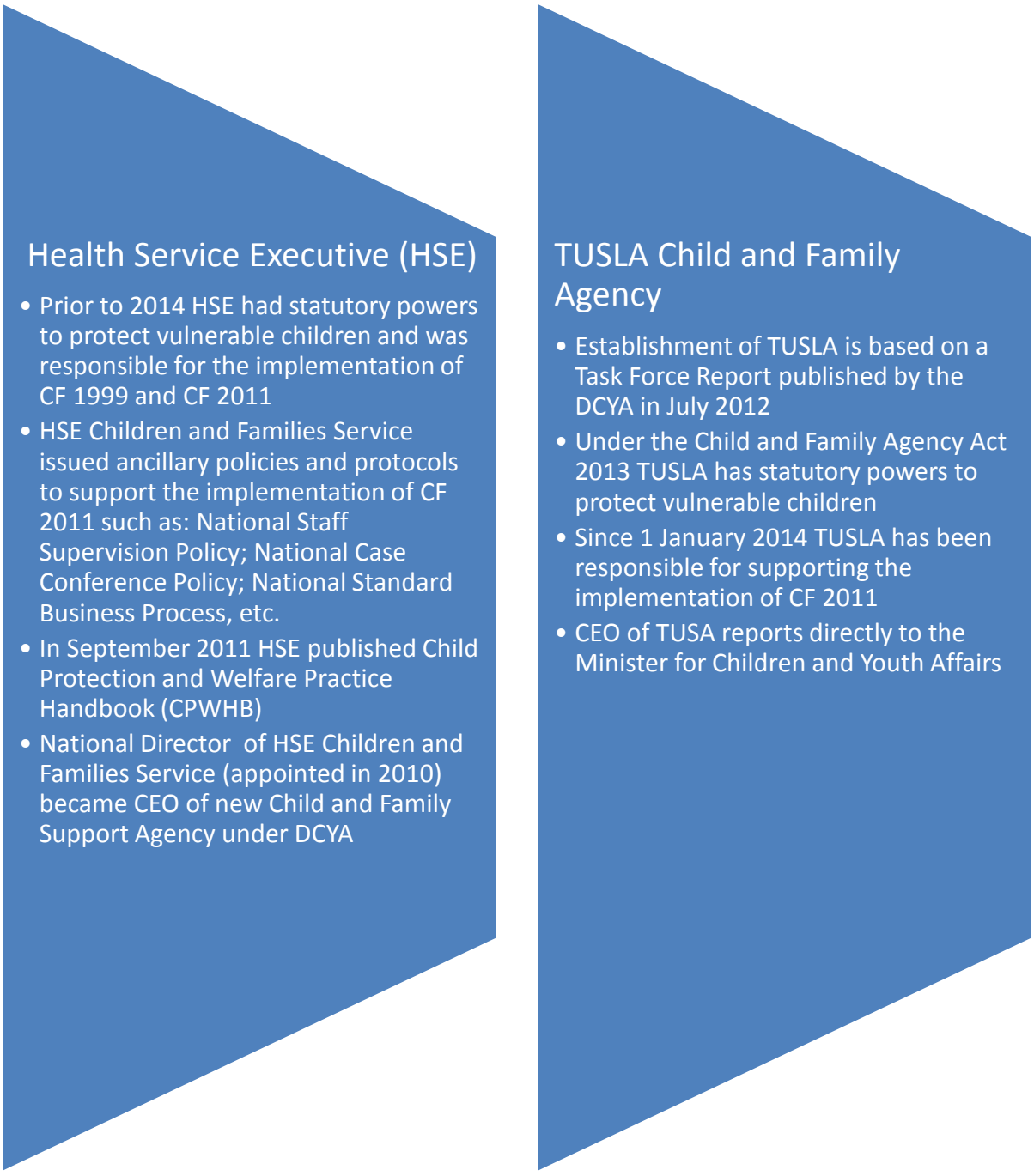


(when CF 2011 was launched in July 2011)

Appendix 4: Timeline of Irish child protection guidelines and services since 1990s



Appendix 5: Devolution of responsibility for the delivery of children and family social services from HSE to Child and Family Agency



Appendix 6: Research Information Sheet

Title of the study: ***Exploring the policy to practice gap: Social workers' experience of using child protection policy to inform their practice***

Name of researcher: Olivia O'Connell, Implementation Officer, Block 36, St. Finbarrs Hospital, Douglas Rd., Cork; olivia.oconnell1@tusla.ie; 086 7871536.

You are being invited to participate in a research study. Before you decide to agree to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. You may request further information about the research project by contacting me at the email, telephone number or mailing address listed above.

Thank you.

- *What is the purpose of the study?*
  The purpose of this research study is to explore how to best support child protection social workers in their efforts to incorporate *Children First National Guidance for the Protection and Welfare of Children 2011* (CF 2011) guidelines into their practice. Eight participants are being recruited

- *Why have I been chosen for this study?*
  Your name has been proposed by your team's Principal Social Worker as someone who is familiar with CF 2011 having attended a one-day training module on CF 2011. Study participants may be working in rural or urban social work teams. Participants must have a minimum of one years' experience in the area of child protection.

- *Do I have to take part?*
  No. It is up to you to decide whether or not to take part. If you sign and return the research consent form, this will be taken as your agreement to be interviewed for the study. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you chose not to participate there will be no ramifications for you or your work.

- *What will happen if I do take part?*
  You will be individually interviewed for approximately one hour at a time and place of your choosing. The interview will be audiotape recorded.

- *What are the possible disadvantages of taking part?*
  There are no negative consequences in taking part in this research study. It will have no impact on your work situation or your relationship with your work colleagues or the Researcher. Should you experience any distress during the individual interview, I will stop the tape recorder and give you time to decide

whether to continue with the interview, re-schedule it for a later time or to discontinue the interview altogether.

- *What are the possible benefits of taking part in the study?*
  The information collected will form an integral part of a project to better support child protection social workers in their efforts to integrate CF 2011 into their practice. As such, you will be helping to shape the future developments to better bridge the policy to practice gap within Irish child protection services.

- *What if there is a problem?*
  If you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, I welcome your feedback and you can contact me directly. However, should you wish to take your complaint further, you should contact Dr. Alastair Christie, Professor of Applied Social Studies, School of Applied Social Studies, University College Cork; email a.christie@ucc.ie.

- *Will my taking part in this study be kept confidential?*
  Yes, absolutely. The fact that you have chosen to participate in this study will be known only by the Researcher and perhaps by your Principal Team Leader. Any information which is collected about you and your opinions during the interview will be strictly confidential. Any information that may allow you to be recognised will be removed. Transcripts of the audio-taped interviews will cite you by only by a pseudonym and all tapes and transcripts will be kept in a safe, locked place with me until 2017 when they will be destroyed.

- *What will happen to the results of the research study?*
  As this is an academic study, an academic paper will be prepared based on research literature, parts of your anonymised commentaries and my interpretations of this data. The research findings may be disseminated in conference papers and articles for peer-reviewed journals. However, no references or information will compromise your anonymity.

Appendix 7: Study participant consent form

Title of the study: *Exploring the policy to practice gap: Social workers' experience of using child protection policy to inform their practice*

Name of researcher: Olivia O'Connell

Please read the statements below and tick in the right hand column to confirm your agreement.

I confirm that I have been provided with and have read an information sheet which explains the purpose of this research and that I understand my role in the research.	
I confirm that I have voluntarily agreed to be interviewed.	
I understand that I may withdraw from the interview at any time, for any reason, without penalty.	
I understand that I can refuse to answer particular questions.	
I understand that an audio recording of the interview will be made and I consent to the audio recording of the interview.	
I understand that I will not be identified by name if the information I provide is used in oral or written reports.	
I understand that I can request a copy of the interview transcript.	
I understand that the audio recording and interview transcripts will be stored securely.	
I understand that audio recordings of interviews will be deleted when they have been transcribed and verified and that interview transcripts will not be retained for more than three years.	
I understand that I may seek additional information regarding the research from the Researcher.	

Signed: _____

Print name: _____

Date: _____

Appendix 8: Interview schedule

Research question: *What are child protection and welfare social workers' experience of implementing Children Frist 2011 in their practice?*

Topics for discussion during interviews:

1. Exploring social workers' personal relationship with Children First.
2. Exploring social workers' relationship with Children First within their own agency and how their agency responds to policy.
3. Exploring social workers' relationship with Children First in their joint working with outside agencies and how social workers' relationships with outside agencies connect to policy.

Interview Questions:

- When did you first start working in child protection?
- How did you first become aware of Children First?
- Is there anything in Children First 2011 that you don't think fits in with your perception of social work practice?
- Do you reference Children First in your practice?
- How would you describe the culture in your team for implementing new policies, such as Children First?
- How do you think Children First 2011 is perceived within your team?
- Does Children First 2011 impact your practice in working with outside agencies? If yes, in what way?

Appendix 9 – TUSLA Policies & Procedures[7]

Children First National Guidance for the protection and welfare of children 2011

CF 2011 is a reference document for practice detail in the protection and welfare of children. As such, it encompasses the following key areas of practice:

- Definition and recognition of child abuse
- Basis for reporting concerns and standard reporting procedure
- Interagency cooperation: roles and responsibilities of organisations and personnel working with children
- Assessment and management of child protection and welfare concerns
- Supervision, support and additional guidance for child protection staff
- Protocol for joint working between TUSLA and An Garda Siochana
- Children First training

CF 2011 is considered a policy document by TUSLA for its staff. When disseminated, staff had to sign a document acknowledging receipt of their individual copies and that they had read it.

Child Protection and Welfare Practice Handbook

The CPWP Handbook is a document that sets out key issues in the areas of recognising abuse, responding to referrals, risk factors, assessment, planning and intervention for child protection staff and key external professionals (such as PHNs, GPs and schools). Effectively the CPWP Handbook translates into practice the key elements of CF 2011 as set out above. The CPWP Handbook is considered a policy document by TUSLA for its staff. When disseminated, staff had to sign a document acknowledging receipt of their individual copies and that they had read it.

National Standard Business Process

The SBP sets out a national standard framework for recording and monitoring how child protection social workers perform their duties. The standard forms encompass every aspect of the work from referral, initial assessment, family support and children in care and must be filled out within specified timescales. These procedures have been in place nationally since 2010/2011.

[7] *In **bold** type are guidance documents, policies/ procedures spontaneously referred to by interview participants when they were asked several questions (see Appendix 8) about how they applied policy to practice.*

TUSLA ancillary policies to CF 2011

- Case transfer policy
- Child protection conferences & the child protection notification system
- Complaints policy & procedures: your service your say
- Court: best practice guidance
- Domestic violence policy
- Guidance for the care of a young person where they become a parent while in care
- Guidelines for the provision of interpreting services
- Lone working policy
- Measuring the pressure
- National standards for the protection and welfare of children
- **Caseload management policy**
- Need to know procedure
- Obtaining consent for non-emergency treatment
- Passports for children in care
- Placement of children 12 years & younger in the care or custody of TUSLA
- Practice guide on domestic, sexual and gender based violence
- Respite care guidelines
- Responding to Garda betting requests
- Risk and incident escalation procedure
- **Staff supervision policy**
- Thresholds for referral to TUSLA social work services
- Thresholds of need: guidance for practitioners in TUSLA social work services
- Trust in care
- Use of section 5 of the Child Care Act 1991
- Babysitting arrangements for children and young people in foster care
- Dealing with bullying in foster care
- Foster care committees policy, procedure and practice
- Guidance on the implementation of sections 43a and 43b Child Care Act 2007
- Missing in care policy
- National guidance on the use of the foster care allowance
- National standards for foster care
- Placement in non-statutory foster care agencies

- Protocol on the role of fostering link worker
- Speak up speak out: how to make a complaint in foster care
- Involving Gardai in residential care
- Linking service and safety
- National standards for children's residential units
- Residential child care policies and procedures
- Young person's guide to residential care
- Guidance for the implementation of an area based approach to prevention, partnership and family support
- Investing in families: supporting parents to improve outcomes for children
- Meitheal: a national practice model for all agencies working with children, young people and their families
- What works in family support
- National policy leaving and aftercare
- Needs assessment for aftercare
- Aftercare plan
- Quality and risk forms
- HIQA guidance for TUSLA review of serious incidents
- Integrated risk management policy
- National staff induction policy
- Other management policies and procedures around managing serious incidents, risk and escalation procedures.
- Local policies/ procedures