The Challenge of Implementation in Complex, Adaptive Child Welfare Systems: A Realist Synthesis of Signs of Safety

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Introduction

Complexity science has provided new insights into why implementing policy and practice changes tends to be challenging in complex adaptive systems, including child protection systems. Complexity-informed Realist methods are increasingly used in health sciences research to inform program and policy implementation but have seen little uptake in social work, despite calls to embrace the approach. This paper utilizes a Realist Synthesis to understand and evaluate how interactions between children's services interventions and the context in which they are introduced can influence implementation and outcomes. Researchers present six emerging program theories on how the interacting effects of reasoning and resources in varying conditions affect the implementation of a popular framework for child protection social work, **Signs of Safety.** Their findings demonstrate that interactions at multiple systemic levels affect implementation and provide practical guidance to inform service development and delivery and discuss how these findings can inform the basis for a Realist Evaluation of Signs of Safety.

Background

Child welfare organizations are complex systems that involve complex interventions because:

- Actions of actors are connected - actions of each agent change the context for others
- Child protection is cross-sectoral, involving multiple interacting systems.
- Implementing interventions can be challenging and their consequences difficult to predict as the intervention itself interacts with and modifies the context into which it is introduced. (Caffrey, 2021; Caffrey & Munro, 2017)

Signs of Safety (for full overview visit https://www.signSoSafety.net/what-is-SoS/)

Building on solution-focused therapy and strengths-based practice, Signs of Safety is designed to help professionals build client relationships with a strong focus on safety, by developing balanced analysis skills that incorporate clients' strengths & and harm with the ultimate goal of providing families an opportunity to demonstrate the ability to care safely for their children.

Research Direction

Signs of Safety is often not implemented as intended or implemented in a piecemeal fashion (Baginsky et al, 2021; Baginsky et al, 2017; Rijbroek et al, 2017; Rothe et al, 2013).

In 2016, Signs of Safety developed an organizational Theory of Change (TOC):

- Organizational learning
- Measurement alignment
- Leadership methods
- Organisational alignment

Researchers asked the question: *What supports, and what derails staff buy-in to the implementation of Signs of Safety and why?*

Data Collection

Understanding Methodology: Realist Synthesis

Realist Synthesis is an explanatory analysis technique that uses literature review methodology as well as primary data collection to explore how and why interventions work or don't in particular contexts.

Development of a refined 'program theory' is expressed as:
Context (C) + mechanism (M) = outcome (O)

The goal of Realist Synthesis is to build and test CMO configurations (CMOCs) regarding the research question.

Steps	Methodological Process
Two-member expert Panel	Understanding of programme logic
Empirical literature and programme documents review	Data extraction from 53 studies, 31 of which cited in this paper. Analysis and formation of IPT (See figure 1).
Initial programme theories	Written as CMOCs where possible or as independent context, mechanism or outcomes where general causation was not determined
Focus groups	22 international Signs of Safety experts. CMOC's were confirmed, refuted, refined or new theories offered.
Refined Programme theory	Analysis of focus group data using NVivo 12
Return to literature and programme documents	Review of refined theories using the literature
Final Programme theory related to implementation as 6 CMOCs	Findings offered which answer the research question *what supports, and derails staff buy in to implement Signs of Safety and why?*

Findings

Six program theories (CMOCs) emerged to understand how the interacting effects of reasoning and resources in varying conditions can affect the implementation of Signs of Safety (SoS).

1. Failing to balance strengths and risk of harm	Mindset 1: Where a worker is cognitively 'fixed towards harm', they may fear that incorporating strengths is unsafe or they may perceive SoS strategies as pointless because they assume that families lack the capacity to change. They may therefore fail to implement SoS.

	Mindset 2: Alternatively, if a worker is cognitively 'fixed towards strengths' they may focus excessively on strengths and/or the goal of keeping children with their family. They may therefore implement SoS dysfunctionally, overlooking evidence of harm or risk of harm, with the potential unwanted consequence that children may be left in danger. M2 can also occur at the organizational level i.e. organization loses focus on safety through the misperception that taking children into care is contrary to the organization's goals (Reeves, 2018).
2. Having and using interpersonal and critical thinking skills	If workers use SoS tools and processes but don't have sufficient interpersonal and critical thinking skills or don't have sufficient time to use them, families may not feel enough of a sense of psychological safety, trust, and feeling cared for, to engage in the social work process. Workers may not be able to suspend judgement until sufficient evidence is collected to balance harm, risk of harm, and safety. Therefore, workers may not implement SoS because they lack the skills or the opportunity to use the skills that are needed to enact the principles that are the essence of the approach.
3. Training for learning	Staff may disengage from training or not attend if they hold an incompatible mindset or perceive trainers to be low quality (Baginsky et al., 2017; Munro et al., 2016; Rothe et al., 2013). Staff may find it difficult to practice skills they learned and forget them if they are trained before supervisors/managers (Baginsky et al., 2021). Staff may lack SoS training if they have not received training elsewhere or if there's a high turnover of staff and in-house training occurs infrequently (Baginsky et al., 2017; Munro et al., 2016).
4. Absence of group supervision and dysfunctional implementation	Group supervision does not always occur, and its absence is associated with confusion about the approach (Baginsky et al, 2021; Holmgard Sorensen, 2013) Where frequent, quality group supervision is absent, responsibility for work is individualized (rather than shared) and work is not transparent. This leads to misperceptions and cognitive biases going unchecked, resulting in dysfunctional implementation.
5. Organizational alignment for implementation	SoS TOC requires Organizational alignment: • reform of existing policies, forms, and case management processes • 'Meaningful Measures' of quality assurance aligned with SoS • found to support consistency of implementation (Baginsky et al., 2021; Hayes et al., 2014; Munro et al., 2020). In its absence: • frustration at duplication of recordkeeping • Implementation before alignment causes confusion • lack of form alignment makes it challenging for supervisors to see work and support workers' learning and accountability of practice. •workers question the organization's commitment to SoS where systems are not aligned Where organizational systems are not aligned with SoS, staff focus may be diverted from learning and doing SoS practice onto what the system records. Learning and accountability may be impeded because supervisors cannot easily check SoS practice.

	Staff motivation to implement SoS may be diminished because staff do not believe it is a priority and feel frustrated by needing to duplicate recordkeeping.
6. Engaged leadership for implementation	Leadership support of SoS strongly influences implementation. More consistent implementation occurred where leaders modelled SoS in interactions with staff (c.f.e Baginsky et al, 2021; 2017; Bunn, 2013; Salveron et al, 2015). Where leaders do not closely model SoS methods of learning and leadership in their interactions with staff, are not closely engaged with front-line practice, and do not explicitly expect that SoS will be used by all staff, staff miss active learning opportunities, lack confidence that they will be supported to learn and work in new ways and be judged by fair criteria, and may then not implement SoS.

Practice Implications

Implementation is challenging and unpredictable which makes understanding how and why non-implementation and dysfunctional implementation occur crucial. Child welfare has a propensity for unintended consequences which can potentially be mitigated by not assuming messaging will be understood as intended and by monitoring staff 'sense-making' (underlying assumptions and beliefs).

The Keys to Success - What's important

Critical Thinking and Interpersonal Skills	• recognize SoS is not a set of tools but a set of principles that underpin the use of tools and strategies • staff's effective communication skills may be assumed but research has found this is not always the case (Forrester 2008a, 2008b)
A Supportive Work Environment	• staff require sufficient time to deploy critical thinking skills and to build relationships with families • supervisors should consider how and when training is provided
Involved Governance	• leadership is directly connected to practice • alignment of recording systems and quality assurance processes with organizational goals is necessary
An Understanding of the Unpredictability of Making Change	• importance of organizational learning for 'single-loop learning' (correcting individual's misperceptions & and developing learning) and 'double-loop learning' (correcting an organization's underlying norms, policies, objectives) (Argyris & Schon,1979)

Webinar Practice Points

Additional Resources

Presenter Information:

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Dr. Louise Caffrey is an Assistant Professor in Social Policy at the School of Social Work and Social Policy, Trinity College Dublin. Much of Louise's research stems from a core interest in the challenges of implementing public policy and practice initiatives in organizations. Her research has sought to better understand, firstly why implementing policy is so challenging and, secondly, how we can better evaluate public policy initiatives and programs so that evaluation findings are more useful for policymakers.

Dr. Freda Browne is an Assistant Professor at the School of Nursing, Midwifery and Health Systems, University College Dublin (UCD), and Programme Director for the BSc in General Nursing. Freda has considerable experience in the realist approaches to research, including realist evaluation and realist synthesis.

These practice points are based on the following research paper:

Caffrey, L. Browne, F. (2023) The Challenge of Implementation in Complex, Adaptive Child Welfare Systems: A Realist Synthesis of Signs of Safety, *Children and Youth Services Review.*
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Related Journal Articles:

Caffrey, L., Browne, F. (2022), Understanding the social worker-family relationship through Self Determination Theory: A Realist Synthesis of Signs of Safety, *Child & Family Social Work* 27: 513-525 URL

PART Resources

(Available through the PART website and/or via email request to admin@partcanada.org)

PARTicles:

- Signs of Safety: What We Know and What We Need to Know
- Research Evidence Use in Child Welfare
- Research Report: Decision-Making and Risk in Child Welfare

Webinars:

- What Makes a Good Learning Culture? Professional Development to Practice
- Applying Critical Thinking Skills (Guidebook Series)
- The Role of Organizational Culture: Connecting Learning and Risk Tolerance
- Decision making at substantiation in cases involving racialized families: Child protection workers' perceptions of influential factors