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The Netherlands

Navigating the complexity: unraveling the implementation of youth care guidelines

Dubbeldeman, E.M.

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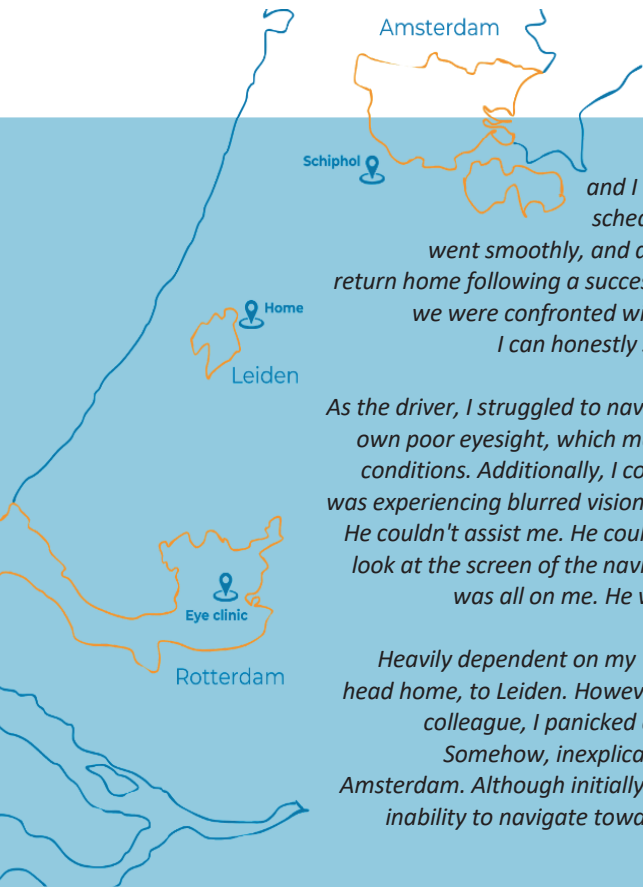
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Chapter 1

General introduction



Years ago, on a cold December day, my partner and I visited an eye clinic in Rotterdam, where he was scheduled for laser eye surgery. The outward journey went smoothly, and after a long day at the clinic, we were allowed to return home following a successful operation. However, during our way home, we were confronted with heavy rain and poor visibility as darkness fell. I can honestly say I had never driven in such heavy rain before.

As the driver, I struggled to navigate through the downpour, especially with my own poor eyesight, which made it particularly challenging in rainy nighttime conditions. Additionally, I couldn't rely on my partner, my "colleague," as he was experiencing blurred vision due to the surgery and had to wear sunglasses. He couldn't assist me. He couldn't even see where we were going. He couldn't look at the screen of the navigation system. He couldn't see the road signs. It was all on me. He was my colleague, but now I was working alone.

Heavily dependent on my "guideline," our navigation system, we aimed to head home, to Leiden. However, due to the extreme rainfall and my unhelpful colleague, I panicked and was unable to properly follow my guideline. Somehow, inexplicably, we found ourselves on the road to Schiphol, Amsterdam. Although initially frustrated about the prolonged journey and my inability to navigate towards home, there was suddenly a sense of calm... Yes, Schiphol, this is familiar, we can go home!

This unexpected detour, turning what should have been a 30-minute journey into two hours, serves as a metaphor for the complexities of implementing guidelines within youth care. Just as we relied on navigation during our journey, guidelines provide direction in the practice of child welfare. However, various challenges can disrupt even the best-laid plans, requiring adjustments and support to overcome obstacles towards the common goal, whether this is finding your "home" or improving the well-being of children.

Youth care guideline implementation

Implementation is defined as: 'the degree to which settings and staff members deliver a program or apply a policy as intended' [1]. The implementation of guidelines is inherently challenging, and this complexity is increased in the context of care for children. The interdisciplinary nature of the field, the requirement to address sensitive topics with vulnerable families, and the additional pressure from growing waiting lists, increased administrative burdens, and a persistent personnel shortage all contribute to the increased difficulty of effective

implementation [2, 3]. Suboptimal implementation of youth care guidelines may lead to critical issues being overlooked, inaccurately assessed, or neglected. Ensuring early identification and intervention is crucial to safeguard children's well-being and mitigate long-term problems [4, 5]. Given these challenges, this dissertation aims to investigate the persistent issue of suboptimal implementation of youth care guidelines and explore potential strategies to address this.

Youth care and youth care guidelines

The Convention on the Rights of the Child affirms that all children have the right to express themselves and voice their opinions. It guarantees their rights to equality, health, education, a clean environment, a safe living environment, and protection from all forms of harm [6]. It provides a comprehensive framework to promote and protect children’s rights, guiding governments, organizations, and individuals in their efforts to create a world where every child can flourish, develop, and realize their full potential. In striving to uphold these principles, nations face numerous challenges in ensuring the well-being and protection of children. Within this context, organizations dedicated to care for children play a crucial role, offering a wide range of interventions, services, and supports aimed to safeguard children's rights and promoting their development.

Youth assistance	Juvenile probation	Youth protection
<p>Focuses on mental health issues, intellectual disabilities, and parenting problems</p> <p><i>Therapy, family counseling, and early interventions to prevent further complications.</i></p> <p>Without residential care</p> <ul style="list-style-type: none"> • Neighborhood or community team • On-site ambulatory or day assistance • Support in the network <p>With residential care</p> <ul style="list-style-type: none"> • Foster care • Family-oriented care • Placement in a closed institution • Other residential assistance <p><i>Executed by youth care providers</i></p>	<p>Focuses on the rehabilitation of young offenders.</p> <p><i>Supervision, probation, and support aimed at reintegration into society.</i></p> <ul style="list-style-type: none"> • Forced supervision and guidance • Voluntary supervision and guidance • Individual trajectory guidance <p><i>Executed by certified institutions</i></p>	<p>Deals with protecting children from neglect, abuse, or unsafe living conditions.</p> <p><i>Foster care, legal measures, and intervention by social workers or the court system.</i></p> <ul style="list-style-type: none"> • Supervision order • Custody <p><i>Executed by certified institutions</i></p>
<p>Funded by the government, but arranged by municipalities to meet local needs.</p>		

Figure 1. Youth care in the Netherlands, adapted from Dutch Social Work [8].

Various terms are used to describe the services and support systems aimed to address the needs of children and their families. In the Netherlands, 'youth care' encompasses a comprehensive range of services aimed at supporting children and their families through various challenges (Figure 1) [7]. These services are provided through three main forms of care: youth assistance,

youth protection, and juvenile probation [8, 9]. While government funding primarily supports these initiatives, municipalities have the authority to customize services to meet local needs while adhering to national standards. While government funding primarily supports these initiatives, municipalities have the authority to customize services to meet local needs while adhering to national standards. Although the legal framework and system for organizing and delivering services to children and families may vary between countries, they share a common goal: ensuring the well-being, development, and protection of children, as well as providing support to families when needed. In this dissertation, we employ the term 'youth care' to refer to the extensive array of services and interventions tailored to enhance the well-being and support of children and their families.

Youth care guidelines

Guidelines are essential tools within youth care, addressing the various problems encountered by children, such as child abuse and neglect [10, 11] and internalizing and externalizing problems [12-14]. These guidelines offer care professionals (CPs) structured guidance and recommendations based on scientific research, practical knowledge of CPs, and the experiences of parents and children. They include guidance on identification, screening and assessment, interventions and treatments, collaboration and coordination, and aftercare and follow-up [15]. Together, these aspects form a comprehensive framework that ensures effective care and support for children in youth care. By providing a structured approach, guidelines can promote positive outcomes and well-being for children and their families.

Societal urgency

Using guidelines within youth care can have several societal benefits. They facilitate the early identification of issues such as abuse and neglect, ensuring that these problems are addressed before they escalate, thereby protecting vulnerable children [16]. Guidelines also ensure the application of timely and tailored interventions, which help children achieve their full potential and enhance their long-term integration and productivity in society [17]. Furthermore, guidelines provide tools and resources that can strengthen parental skills and reduce family stress, fostering nurturing environments essential for child development [18]. Additionally, they can prevent the development of more severe problems, potentially reducing the need for extensive and costly treatments. Effective implementation of these guidelines may also enhance trust in healthcare systems and government institutions by demonstrating a commitment to evidence-based, structured care. The importance of youth care guidelines has become even more evident through recent national policy initiatives such as the 'Kansrijke Start' (Solid Start) program, which focuses on the first thousand days of a child's life to lay a healthy and safe foundation for their development [19]. 'Kansrijke Start' highlights the need for early intervention, integrated care, and comprehensive support for young families. The implementation of relevant guidelines is crucial for achieving the program's goals, ensuring that

(future) parents in vulnerable situations receive timely and appropriate care and support, and giving children a better chance at a healthy start.

Guideline implementation and implementation research

Despite the availability of evidence-based guidelines in youth care, implementing them into practice remains challenging. While CPs may be aware of these guidelines, their implementation often falls short, revealing a notable discrepancy between awareness and actual implementation in practice [20]. When challenges encountered by children and their families are left unaddressed, they can hinder a child's development and lead to severe consequences like school dropout [21], antisocial or delinquent behaviour [21-23], severe psychological disorders [21, 23-26], and child abuse [27]. These issues in childhood can further lead to health and social problems in adulthood [28, 29]. Research indicates that children with externalizing problems are more likely to experience depression, anxiety, and psychosomatic conditions later in life [30]. Additionally, adverse childhood events such as child abuse and parental drug use are negatively associated with their future family health and healthcare utilization [31, 32]. Ensuring children receive adequate care is essential to safeguard their right to a secure and healthy upbringing from childhood to adulthood, emphasized by the Convention on the Rights of the Child.

Implementation research

In recent years, there has been a growing emphasis on addressing the challenges associated with (guideline) implementation. Various theoretical frameworks and taxonomies have been developed to guide and facilitate the implementation process, concentrating on determinants [33-35] and implementation strategies [36]. Determinants, often called barriers and facilitators, are factors believed or empirically shown to influence implementation. Examining implementation determinants is crucial as it offers valuable leads for developing implementation strategies. By identifying the root causes and contributing factors driving the implementation problem, strategies can be developed to address these, leading to more effective and sustainable solutions [34]. Implementation strategies are defined as approaches used to enhance the adoption, implementation, sustainment, and scale-up (or spread) of innovations [37]. Implementation strategies such as local consensus discussions and the use of opinion leaders aim to address implementation determinants and optimize implementation [36]. Despite the advancements in implementation research, there are considerations that need to be addressed when utilizing existing frameworks and taxonomies. These considerations revolve around two main knowledge gaps.

First, the specific impact of these strategies on determinants and their potential role in either implementation success or failure remains unclear. For example, strategies like educational outreach visits, learning collaboratives, and educational materials are considered effective when aiming for skill development [38]. Yet, the success of these strategies is not solely dependent on

the strategies themselves; it is the components within these strategies, specifically designed to induce behaviour change, that determine their effectiveness. These components, known as Behaviour Change Techniques (BCTs), are irreducible, observable, and replicable techniques within an intervention or strategy designed to change behaviour, including action planning, providing instructions on how to perform behaviours, and using prompts or cues [39]. While strategies and BCTs have proven effective, the optimal combination that significantly influences implementation outcomes remains unclear. Therefore, there is a critical need for a comprehensive understanding of how strategies and BCTs collectively influence determinants and impact implementation outcomes [40].

Second, previous studies often focused on determinants in isolation, such as the availability of resources, self-efficacy, and guideline complexity. While each of these determinants are undoubtedly important, they only provide a partial understanding of the challenges and dynamics involved in implementation [41, 42]. Successful implementation is not a straightforward process determined by the presence or absence of determinants in isolation; rather, it depends on the complex interaction and synergist relationships between these determinants [35, 42]. For example, while lack of time is often perceived as a barrier to implementation, it can result from various factors such as, insufficient leadership, low service priority, or inappropriate workflow. Addressing time constraints effectively requires tailored strategies that address all determinants involved rather than treating the determinant in isolation. Additionally, CPs and care settings exhibit considerable diversity in their implementation determinants and organizational contexts. This diversity underscores the need for tailored implementation approaches that capture to the unique needs of different groups of CPs.

Understanding the relationships between determinants, strategies, BCTs, and implementation (Figure 2) enables the development of more effective strategies. Moreover, by tailoring strategies to the unique needs of different implementers and settings, resources can be directed where they are most needed, maximizing the impact of implementation efforts and ultimately improving outcomes for children and families.

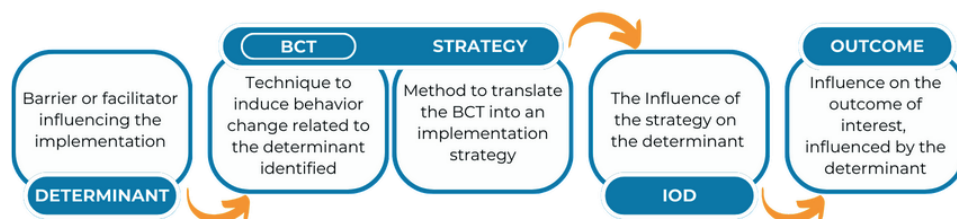


Figure 2. Key elements within the implementation process. IOD: influence on determinant.

Objective and outline of this dissertation

The objective of this dissertation is to unravel the process of youth care guideline implementation. Specifically, we aim to gain a deeper understanding of the relationships between determinants, strategies, BCTs, and the implementation of youth care guidelines. Furthermore, we aim to identify subgroups of implementers based on their unique profiles of implementation determinants.

This dissertation primarily focuses on the implementation of guidelines for child abuse (CAN) and domestic violence (DV), with particular emphasis on the Childcheck. Implementing these guidelines is challenging because they involve sensitive issues and span multiple domains, including healthcare, social services, and law enforcement, requiring effective collaboration. The Childcheck is particularly complex as it focuses on parent-related factors, such as mental health issues or substance abuse, rather than on characteristics of the child. Furthermore, as part of the national reporting code for domestic violence and child abuse, the Childcheck is applied in care contexts that are not specifically child-focused, such as adult mental health services and emergency departments. This requires CPs to possess additional skills to accurately assess risks to children in these non-child-specific settings.

Outline of this dissertation

Chapter 2 provides a comprehensive literature review on determinants influencing the implementation of CAN and DV guidelines, as reported by CPs. We identified implementation determinants, with a particular focus on variations across different guideline objectives and research methodologies. The determinants identified in this systematic review served, among others, as inputs for the subsequent Delphi study described in **Chapter 3**. This chapter outlines a modified Delphi study conducted in collaboration with implementation experts to develop hypotheses targeting relevant determinants for implementing youth care guidelines. These hypotheses outline how specific strategies, coupled with their corresponding BCTs, can influence determinants and, consequently, impact implementation performance. **Chapter 4** builds on the findings of **Chapter 3** by testing whether the anticipated changes from the proposed hypotheses were observed in youth care practice. It examines whether the hypothesized BCT-strategy combinations align with self-reported changes in determinants and implementation performance, offering insights into the practical impact of these hypotheses in real-world settings. **Chapter 5** draws upon the need for acknowledging the complex interactions among implementation determinants and heterogeneity in CPs and context. We identified distinctive subgroups of CPs based on their unique profiles of implementation determinants concerning the Childcheck. We also explored the influence of organization type on subgroups of CPs with specific implementation characteristics (subgroup membership) and assessed their relationship to CPs' implementation level.

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