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Developing a programme theory for the Systemic Practice Model in children's social care: key informants' perspectives

Abstract

Vague programme descriptions are known to impede implementation and evaluation. Yet social work change programmes often fail to describe in detail how they aim to provide better outcomes for children and families. This study focused on the Systemic Practice Model (SPM), which is a Finnish adaptation of Reclaiming Social Work, a practice model developed in England. The SPM aims to deliver systemic practice in children's social care and has recently been widely disseminated across Finland. However, research has found both considerable variation in its delivery and a lack of clarity about what it is. This study, applying realist evaluation, aimed to formulate a programme theory based on the perceptions of key informants (n=12) involved in the national development and dissemination of the SPM during the period 2017–2019. The analysis yielded three core components (a systemic team, systemic weekly meetings, and systemic practice) and two context-mechanism-outcome (CMO) configurations, which represent causal chains of the SPM. The findings should enable its quality implementation and meaningful outcome and process evaluation. The findings will also aid organisations and practitioners both to identify changes required in their service provision and prevent adverse effects. This programme theory should be tested and refined with empirical data.

Key words: child and family social work, child protection, practice model, programme theory, realist evaluation, systemic social work

Introduction

Attempts to improve the quality and effectiveness of child and family social work have motivated decision-makers and practitioners to search for novel approaches to guide their service delivery. Along with distinct evidence-based practices, service organisations have increasingly adopted practice models (Baginsky et al., 2020; Gillingham, 2018). These models have a clear theory and value base, and they define the practices and skills that social work practitioners should use at all stages of their casework in order to optimise the safety and well-being of children receiving these services (Barbee et al., 2011). In Finland, a government-led initiative funded the nation-wide adaptation and dissemination of one such practice model, the Systemic Practice Model (SPM), based on the Reclaiming Social Work (RSW) model, during 2017–2019. The RSW introduces the ideas and methods of systemic family therapy in the context of statutory child and family social work (Goodman and Trowler, 2012).

Evidence on the utility of practice models is limited (Isokuortti et al., 2020), hence more high-quality studies are needed to evaluate whether these models improve outcomes for children and families. One of the challenges in measuring the effectiveness of social work interventions has been the lack of a logic model or a programme theory that would stipulate an intervention's change mechanisms and guide evaluation and interpretation (Pecora et al., 2006). The lack of a detailed intervention description may also impair the processes of implementation and evaluation (Hasson, 2010). If intervention users are unable to put the intervention into practice in a meaningful way, it is only possible to evaluate its implementation and not its outcomes. Although the need for programme theories has been recognized in previous research (Crampton, 2006; Gillingham, 2018), only a few published examples of these theories exist in the context of children's social services (see Turnell and Murphy, 2017; Sheehan et al., 2018).

In Finland, the SPM was developed and disseminated in a creative and collaborative manner. No manual or uniform training materials were offered on the local level. Instead, the content of the SPM was developed during the Training of Trainers (ToT) and by local teams implementing the SPM. In the nationally coordinated ToT, a group of trainees were taught SPM related skills and knowledge to be passed on to the implementation teams. While the practitioners positively engaged with the systemic approach, in particular the involvement of a clinician in the weekly team meetings, to many it remained unclear precisely how the SPM differed from service as usual (Isokuortti and Aaltio, 2020). This study sought to clarify these issues in collaboration with the key informants involved in the national development and dissemination of the SPM during 2017–2019. Based on their perceptions, this study aimed to formulate a programme theory for the SPM. A programme theory comprises the set of assumptions established by a programme’s designers about how and why they expect the programme to attain its outcomes and in what context (Marchal et al., 2018). The core components of the model are its most essential and indispensable components (Fixsen et al., 2005). As the study applied a realist evaluation (Pawson and Tilley, 1997), we were especially interested in the model’s mechanisms, i.e., the resources it provides and how these should work to change human reasoning and behaviour. Since the model seeks to bring about change on multiple levels, we explored the causal chains that connect the changes on the first level to the outcomes on the next (Shaw et al., 2018). The resulting theory may serve as a starting point for further outcome and process evaluations of the SPM. Our research questions were:

- 1) What, according to key informants, is the programme theory of the SPM?
- 2) More specifically, what are the core components of the SPM and how do these differ from service as usual?
- 3) What are the mechanisms and causal chains of the SPM that provide more effective service compared to service as usual?

The Finnish context for children's social care and Reclaiming Social Work

A comparative study of child protection systems (Gilbert et al., 2011) categorised those of the Anglo-American countries as risk-oriented 'child protection orientation' and those of the Nordic and continental countries as more therapeutic 'family service orientation', while acknowledging that both categories had elements in common and an emerging child-focused orientation. The system in England, from where the RSW has been imported, is a hybrid that supports vulnerable families but is also oriented towards child protection, whereas the Finnish system is primarily a family-service oriented system which has incorporated some elements of a child-focused orientation. In general, the English system involves more national regulation, whereas the Finnish system is a deregulated system that allows more professional discretion in decision making (Berrick et al., 2015). However, compared to their English counterparts, Finnish social workers' perceived work pressure is higher, and they have over double the caseload (Berrick et al., 2016). In Finland, moral distress, i.e., work-related malaise due to inability to practice in a morally appropriate way, has impaired social workers' well-being and motivation to remain in the sector (Mänttari-van der Kuip, 2016).

Following the high-profile death of an 8-year-old girl under a child protection plan in 2012, the Finnish government commissioned a report on the state of Finland's child protection services (Kananaja et al., 2013). The problems identified included high staff turnover, poor management, high caseloads, incomprehensive understanding of families' needs and lack of service-user participation. The Finnish government responded with a programme to reform child and family services that was to be implemented during 2016–2019. Key stakeholders in the central government perceived RSW as a promising solution in reforming children's social care. Consequently, the SPM, an adaptation of RSW, had initially been implemented in 31 municipal children's services sites across Finland by the summer of 2018. The present

researchers had no part in the implementation decision. The model selection process will be analysed in a forthcoming study.

The RSW model has not been manualised, thereby allowing room for free adjustment. The original model was developed in Hackney Children's Services by Trowler and Goodman (2012), whose idea was to create a model that would promote good practice and overcome problems within the child protection system, such as skills deficits, a risk-averse mentality and reliance on procedural approaches at the expense of creative and independent thinking. In the original model (Goodman and Trowler, 2012), professionals work in small multi-disciplinary systemic units. Each unit has a qualified social worker, a child practitioner, a unit coordinator, and a systemic family therapist as a clinician, and is led by a consultant social worker, that is, a senior practitioner who has more competence in systemic practice. The units hold weekly meetings which serve as case supervision sessions. In other UK agencies, these units have been replaced by larger systemic teams consisting of more than one case-holding social worker and occasionally without the clinician (Bostock et al., 2017). According to Bostock et al. (2019a), the following features characterise a systemic case discussion: 1) patterns of family relationships and narratives are actively explored; 2) family relationships are set in the wider social context; 3) a child and family focus is present during the conversation; 4) there is clarity about the potential risks to the child(ren); 5) discussion is curious and reflective; 6) different hypotheses are generated and/or evidence presented that challenge established theories about the family; 7) hypotheses are developed into clear and actionable conversations with the families; and 8) discussion is collaborative and involves all group members.

The most important similarities between RSW and the SPM include practitioner training in the systemic approach, i.e., seeing the family as a system and carrying out interventions aimed at changing the system's functioning (Forrester et al., 2013), the inclusion of a clinician in the team, and the use of systemic tools and methods with families and in weekly meetings. During

its initial implementation, new elements were incorporated into the SPM, such as inviting the family to participate in the team meeting. At the same time, some important elements were excluded, such as the on-site coaching of managers in how to create systemic change in the organisation. In Finland, for legislative reasons, social workers hold case responsibility instead of the consultant social worker.

Previous evaluations suggest that the RSW model has improved the quality of local child protection practice (Bostock et al., 2017, 2019b; Forrester et al., 2013). Forrester et al. (2013) outlined six features that distinguished the original Hackney units from conventional teams: shared work, in-depth case discussion, a shared systemic approach, skills development, special roles, and low caseloads. In addition, the authors outlined a model describing how the core elements link to the target outcomes. The evaluations conducted in Hackney (Cross et al., 2010; Forrester et al., 2013) and in new sites (Bostock et al., 2017, Bostock and Newlands, 2020, Laird et al. 2017, 2018; Morris et al., 2017) have yielded important knowledge on how systemic practice works and which contextual factors are essential for implementing the model successfully. Nevertheless, to date, no evidence has been presented on the effectiveness of the RSW model. Additionally, the follow-up study (Bostock and Newlands 2020) has identified further changes in the delivery of the model in the UK, most notably reductions in training, clinician input and group supervision and the implementation of a second approach, i.e., Signs of Safety (SoS), to guide practice. According to Baginsky et al. (2020), eight local authorities in the UK report using both SoS and a systemic approach while 134 use SoS only. To our best knowledge, the precise number of sites using RSW alone or some other systemic approach has not been published.

Our evaluation of the implementation of the SPM in Finland (Isokuortti and Aaltio, 2020) revealed wide variation in fidelity to the model across 23 implementation sites and the teams within them. Several practitioners reported that a lack of clarity concerning systemic practice,

insufficient training, staff turnover, and a lack of leader commitment to change impeded implementation of the model. High caseloads had a negative impact on implementation, as this meant, among other things, that social workers had insufficient time for family meetings and learning new techniques. We also found that coaching and positive experiences of the model facilitated implementation. Our initial evaluation (Aaltio and Isokuortti, 2019) concluded that all stakeholders would benefit from a clearer description of the core components of the SPM and of the mechanisms that were expected to improve the quality and outcomes of child and family social work, i.e., a programme theory. Thus, we (the researchers) suggested organising a workshop process for the key individuals in the central government agency responsible for the model's development and dissemination to refine the description of the components and create a programme theory for the SPM in a collective process.

Data and methods

Methodological framework

This study applied a realist evaluation framework (Pawson & Tilley, 1997), which is a form of theory-driven evaluation research based on a realist philosophy of science. A realist programme theory “will explain how and why different outcomes are generated in different contexts” (Greenhalg et al., 2017a). Programmes seek to change people's behaviour by changing their *reasoning* through the offer of *resources* (Pawson, 2013) that may, for example, be material, emotional or social (Greenhalg et al., 2017b). The combination of resources and reasoning forms a *mechanism* (M), which generates the programme's *outcomes* (O). However, these mechanisms will only fire in the right *context* (C). Here, context refers not only to institutional settings or the wider social, economic, and cultural infrastructure, but also to the individual characteristics and capacities of stakeholders and their interpersonal relations (Pawson, 2013).

To explain why a programme has or has not worked, a realist evaluation aims to analyse the relationships between the mechanism and the context with context-mechanism-outcome (CMO) configurations. Dalkin et al. (2015) highlight the temporal order of the process. Resources are introduced in a context and together these two affect the reasoning and behaviour of the programme participants. Ultimately, the changes in reasoning and behaviour lead to specific outcomes.

Furthermore, programmes often involve long causal chains (Shaw et al., 2018). This means that the programme may aim to change the reasoning and behaviour of multiple stakeholders on different levels such as leaders, practitioners, and service users. A mechanism on the first level may become the context of the next mechanism in this chain. Whether something is categorized as a mechanism or a context depends on the level of analysis in focus at any given time.

Finally, social programmes are generally expressed as a set of ideas about how to change something for the better. The evaluator's task is to articulate these as theories and refine them in a continuous process (Pawson, 2013). Greenhalg et al. (2017a) posit that an overall programme theory comprises several subtheories that can be tested in future evaluations. The findings are then used to further refine the programme theory. Hence, the programme theory is both the starting point and the unit of analysis (Pawson, 2013).

Participants, procedure and analytical framework

Our programme theory for the SPM was created in collaboration with a group of key informants (n=12) in five workshops between January and August 2019. In addition, the researchers and most of the workshop participants participated in a 5-day systemic training course between the workshops run by two British RSW experts. The training provided additional information about the original model and its functions and was used as a reference point in the workshop

discussions. We also conducted two interviews, the first with the two RSW experts and the second with one Finnish workshop participant. The workshops lasted between 140 and 200 minutes and the interviews between 85 and 110 minutes. The first three workshops and the interviews were audio-recorded (12.25 hours in total) and transcribed verbatim. As supplementary data, we drew on the research literature (e.g., systemic family therapy literature, RSW evaluations), notes from the last two workshops, including written comments received from the workshop participants, notes made during the training course, and personal communications (notes from two meetings and emails) with four informants: three workshop participants in charge of SPM dissemination and one key informant outside the workshop process.

The semi-structured interview protocol (SSIP) proposed by Gugiu and Rodriguez (2007) for constructing logic models guided our data collection and analysis. A logic model is a visual map or a narrative description of the programme's components and desired results. The SSIP protocol aims to aid evaluators and programme managers to create a description of the programme and to build a programme theory defining the connections among the logic model elements. The seven phases of the SSIP are: (1) identify key informants and basic background and contextual information; (2) generate logic model elements, i.e., outcomes (e.g., changes in behaviour or in the organisation), activities (e.g., specific actions and processes used to produce outputs and outcomes), outputs (e.g., services, techniques) and inputs (e.g., resources invested and used by the programme); (3) model these elements with key informants; (4) build a rational theory; (5) develop a programme theory; (6) prioritise logic model elements; and (7) build a graphical or tabular logic model. We adapted this protocol to a realist evaluation by first outlining a researcher's theory (Pawson and Tilley 1997, p. 159-161), which was then refined in the workshops. In addition, we elaborated the core components and logic model elements from the realist perspective by formulating hypotheses on the mechanisms of the SPM in

different contexts. Finally, instead of building a logic model, we formulated CMO configurations.

Table 1 provides a summary of the collaborative process for generating the SPM programme theory. In phase one, we used purposeful sampling to identify the workshop participants and the interviewees. The workshop participants (n=12) were key individuals in the development of the model, the training programme and national dissemination. Of these twelve, eight were practitioners in children's social care and six worked in an SPM team. The interviewees were specialised in RSW, systemic family therapy, and supervision. The researchers jointly identified the objectives and content for each workshop, designed the interview protocols and mutually conducted these sessions. An informed consent was requested from all research participants prior to the data collection.

[Table 1 here]

The first three workshops were used to refine the logic model elements and explore mechanisms through which these generate the programme outcomes in a given context (phases two and three). Our researcher's theory of the core components, key concepts and logic model elements was used as a starting point for the discussion. We had based this proposed theory on our initial findings on the implementation of the SPM (Aaltio and Isokuortti, 2019) and other evaluators' previous findings on the RSW. We asked the workshop participants to discuss and refine these components, and then formulate hypotheses on the causal relationships between the SPM components in different contexts.

To build a rational theory (phase four), the researchers negotiated the proposed programme theory elements with the participants in the workshops. After the first three workshops, we produced a first draft of the programme theory based on the transcripts and notes from these workshops and two key informant interviews (phase five). The transcripts were analysed with

ATLAS.ti. Data were first coded by using key components and other key concepts relating to the SPM (e.g., genograms, hypothesising) as coding labels. During the data analysis, we first produced a detailed description of each core component based on the data. Next, we identified contradictions and alternative ways of understanding the components and their functions and highlighted these in the draft. The supplementary data were used to add details and references to theories and methods. The draft was introduced to the research participants for collective discussion and refinement and to prioritise its elements (phase six). Finally, the coded data were further categorised into the following themes: context, mechanisms, and outcomes. We then constructed hypotheses on the causal chains generated by the SPM. Narrative and tabular versions of the two CMO configurations were created for this paper (phase seven).

Results

The analysis resulted in three core components, the ideal context for these components, and two CMO configurations representing the causal chains of the SPM.

Core component 1: Systemic team

The workshop participants explained that a systemic team is formed from a permanent group of social work practitioners with a shared approach and orientation to systemic practice. An ideal systemic team was seen as comprising a consultant social worker, a systemic family therapist (a clinician), a coordinator and two to three social workers. Additionally, a team could include one or more family practitioners. According to the participants, the team shares “the responsibility for interpreting the family situation and making decisions regarding the steps to be taken.” The minimum number of social workers in a team was considered to be two so that they can fill in for and provide each other with peer support. The maximum number was three in order to ensure time and space for systemic team discussion. The consultant social worker should be a senior practitioner who functions as a “mentor,” “leads the team,” and supervises the social workers in the weekly meetings. Alongside the clinician, the consultant social worker

ensures that the team maintains a systemic orientation. The participants identified the clinician's task as presenting new insights and generating reflexive curiosity while supporting the practitioners in adopting systemic thinking, methods, and tools. Although the clinician was expected to bring "a new perspective from the outside," "the clinician's position is not that of an outsider consultant, but a team member." The coordinator, in turn, provides administrative support for the social workers and contacts the families

Defining a systemic team was not a straightforward process. During the workshops, the participants had divergent views on the composition of a team. For some, a systemic team could mean a "network," i.e., a group of professionals from different organisations brought together to support a family systemically while others favoured the original idea of having permanent teams that would serve as "a support structure" for frontline social workers. The logic behind the first option was that in smaller organisations it had been possible to form ad hoc systemic teams to support one social worker and each case. Since such tailoring could not work in larger organisations, the systemic team would have to comprise permanent members only. However, the participants supported the idea of ad hoc teams in the form of a multiagency practice that was being developed in a parallel process.

In comparison to service as usual, a systemic team would include a family therapist as a permanent team member. Furthermore, a systemic team would engage more in mutual reflection from multiple perspectives. Practitioners would also share responsibility and knowledge of family cases, which would make for a "consistently high quality" of work.

Core component 2: Systemic weekly meetings

The workshop participants concluded that systemic case discussions should take place in systemic weekly meetings, and all team members should participate actively in the discussion. By reflecting on a case, the team can help the case-holding social worker to generate hypotheses

and plan the next steps. As one participant formulated: “Practitioners will gain multiple perspectives and find multiple directions in which to proceed.” The workshop participants agreed that the nature of these discussions should be “curious” and “respectful” towards the other team members and client families, “as if the client was present.” Tools and methods specific to systemic practice (see core component 3) would be used to support the systemic nature of the discussion. Team meetings should help the practitioners to “slow down” and ponder “what this case is about” instead of just thinking about what to do. To classify the different purposes of case discussions, the participants referred to the three Domains of Action proposed by Lang et al. (1990). In the ‘domain of aesthetics’, practitioners consider the ethical aspects of their work. In the ‘domain of explanation’, they explore various ideas and perspectives with curiosity. In the ‘domain of production’, they decide how to act based upon the case discussion. With the help of the team, practitioners should also reflect on their role as part of the system, as their behaviour could, in some cases, maintain the problems of the family: “So you might consider how you could change your own behaviour to promote change.”

During the workshop process, the participants’ views on the two meeting-related themes differed. First, some practitioners felt that the meeting should focus on reflecting one or two specific cases, whereas others felt that the meeting should serve as the main forum for case supervision and include discussion of most of the current cases. The participants eventually decided that each social worker should have an opportunity to introduce one or two cases for reflection by their team each week.

Second, the participants suggested three functions for the weekly team meetings: as a forum for 1) collegial reflection and learning, 2) practice, and 3) multiagency practice. With respect to the first function, the meetings would serve as a space for reflection and learning exclusive to the team members. With the help of the clinician and the consultant social worker, the meeting would form a safe place for social workers to reflect on possible prejudices and

emotions towards family, both of which might unconsciously affect their decision-making. With respect to the second function, the families would be invited to the weekly meetings. In this way, the expertise and multiple perspectives of the team would be at the family's disposal. With respect to the third function, both the families and all relevant professionals working with a family would be invited to the meeting. Some participants argued that practitioners "need an opportunity to reflect on their practice and how to process their emotions with the service user later on without the presence of the family." Others maintained that in principle all the discussions between practitioners should be open to families, whether present or not: "[...] you first need to clear the air between you and your client so that you can achieve change." After careful consideration, the participants decided that the weekly meeting should be exclusive to the systemic team members. The reason for this decision was more practical than ideological: having families and other professionals present would take up more time than if cases were discussed by the practitioners alone.

In contrast to service as usual, where case supervision is typically conducted once a month and purchased from the private sector, the systemic team meeting should serve as a case supervision session to be guided by the consultant social worker and the clinician.

Core component 3: Systemic practice

The participants defined systemic practice as purposeful, relationship-based, and systemic-oriented work with families, in which the focus is on the relationships between child and family, and the physical and immaterial living-environment of both, including the child protection system and practitioners. The key methods and techniques of systemic practice would include the use of genograms along with formulating hypotheses, as proposed by Cecchin (1987), and circular and other types of questions, as proposed by Tomm (1988). The participants welcomed additional tools, such as a timeline, but the use of these tools was not deliberated in the workshops. According to the participants, the value of the proposed key

methods is that they provide insights and new perspectives on family dynamics, history, patterns, and narratives: “Both the service user and the practitioner [...] can see the service user’s situation and experiences from a new angle.” Such an approach aims to increase practitioners’ understanding and family members’ compassion, self-understanding, and empowerment. One participant described it as follows: “It can also decrease parent’s guilt to see the whole picture and realise that it’s not just me, a bad parent, but it’s me as part of a family system.” In addition, this approach can improve “parents’ ability to mentalise,” i.e., to understand their child’s mental state. The overall purpose is to strengthen the interaction between family members and help them to generate solutions to their own problems. Moreover, the practitioner needs to have “trust in the family’s strengths.” However, to successfully broach difficult and sensitive issues, the social worker first needs to create a trusting and affirmative relationship with the child and parents.

Given that the SPM aims at child-centred practice, the participants emphasized the importance of direct contact with the child. However, to create this contact and ensure the child’s safety and well-being, the social worker needs to build trust with the parents “since the children are bound to the adults and the family.” The participants concluded that practitioners need to be flexible when considering the order in which they approach family members in a given case. Participants referred to the idea of ‘seeking permission’ (Aggett et al., 2015), i.e., requesting clients’ permission to proceed at all steps in the process of engagement as a way of forging a good relationship. Similarly, practitioners should be aware of the limits of their knowledge (Anderson, 1997) and be respectful and curious (Cecchin, 1987). Thus, the aim would be to maximise the sharing of power between the social worker and the family while keeping children safe, “[moving] away from the idea of the social worker knowing it better.” To benefit from the full potential of systemic methods and techniques, practitioners should meet their families frequently.

In service as usual, social workers often focus more on other tasks (e.g., managing services, administration, court preparations) than direct practice. The participants stated that in systemic practice the social worker forms a relationship with the children and parents instead of delegating this task to other practitioners. Relationship-based and curious practice were seen as the key elements of systemic practice in contrast to the more managerial and instructive approach to practice with families.

[An ideal context for implementing the core components](#)

The participants acknowledged that in contrast to the RSW programme, which aims to reform all levels of the organisation from management to face-to-face practice, the focus of the SPM, and hence its training, had been on the team level. Although a detailed analysis of how the SPM would promote systemic change on the organisational level was beyond the scope of this study, the participants were asked to outline an ideal context for a systemic team and practice. According to the participants, leaders and managers need to analyse “the whole chain” of services “systemically [...] beyond organisational boundaries,” and provide sufficient resources for frontline practice. To do this, the managers need “coaching” and “peer support.” Managers should also participate in practitioners’ training, so that they can better understand what systemic practice requires: “[T]hey will then realise that this takes time. This is what I want my employees to do. Hang on, we want more resources.”) All in all, there should be “a shared understanding” between the organisation’s leaders, managers and practitioners.

[Causal chains of the Systemic Practice Model](#)

Based on the researchers’ synthesis of all the results presented above, we formulated two CMO configurations illustrating how use of the resources provided by the SPM can, in the right context, result in reasoning that generates the target outcomes (see Tables 2 and 3). Since the SPM entails long causal chains (Shaw et al., 2018), the process is disaggregated into two phases in which the intermediate outcomes of the previous phase, in particular, serve as a context or

mechanism for the next phase. We first outline the interrelationships of the context, mechanisms and outcomes on the level of a systemic team, and then move on to the level of the family.

The ideal context for a systemic team is the presence of a systemic organisational culture and management that support the team's frontline practitioners and daily routines (Table 2). An ideal team provides a safe learning environment for practitioners. By providing systemic training and coaching, the SPM equips practitioners with new knowledge and understanding not only of family dynamics and the factors underlying child abuse and neglect but also of family functioning. The social workers in the team learn new communication skills and strategies that can help in addressing sensitive questions with family members. Second, team discussions lead to shared responsibility, which in turn helps social workers make better decisions for families. Systemic training and case supervision change the reasoning of practitioners, improve their skills, and change service-as-usual practice into systemic practice. The new skills learnt include permission-seeking and building a relationship with families that is both respectful and curious. When social workers feel they have time and permission to use their skills and expertise, share responsibility and receive collegial support from the team in dealing with difficult cases, their work-related wellbeing improves.

[Table 2 here]

The intermediate outcomes on the practitioner level now form the context and mechanisms for the family level (Table 3). The systemic practice and practitioners serve as a resource for family members seeking to change their behaviour or situation. The ultimate aim in children's social care is to reach a point where it is safe to close the case. With the help of a systemically trained social worker, family members can more easily identify problematic interaction and communication. Thus, the practitioner's aim is to improve the family's communication and

dynamics. A skilful social worker is able to evoke the motivation to change in family members themselves instead of telling them what to do. This can provide family members with new insights, in turn increasing the likelihood of longer-lasting behaviour change. The final outcomes of systemic practice include the increased safety and wellbeing of parent/s and child/ren, both of which have the potential to last longer than in service as usual.

[Table 3 here]

4 Discussion

The purpose of this study was to formulate a programme theory for the SPM including a coherent description of its core components and the mechanisms that create the intended outcomes in a given context. Building a programme theory of this kind with stakeholders is crucial for several reasons. First, we argue that a shared understanding of the key concepts and their concrete content is a prerequisite for further outcome or process evaluations. Indeed, a clear theory helps researchers to identify whether the expected change has occurred. Second, an ideal description, or a *normative theory* (Chen 1990, p. 43), aids organisations and practitioners to identify the changes needed in their service provision. Third, as pointed out by Urk et al. (2016), theory-based interventions may be more effective than non-theory-based interventions since they may result in a better understanding of human behaviour. Fourth, as also noted by Urk et al. (2016), the underlying theory can reveal weak links and potential conflicts in the hypothesised change process. Fifth, given that programmes may also have unintended and even harmful outcomes, programme theories can prevent potential adverse effects (Bonell et al., 2015).

Based on our analysis of the key informants' perspectives along with supplementary data, we were able to 1) define the composition of systemic team, 2) clarify the main function for weekly meetings, and 3) produce a coherent description of the methods and objectives of systemic

practice in the context of child and family social work. Furthermore, we identified the expected differences between the SPM and service as usual. Finally, our analysis of two CMO configurations illustrates how the core components of the SPM would produce the intended outcome in an ideal context.

However, creating and applying a programme theory for a new, non-manualised programme is a challenging task. Despite the collaborative nature of the workshop process, the consensus reached between the participants may only be temporary. The interests of those developing the services and those evaluating them might not converge. For instance, disseminators and implementers might feel the need to combine aspects of various practice models while evaluators might prefer a stepwise implementation process controlling for only a few variables (Baginsky et al., 2020). If the model is being developed in an on-going process of co-production, it might be almost impossible to keep up with the inputs and intended outputs let alone succeed in the data collection.

In addition, the mechanisms of the SPM only fire in the right context. However, creating an ideal context is demanding, and the model itself is complex (see also Isokuortti and Aaltio, 2020). Thus, we need to recognise that the programme described in this paper may not ultimately be the one that is applied in practice. Nevertheless, it is essential to have a commonly accepted description of the core components and their relation to the context and outcomes against which subsequently amended versions can be compared.

Based on our findings, we also propose that when decision-makers select interventions for dissemination, they should pay more attention to the intervention's formulation and justification. If an intervention lacks a coherent and concrete programme theory, this should be formulated before any large-scale dissemination. This helps to prevent adverse outcomes and guide the practitioners delivering the intervention.

Although the original RSW model was not implemented as such in the Finnish context, it guided the present initiative. For instance, the key features of the original RSW model identified by Forrester et al. (2013) are in line with the core components of the SPM. Furthermore, previous research and learning experiences aided this project. For example, Bostock et al. (2017) highlight the decisive roles of the consultant social worker and the coordinator in ensuring good practice within the team. In Finland, in contrast, creating change relied heavily on the clinicians and the trainers during the initial implementation of the SPM (Authors' own, 2019). During the workshop, we were able to reconsider the role of each team member. This and other findings can be used to improve the focus of the SPM training modules, and the implementation strategy and everyday delivery of the SPM in systemic teams.

Limitations and future directions

This study has its limitations. First, as its purpose was to form a national consensus on the SPM in collaboration with the central government agency, participation was limited to key individuals responsible for the development and dissemination of the SPM. Nevertheless, we consider frontline practitioners' views vital and have previously explored these in depth in a parallel study (Isokuortti and Aaltio, 2020). We discovered that many social workers found the application of systemic practice in real-world settings confusing. Consequently, its implementation resulted in only limited changes, as also confirmed by service users. Hence, we concluded that the involvement of families and frontline practitioners at this point would have been premature. However, the input of frontline practitioners and families from agencies that have moved closer to full implementation will be essential in refining this programme theory in future research.

Second, the study focused on the team and family levels. Although the participants recognised the need for organisational change, its operationalisation was just beginning in a separate process that did not involve us. Owing to the different time frames and nature of these

processes, we decided not to change the scope of our study. Nevertheless, both we the researchers and our participants acknowledged the need to expand the programme theory to include the organisational level in the future.

Third, the study relied primarily on workshop data. However, grounding the study in a realist methodology enabled in-depth reflections on the model's context, mechanisms, and outcomes. Furthermore, we found that the protocol proposed by Gugiu and Rodriguez (2007) had added value in the process. Defining the programme's inputs, activities and outputs helped us to describe the core components of the SPM before discussing how and why these might provide better outcomes. Fourth, given that the lead author was responsible for coding the data, we aimed to diminish potential bias by continuous reflection as well as mutually collecting and interpreting the data.

Fifth, our findings represent an ideal description of the SPM. In real-world settings, the hypotheses outlined here might not be supported or, although they may seem reasonable, the programme does not have sufficient leverage to bring about change. Future evaluations should focus on testing these hypotheses in real-life conditions.

Finally, based on this data and practitioners' experiences (Isokuortti and Aaltio, 2020), the SPM appears to have the potential, if fully implemented, to improve practice by furnishing frontline practitioners with new skills and knowledge and enabling more case supervision.

Conclusions

A detailed description of an intervention is a prerequisite for meaningful evaluation. In a realist evaluation, both the researchers and the participants play an active role in producing this description, i.e., the programme theory. The findings of this study are intended to guide the testing and refinement of the theory in the future as well as assist other researchers and

developers in undertaking similar collaborative efforts. In addition, a programme theory is equally important for quality implementation.

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