Title	Children's participation in practice: comparing the views of managers and practitioners in an early intervention and prevention programme
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Children's Participation in Practice: Comparing the views of managers and practitioners in an early intervention and prevention programme

Abstract:

Purpose

Participation is the active involvement of children and young people in decision making regarding issues that affect their lives. It is crucial in the context of child protection and welfare systems and how they respond to the needs of children and young people. This paper reports on the evaluation of child and family participation in an early intervention and prevention programme implemented by the Irish Child and Family Agency. It provides an analysis of a comprehensive, 'whole organisation' approach to understand how participation is embedded in policy and practice.

Design/methodology/approach

This paper reports on a comparative qualitative case study of the perspectives of managers and practitioners about participation practice, identifying the facilitators and barriers, as well as their perspectives of the sustainability of participation within the agency and its partners. We draw on two complementary, theoretically informed studies evaluating participatory practice within the Agency employing qualitative interviews with participants.

Findings

Overall, managers and practitioners had a positive attitude towards participation and identified examples of best practice. Facilitators included training, access to resources and the quality of relationships. Challenges for meaningful participation remain such as the need to engage hard to reach populations. Differences were identified regarding how embedded and sustainable participation was.

Originality

The article provides a critical understanding of participation in practice and how to embed a culture of participation in child protection and welfare.

Background

Since the adoption of the UNCRC, the right of a child to be heard or 'participation' (UN Committee on the Rights of the Child 2009) has become a common narrative in the literature. In Ireland, children's participation has been defined as *'the process by which children and young people have active involvement and real influence in decision-making on matters affecting their lives, both directly and indirectly'* (DCYA, 2015: 20). It is argued that children's participation is of particular importance in the context of child protection and welfare (Thomas and O'Kane, 1999). When a participatory approach is

applied in this context, it offers a range of benefits for children and young people (CYP), such as ensuring that decisions taken are responsive to their needs (Heimer et al., 2018; Mason, 2008; Kiely, 2005), positive psycho-social development and increased self-esteem (Thomas & Percy-Smith, 2012), and a greater sense of agency (Pölkki et al., 2012; Cashmore, 2002)There is consensus in the literature that fundamental to children's participation is positive, trusting, and stable relationships and creating a safe space for participation (van Bijleveld et al., 2015; Buckley et al., 2011; Kennan, Brady & Forkan, 2018; Tregeagle and Mason, 2008; Tierney et al., 2018).

The term 'participation' is an ambiguous one and many models of participation have been developed to capture the spectrum of children's involvement in decision-making. Hart's (1992) ladder of participation, spanning practices ranging from manipulation to child-initiated shared decision-making with adults, is arguably the most widely known. A rights perspective and context for conceptualising children's participation has been put forward by Lundy (2007) and later Bouma, López, Knorth and Grietens (2018). Lundy (2007) developed a model (hereinafter the Lundy Model) to clarify the scope of a practitioners' obligations when implementing the child's right to be heard as set out in Article 12 of the UNCRC. Lundy identified four core concepts relevant to the realisation of this right – space, voice, audience and influence. Children and young people need access to a safe and inclusive *space* to express their views; information and guidance to ensure that their *voices* are heard; access to the appropriate *audience* with the power to act on their views and feedback to ensure they understand the extent of their *influence* on decisions (Lundy, 2007; Jackson et al, 2020). Despite this there remains a paucity of research into how children's participation is supported in family support services (Harkin, Stafford & Leggatt- Cook, 2020). This paper aims to explore children and families' participation in practice in an Irish context. It compares the perspectives of managers and practitioners within an early intervention and prevention programme implemented by Tusla, the Irish Child and Family Agency to provide a comprehensive, 'whole organisation' approach to understand how participation is embedded in policy and practice.

Tusla – Child and Family Agency (Tusla) was established in 2014, as part of a major reform of child protection, early intervention and family support services. The establishment of Tusla as an independent statutory authority marked a major change in the Irish child welfare system towards maximising the preventative and early intervention capacity, underpinned by a children's rights perspective and a holistic approach (Devaney & McGregor, 2017; Mc Gregor and Devaney, 2020; Devaney, Shaw, Canavan and Mc Gregor, 2021). Organizational capability and willingness are influencers on hearing children's voices (Harkin, Stafford & Leggatt- Cook, 2020). Tusla's founding legislation, the Child and Family Agency Act 2013, places a strong emphasis on partnership and co-operation with children and families in the delivery of services. The legislation requires that the Agency

ensures that the views of the individual child are given due weight in decisions regarding his/her care, having regard to the age and maturity of the child. Tusla is also required to seek the views of young service users as a collective in relation to service planning and review (Tusla Corporate Plan, 2015-2017). Tusla understands the term 'participation' as the involvement of CYP in decision-making on issues that affect their lives. Decisions made by Tusla may relate to issues of a personal nature, concerning the welfare, protection, or care of a child (individual participation), or of a public nature, affecting children collectively (collective participation).

There is also a focus on including the voice of families in the delivery of services. Tusla's organisational change towards becoming more preventative and more inclusive of parents and children included the implementation of an early intervention and prevention programme known as the Prevention Partnership and Family Support programme[i] (PPFS) (Malone & Canavan, 2018; Canavan, Devaney, Mc Gregor and Shaw, 2021). The importance of engaging stakeholders to support the ongoing adaptation, improvement and sustainability of such programmes is noted by Metz *et al* (2019). Participation, therefore, was one of the core underlying principles of this cultural and organisational change. To bring about this change, a shared understanding of the importance of participation among all staff (Wright et al., 2006), support at management level, 'champions' who will promote the participation of CYP within the organisation, and the development of a strategy and action plan are key (Bell, 2002, Kirby et al., 2003; Scheirer, 2005, Tierney et al., 2018). Having appropriate structures through which CYP can participate is important in ensuring that there is a mechanism for their voices to be heard and valued (Kirby et al., 2003). Furthermore, there is a broad consensus in the literature that training and capacity-building for staff are needed to cultivate the necessary attitudes, knowledge, skills, and abilities (Bell, 2011; UNICEF, 2010; Kirby et al., 2003) to embed participation. These key elements were the cornerstone of the PPFS programme. To embed and sustain participatory practice at organisational level, there is a need for alignment in the implementation of organisational policies and procedures between management and staff on the ground. Goals and expectations with respect to participation must be mutually identified and accepted (Zakus & Lysack, 1998) and there is a need for a coherence across all stakeholders to influence engagement and readiness for participation in practice. Differences in goals and expectations with respect to participation are therefore worth exploring.

The authors were involved in a major evaluation focusing on Tusla's system change (Tierney et al 2018a; Rodriguez et al., 2018; Canavan, Devaney, McGregor and Shaw, 2021). This paper draws on findings from two separate studies carried out as part of that overall evaluation. For a full description of the participation programme and accompanying activities to embed participation practice across the Agency see (Tierney et al 2018a).

Study 1 focused on exploring the perceptions of senior management and external community and statutory stakeholders on the development of participation practice within Tusla, following the implementation of PPFS programme (Tierney et al., 2018a). Data from children and young people was also collected and is reported separately elsewhere (Tierney et al., 2018b). Study 2 explored the development of participation practice from the perspectives of practitioners on the ground who work with children and families within this same programme (Rodriguez et al., 2018). This longitudinal study required data collection from children, young people and parents or carers at a baseline point in time, and again at the first follow-up (6 months after the baseline data) and again at a second follow-up (12 months after the baseline).

Hereafter, these studies will be referred to as Study 1 and Study 2 respectively. Bringing together findings from these two studies, this paper will compare the perspectives of practitioners on the ground with stakeholders at managerial level on:

1. The facilitators and barriers to participatory practice
2. How participatory practice can be embedded and sustained within the organisation.

Methodology

Study Design

This paper draws on two complementary, theoretically informed studies evaluating participatory practice within Tusla (see Table 1). While each study had some unique objectives and populations, they provide a comprehensive data set regarding the development of participatory practice in Tusla and its partner agencies from the perspectives of practitioners and managers.

We draw on an instrumental case study of participation practice (Yin 2003, 2009). The strength of a case study is that it enables researchers to gain a holistic view of a certain phenomenon or series of events (Crowe et al 2011). The term participation in this study was understood as a child's right to have their views heard as conceptualised by the Lundy model. This model of participation underpins Ireland National Strategy on Children and Young People's Participation (Department of Children and Youth Affairs, 2015).

The boundaries of the case are a combination of time and place and activity (Creswell, 2007; Stake 1995). We focus on the implementation work of the PPFS programme during the time frame of programme inception to two years post implementation (2015-2017). Following the case study approach (Stake, 1995; Yin, 2009; Yin, 1999), data from the two studies was derived from qualitative

analysis of interviews conducted with practitioners and managers working within Tusla and external stakeholders working with voluntary and community agencies in partnership with Tusla.

Study 1: Child and Youth Participation Study (CYPS)[ii]

Data from this study is based on qualitative Interviews with Tusla middle and senior management and external stakeholders about the implementation of the child and youth participation programme. The experiences of children are described in detail elsewhere (Tierney et al., 2018b).Purposive sampling was used to select participants (Patton 1990). Participants were selected based on their knowledge of Tusla operations. Interviews were conducted either face-to-face /or by telephone with officials/management in Tusla, stakeholder organisations external to Tusla and other statutory organisations (n=93) see table 2. Interviews lasted between one and one and half hours. An interview schedule guided the interviews and preserved content validity across interviewees.

All interviews were transcribed, and data was extracted and imported into NVivo. Deductive content analysis of themes was followed by engagement in a process of data reduction. This facilitated the illumination of relevant levers and barriers to programme implementation and synthesising of the primary data findings. This process continued until data saturation was reached (Creswell 2007). For the purpose of this paper, data was integrated and further mapped onto key themes considered to be common across data sets for both studies.

Study 2: PPFS as a Model of Prevention and Early Intervention

This dataset originated from a major national, longitudinal, mixed methods study undertaken to explore the impact of the PPFS Programme of work (Rodríguez, Cassidy & Devaney, 2018). Data for this paper is based on telephone and/or face to face interviews carried out with practitioners (n=89). Purposive sampling was used to select participants in this study (Patton 1990). Families were invited to take part in this study and subsequently 'self-selected' to participate. This study followed a total of 85 families over time. The corresponding Lead Practitioner[iii] was asked to provide their view on the experience of each family involved in the PPFS programme. The experiences of children and families are described in detail elsewhere (Rodríguez, Cassidy & Devaney, 2018). These Lead Practitioners are the participants for this study. Original interview transcripts were uploaded onto NVivo Version 11 for further analysis. A total of 89 interviews were analysed using Thematic Analysis (Braun and Clarke 2006; Buetow, 2010). Specifically, this analysis was driven by the analytical interest in the area, participation practice in this case (Braun and Clarke 2006). All interviews were independently coded

by one researcher. The coding was revised by another member of the research team to reduce potential bias. Any discrepancies were discussed until consensus was achieved.

Quality and rigour across both studies

A number of strategies were used to enhance the quality of the analysis. In both studies, all interview participants were given a numerical code to preserve anonymity. Member checking was employed (Birt et al 2016) to enable all participants to view their transcripts. Meetings to review findings and interpretations were held with respective study teams to discuss emerging findings and data saturation.

The lead authors (ET and LR) kept reflective memos/diaries recording observational notes and interactional details to feed into the analysis process. Independent coding of transcripts was conducted, and deductive analysis applied in study 1 and inductive analysis in study 2.

Data was then integrated across the two studies (O'Cathain, 2010) and inductive analysis informed the development of themes to explore the objectives for this paper. As recommended with all qualitative research (Silverman 2013), the authors worked together throughout the analysis process, comparing coding, discussing how the data could be combined and relate to participation. The authors debated the coding descriptors for each theme and the accuracy of mapping data onto these themes. Taken together, this represented a reflexive approach to the analysis (MacFarlane, et al 2012; Al-hindi and Kawabata 2002).

Findings:

Findings for this paper are based on 182 participants across a variety of stakeholders from within and external to Tusla (see table 2). Findings are presented under the four themes which emerged and comparisons between the views of managers and practitioners are made from the respective studies (Study 1 and Study 2) within each theme.

The following overarching themes were identified from the combined data

Theme 1: Facilitators and challenges to participation in practice

Theme 2: The voice of children, young people and families

Theme 3: Evidence of participation in practice

Theme 4: Participation embedded and sustainable

Theme 1: Facilitators and Challenges to Participation in Practice

In Study 1 when asked what supports participation in Tusla, participants talked about good relationships and champions who support the work and lead on the participation programme. There was also discussion about buy- in from enthusiastic staff. Participation was seen as 'in vogue' with a readiness among practitioners to engage in this kind of work. An environmental readiness, as well as national policy supports are in place, so participation is like 'pushing an open door'.

> I think there's an openness and a willingness from people to do it. Because when I talk to my staff about it and I talk about you know if we're going to do it, well we need to do it properly. They're quite open to that (*Manager Study 1).*

This readiness was supported by investment by Tusla through a number of initiatives under the PPFS programme for example seed funding programmes to promote participation and Investing in Children awards[iv] . Raising awareness and skills development through the participation training programme implemented by Tusla nationwide was seen as a lever to support participation.

> I suppose that training; the training that everybody got. It raised awareness of participation (*Manager Study 1).*

In study 2, practitioners identified facilitators of participatory practice of a more personal nature particularly in their work with families. Participation was facilitated with families who were open to communicate and could articulate their needs more accurately than others. Some families were aware of their 'voice' and used it to express their preferences. The quality of the family-practitioner relationship also enhanced participation, and this was established early in their involvement in with families on the programme. Practitioner and family relationships where there was mutual trust and openness encouraged and facilitated families to communicate openly with the practitioner.

> They're really good at kind of articulating their needs and their voice. We'd always sit, just myself, Mam and child in the house in a quiet room so there's no disturbances and I'll always just listen to what they have to say (Practitioner Study 2).

However, participants in both studies spoke about the challenges in engaging in this way of working. In Study 1, the majority of participants spoke about the challenges involving CYP in decision-making. Issues included the need for different strategies for different children to match communication ability and the need to tailor the approach to individual children. Participants also talked about the difficulty including 'hard to reach' CYP.

> I think the challenge is and always has been the hard to reach young people and engaging their voices (Practitioner Study 2).

Practitioners felt that participation is not always a decision of the child; some practitioners are still making decisions for the CYP. As per findings from study 1, CYP excluded from meetings may have speech and language difficulties, have special needs or behavioural difficulties such as hyperactivity.

> *He's seven so I wasn't sure; part of me was saying yeah, we'll have him there and another part of me was like, how beneficial would it be for him. Is it appropriate? All those questions were in my head, so I just threw it past the [Practitioner], and she was like no, there's no real need for him to be there (Practitioner Study 2).*

In Study 1, managers and other stakeholders cited a lack of resources to do this work as their biggest challenge. In particular, the lack of time to engage meaningfully with CYP was cited. They also spoke about the adversarial nature of this work which can mean participation is viewed suspiciously by parents and children.

> *And I suppose the challenges then is the myriad of factors that mitigate against that. The volume of the work sometimes. The highly adversarial nature of the work at times, when you end up in court or when you end up with very angry people all around you (Manager Study 1).*

For practitioners in Study 2 adversarial interactions were also cited as a challenge. In particular, lack of commitment and engagement from some families. Practitioners spend time and resources building the confidence and self-esteem to engage in a participatory manner, however this is not achieved if families do not engage:

> *(…) you can spend like 4 or 5 sessions doing that with somebody and then they'll disappear for 6 months (…) they'll kind of retract (…) you're like, God it would be brilliant if they were to engage…. But you just know that they don't have the capacity, or they don't have the will and then you see the effect of that on the children in the family really (Practitioner Study 2).*

Despite the roll out of participation training across Tusla, participants in both studies talked about the need for training and capacity building for staff to underpin the work and the need for management to complete the training.

> *I suppose another challenge was around getting management on the participation training. Because you know we can't keep bringing staff in and then that the role managers haven't got that message of that it won't be always just supervision (Manager Study 1).*

In addition, practitioners also highlighted the need for a solid knowledge base in participatory practice to be able to apply this knowledge in the workplace. The Lundy model of participation was mentioned as an important foundation of participation and the need for all staff to work to the same principles.

> '*I would, I work very much from the Lundy model, listening to the voice of the children and having the child's views along with the parents views (…) I do think it's really really important that the child's voice is heard' (Practitioner Study 2).*

Theme 2: The Voice of Children, Young People and Families

Ensuring children, young people and parents are listened to is crucial for effective participation to happen. In Study 2, practitioners described situations where parents were listened to and their wishes were respected by professionals, this parent for example was not forced to attend counselling against his will:

> *…we would go with what he wanted as opposed to maybe what other people wanted (…) for example the school and an Aunt who was a support person felt that the Dad needed counselling; he doesn't want to go for counselling; he's not in a space to go for it. So, I just took that off the agenda [at the meeting]* (*Practitioner* Study 2).

Practitioners also described actions they use to demonstrate that they are actively listening including engaging with the child or family, looking and speaking directly to them:

> *So from that base she felt she had a voice; …people came in, they engaged with her straight away and the meeting stayed focused for the entire time you know and everyone (…) was looking and speaking to (mother), she was there, she witnessed it (…) So that process of having ownership of the process was very evident (Practitioner Study 2).*

In Study 1, the focus for managers was on listening to the voice of the CYP. There were many examples cited across participants of how they engage with CYP to get their views about services and input into their own care. Many commented that it is now a requirement to seek CYP views when discussing care planning etc. Participants talked about finding appropriate ways to communicate with CYP and involving them in the decisions and processes e.g., care review processes. Some participants talked about consulting with harder to reach CYP including travellers, LGBT, children with disability, and refugees. Organisational structures were in place where the opinions of CYP are sought collectively e.g., youth advisory groups. CYP views were also sought about Tusla buildings, and on organisational policy.

We would have been getting young LGBT young people; we would have linked in with Traveller young people; we would have done consultations with young people with disabilities etc. just looking at their understanding of services and needs within that (Manager Study 1).

Furthermore, across all participants in Study 1, there was much discussion about how CYP are supported to express their views. This included data about creating a safe space for CYP to express themselves, engaging the CYP in an age appropriate manner, supporting CYP with communication difficulties, supporting access to a complaints mechanism, attendance at meetings, and provision of advocacy services.

Theme 3: Evidence of participation in practice

All participants were very positive about how listening to the CYP improved their own practice. In study 1, managers discussed how the input of CYP input into policy and practice led to tangible outcomes such as design of buildings and information leaflets about services.

I've had groups of young children produce policy for me (…) They have developed information leaflets on how to access your files, they've developed DVDs, delivering key messages to what makes a good foster carer (Manager Study 1).

In Study 2, practitioners recognised participation as a right and entitlement of children, young people and families but this was also an opportunity to improve their own professional practice by increasing their awareness regarding their rights and entitlements.

Participants in both studies described the conditions that practitioners need to create for participation to happen successfully. In study 2, the nature of PPFS programme participatory strategies were found to be beneficial for family participation as this allows them to tell their story 'only once' in a safe environment where people want to listen to them.

In practice, for the family that I've been involved in it's good. It gives them a chance to say their story and in some cases you know it's quite personal what they have to come out with during the meetings (…) It can be a bit daunting because there's maybe 5 or 6 people sitting there around the table looking back at them but they only have to do that once (Practitioner Study 2).

Practitioners encouraged and embraced participation as they described the benefits this had for families. Participation increased confidence, empowered families and gave them an opportunity to be involved in decision-making.

... And I think if you give especially a teenager part of the choice of the decision making it makes them feel that they're important and it makes them feel he's getting something out of it (Practitioner Study 2).

In study 1, participants also talked about how supporting CYP to express their views and listening to them leads to greater confidence and self-esteem for the young person.

They went off sailing. They done [sic] tech stuff. They have done all sorts of different pieces. Anyway to see them there last Monday night, all of them, all nine of them stand up in front of an audience of 40/50 people, say their piece, talk about how they participated in something or other [was fantastic] (Manager Study 1).

Theme 4: Participation Embedded and Sustainable

Participants across the two studies had mixed views regarding how embedded and sustainable participation was in practice.

In study 2, practitioners described the need for a change in 'mind set' particularly for families who have previous experiences with services where participation was not in place;

They have become very accustomed to systems where services lead on interventions with children and young people and families so it needs a change in mind-set of the services that are coming around the table. But families (…) have been quite intimidated sometimes by services and feel that they're not in control of what they get or of the practitioners that are working with them (Practitioner Study 2).

They also talked about issues of power and how participation needs to redress the power balance between families and Tusla as a system, there is a perception that this balance has not been achieved yet:

…at the minute parents are not the equal of the professionals. They won't be allowed be insofar as it challenges the system too much (Practitioner Study 2).

Similarly, in Study 1, there was reference to buy-in among practitioners and lack of organisational culture with a need to change the mind-set and 'let-go' of power. There was also a perception that there is a lack of coherence about what participation means.

I think the challenge for staff is when they bring that back to their line manager, their office space, it is just making sure there is a culture there around supporting participation. I think is what needs to be worked on (Manager Study 1).

In Study 1 when asked if the PPFS model was sustainable, managers broadly agreed that resources are required to sustain and embed participation. However, many felt that the programme was not sufficiently resourced and that this would be problematic for sustaining participation. Resolving this involves sufficient time and space for staff, training and funding. It also requires an ideological and philosophical support to sustain it. There is a need for more consistency across Tusla services to sustain it across all sectors.

In order for it to be sustained, it has to seep down towards the practice perspective, and that has to be supported beyond participation training (Manager Study 1).

There was very clear consensus across participants that management support is required to sustain the programme of participation.

Yeah I think that is what it is, it is about making sure that it is high up on everybody's agenda, it is something that is valued… But I think managers really need to reinforce that [its importance] at all levels (Manager Study 1).

However, at senior management level it was felt that these structures were now in place for the sustainability of the programme.

I think the PPFS piece on participation we've almost a thousand people trained this year on participatory practice, the seed funding sites have yielded huge work, we have extraordinary champions in the system, we've investing in children awards…, the first residential Tusla funded residential service in the country got an investing in children award, I just think that's actually just transforming the system basically (Manager Study 1).

A cultural shift is required to maintain momentum to keep the level of activity going.

sometimes it doesn't require resources as such but it's simple shifts in thinking or it's actually having the time to reflect (…) I'm going to actually look at other mechanisms for engaging this young person that actually might interest them more than actually sitting in on a meeting (Manager Study 1).

Across both studies, participants talked about participation being a 'work in progress' and there is a way to go before it becomes embedded. The phrase '*early days* ' was repeatedly used by participants who were keen to point out that the PPFS evaluation was in an early phase and that shifts in practice, attitudes and behaviour could be expected in time.

> *I think we've progressed a lot in relation to the child and youth participation. Like everything, we always have a way to go. There's no doubt about that (Manager Study 1).*

In Study 2, some practitioners agreed that participation was in its early stages and therefore more time will be needed for families and practitioners to understand it:

> *So it's going to take time I think for both the families and for professionals to kind of get that, that new approach (Practitioner Study 2).*

For managers in Study 1, tangible outputs such as the development of a Children's Charter, participation in conferences, participation in child protection meetings and the development of a participation strategy were cited as evidence of participation practice being embedded:

> *I'm seeing evidence of it in relation to children in care and CYP's engagement in child protection conferences, that the child's view is being sought and people are using; are very much looking to see the evidence of where are CYP being consulted and engaged with (Manager Study 1).*

Increased awareness also meant that the practice is becoming more embedded into the consciousness and practice of staff. There was a sense that there has been a move away from tokenism to more embedded and real practice on the ground.

> *So I think that is generating a greater awareness and I think it's informing practice from every level within Tusla. So I think that's a very inclusive and all-encompassing model of training and I think that is leading to greater implementation (Manager Study 1).*

Discussion

The purpose of this paper to evaluate children and families' participation in practice in an Irish context specifically to compare the perspectives of practitioners on the ground with stakeholders at managerial level on:

1. The facilitators and barriers to participatory practice in Tusla,
2. Embedding and sustaining participation practice within Tusla.

The authors are aware that this study merges two datasets from two complementary studies developed as independent but related research studies and not necessarily focused specifically on exploring participation practice. Despite this limitation, we believe that this study is important as it adds to the body of knowledge on participation practice in an organisational setting drawing on perspectives from a large sample of stakeholders from within and outside of that organisation. Further research specifically targeted at this as a research question may be of benefit to understand participation practice and provide evidence of how participation has developed over time.

The analysis identified four themes: Facilitators and challenges to participation in practice, the voice of children, young people and families, evidence of participation in practice and participation embedded and sustainable (see Table 3 for a summary of the findings under these themes).

Comparing the perspectives about participatory practice

Overall, both practitioners and managers had positive attitudes towards participation, believing it to bring benefits for children and families including empowerment, improved self-esteem and confidence. This echoes findings from child protection settings (Thomas &Percy-Smith, 2012; Pölkki et al., 2012; Cashmore, 2002). Practitioners also acknowledged that participation can also impact positively on their own practice. This is a crucial finding as research has found that workforce recognition of benefits to their own practice can support programme sustainability over time (Scheiner et al., 2005).

Capturing the voice of CYP can be challenging, according to practitioners and managers, as children may be 'hard to reach' or have special needs, communication needs or behavioural difficulties echoing findings elsewhere (Harkin, Stafford & Leggatt- Cook, 2020). Listening to children is a skill that needs to be developed to be effective and ensure children's view are given 'due weight' (Lundy, 2007). Practitioners recognised the need for active listening skills, looking and listening to children and families directly as ways to effectively capture the voice of children and families. For managers CYP's voices were listened to and acted on to produce child friendly settings, and support CYP to have input in policy and changes at organisational level e.g., input into design of buildings, information leaflets about services etc.

Participants in both studies expressed concern about the nature of participation work as tokenistic, participants themselves for example suggested *consultation* did not mean participation

suggesting that participation is viewed as an ''*ideology and a moral concept*'' (Kosher and Ben-Arieh, 2019, p.8).

Differences in perceptions about participation in practice, however, were also identified between practitioners and managers. At a managerial level, there was a perception of participation being embedded in policy and practice, due to Tusla's vision and organisational structures that enable and support participation. This finding is important, as research in participation has found that organisational factors are the most important predictors of how practitioners view potential challenges in participatory practices (Harkin, Stafford & Leggatt- Cook, 2020; Vis & Fossum, 2015). Predisposing conditions for participation in health services more generally, include a political climate which accepts and supports active participation and policy legislation and resource allocation which take account of regional and local needs (Zakus & Lysack, 1998). However, some practitioners viewed participation as being in its early stages and further efforts are required to embed participation. Woodman et al. (2018) described the value of and the skills to seek children's perspectives become more evident over time. Therefore, it is important to ensure participation practice is sustainable and further developed over time. The implementation of participation practices within a wider setting such as the PPFS programme should ensure that this is possible.

Identifying the facilitators and barriers towards participatory practice.

Practitioners, who work directly with children and families highlighted the characteristics of children and families as facilitators particularly those who have good communication skills which allows them to express themselves more easily. This is in line with previous research where communicating with children has been described as one of the challenges of participation (Kosher & Ben-Arieh, 2019); achieving this principle in practice is not easy (Harkin, Stafford & Leggatt- Cook, 2020).

Managers focused more on organisational aspects as facilitators and mentioned the existence of national policy, organisational structures, organisational commitment and cultural shifts as facilitators of participation echoing research elsewhere (Zakus & Lysack, 1998). Organisational investment in raising awareness and producing accessible materials also facilitate participation. Previous studies have shown that having policy and legislation in place can increase child participation and their engagement in decision-making as this has an impact on individual child protection practitioners (Bessell, 2011; Woodman et al., 2018).

Examining barriers to participation practice, practitioners mentioned families, but this time the lack of engagement and ownership of their own participation echoing findings elsewhere (Harkin, Stafford & Leggatt- Cook, 2020). Practitioners also described the existence of a power imbalance between organisations and families as a barrier to participation. Practitioners and managers both talked about a need for a change in mind-set at an organisational level to support and embed participation further and redress power differentials. Changing institutional routines and attitudes is difficult, as these cannot be taught but instead need to be put in practice accompanied by critical and ongoing reflection (van Bijleveld, et al., 2019).

Some managers had contradictory views, as some perceived there is a lack of organisational structures, resources and time for practitioners to engage in participatory practice, whereas others had mentioned these as facilitators. These limitations, however, echo the findings of previous studies where limited resources have been identified as a barrier for participation particularly where the lack of resources prevents practitioners from turning children's feelings and wishes into reality (Harkin, Stafford & Leggatt- Cook, 2020; Kriz & Skivenes, 2017). Effort and time is needed to embed participation (Fudge, Wolfe, & McKevitt 2008, Harkin, Stafford & Leggatt- Cook, 2020; Hogg & Williamson, 2001, Hogg, 2007, Zakus & Lysack, 1998) and this study has bourne this out. Additionally, organisational barriers as mentioned by practitioners and managers such as a focus on risk management and bureaucratic constraints undermine the time and opportunity for children to engage meaningfully in decision-making (van Bijleveld et al., 2015).

System integration is a key theme in any system change analysis, in terms of how various system components or subsystems link and work together for the achievement of overall system gorals. While the PPFS programme achieved broad national coverage it had not a completely universal reach, at the time of the final evaluation. Neither had implementation been as consistent nor standardised as desired, because of the need to have some flexibility in implementation (Canavan, Malone, Parton, Gillen & Mulvihill, 2021). There is also a tension between the long-term nature of policy development and implementation and the short-term nature of policy research and the demands for quick answers and remedies. Other conceptual challenges to 'doing' policy analysis include capturing and measuring different levels of resources, values, beliefs and power of diverse actors (Walt et al 2008; Canavan, Mc Gregor, Devaney, Shaw, 2021).

Changing organisational mind-sets in such big organisations can be difficult. Early implementation of PPFS for example identified a lack of resources and personnel in managerial roles to implement PPFS in different parts of the country (Devaney, Crosse, Connolly, Donoghue, Buckley, 2021).

Predisposing conditions for participation include a political climate which accepts and supports active participation and policy legislation and resource allocation which take account of regional and local needs (Zakus & Lysack, 1998). Therefore, crucial champions of participation (Scheirer, 2005), prevention and early intervention may have been latecomers in the process of implementation of participation practice nationwide which may have limited the extent of participation within the organisation.

Because of the barriers that may present in certain organisational and professional contexts, the organisational culture, and beliefs or philosophy around participation, are important to consider as this influences the likelihood that participation will be experienced as meaningful (Ramey et al., 2017). The way an organisation frames participation in policy can help professionals have a shared understanding of the principles of practice, and what it entails, from the management to practitioner level, and this can be reinforced by a support system for professionals underpinned by established processes and experiences (Ramey et al., 2017).

Overall, barriers and facilitators probably showed the largest deviation in perception between practitioners and managers regarding participation in practice. It is evident that practitioners and managers have different perspectives, practitioners coming from the 'bottom up' and managers from the 'top down' perspective. Their knowledge and views ideally should complement each other and further dialogue and mutual exchange between both groups need to be facilitated and encouraged to fully understand participation practice and tackle the perceived barriers identified by both groups. This paper highlights where these different perspectives lie and how consensus needs to be achieved but this can be a complex process. Achieving the sustainability of new programmes, such as PPFS, requires the convergence of different factors; programmes need to be congruent with the underlying mission and the daily operations of the organisation, staff and clients need to have perceived benefits from the programme and be supported by community stakeholders (Scheirer, 2005), in this case Tusla's partner organisations.

Embedding and Sustaining Practice on the Ground:

Children's involvement in decision-making has been defined as a permanent and non-negotiable human right (Lundy, 2007). Participants in both data sets described examples of best practice where CYP are being engaged successfully and where practitioners and managers are creating spaces for participation to happen.

Participation is key to achieving and maintaining partnership between service providers and families working together for the benefit of children (O'Brien and Ahonen, 2015). Practitioners identified the family-practitioner and child-practitioner relationships as crucial to enable communication, trust and openness in this relationship facilitated families to communicate effectively. Managers identified champions who support participation practice on the ground as crucial, which has also been identified as a crucial aspect of programme sustainability (Scheirer, 2005). Research has identified trust as crucial for CYP to explore and express themselves but also to feel that their opinions had an impact on decision-making (Cossar, Brandon & Jordan, 2014; van Bijleveld, Dedding & Bunders-Aelen, 2015).

Previous research has identified how training is crucial for adults to overcome resistance to child's participation and to support understanding of how to implement participation in practice and facilitate participation specifically in child protection settings (Lundy, 2007; Uziely, 2018, van Bijleveld et al., 2019) using participatory tools and guidance on how to execute them (Harkin, Stafford & Leggatt- Cook, 2020; Kosher & Ben-Arieh, 2019). For both practitioners and managers, training was identified as crucial for participation practice to become embedded, and examples were given of how training was changing practice on the ground. For practitioners, they felt more could be achieved by managers completing the training to develop a cultural shift which is crucial for a whole organisation approach to participation. Echoing the literature in child protection, training staff was found to be essential to embed cultural change and vital for increasing workforce confidence, skills to embed the new ways of working. Ongoing organisational processes and supervision are needed to support and embed new training and practices (Harkin, Stafford & Leggatt- Cook, 2020). Where managers were not committed to a programme of work, workers can feel resistant to the change associated with implementation (Sheehan et al 2018). The complex interplay of underlying barriers, even with positive attitudes and appropriate tools, can reduce the potential for behavioural change (Harkin, Stafford & Leggatt- Cook, 2020).

Overall, this study identified the challenge of embedding participation in an organisation nationwide. Embedding participation is a combination of subjective factors and objective ones as well as a combination of actors. Regarding subjective aspects, the research identified the importance of attitude and "buy in" from staff, families and children and young people themselves. Objective components included the introduction of national policy, providing resources, training and incentives. Embedding participation requires environmental readiness from different actors and sectors that may face different barriers and facilitators. The challenge does not finish as the embedding stage but continues towards sustainability. The study however identified that early signs of positive impact, such

as increasing children and young people´s confidence and self-esteem can help to overcome the barriers and provide the motivation to continue to overcome the barriers.

Timing was a significant challenge for this study and for the wider suite of PPFS research. Time is necessary for any new initiative to gain momentum and for awareness of this to build among help providers and those seeking help. It is also important to consider that Tusla is a nationwide organisation therefore any significant change can be challenging for implementation as it impacts on many practitioners, managers and the provision of services within Tusla and with wider funded and non-funded partner organisations (Cassidy, Devaney & McGregor, 2016; Devaney, Rodriguez and Cassidy, 2019; Devaney, Rodriguez, Cassidy, Landy & Brandon, 2021) Aligned with this are the challenges in conducting research within a large system as it implements a new, multi-faceted programme of work. The large array of contextual factors that influence implementation, interact with each other, and change over time highlight the fact that implementation often occurs as part of complex adaptive systems (Canavan, Devaney, McGregor and Shaw, 2021). More definite conclusions about the impact of the programme and its related activities may only be made in time when sufficient time for embedding such a programme has passed and its long term effects on policy, practice and culture may be noted.

Summary and Conclusion

There is an increasing interest in participatory and consumer perspectives in policy, practice, and research in the area of children and family services. (Fernandez and Thorpe, 2020; Devaney, Crosse, Connolly, Donoghue, Buckley, 2021). Goosen and Austin (2017:37) maintain that service user involvement has had the largest organisational impact in the realm of knowledge creation for health and social care through the engagement of "experts in their own experience". In order to embed children's participation at organisational level in child welfare agencies, it is important to explore the attitudes and orientations of practitioners towards participation.

In this study, the perspectives of practitioners and managers about participation practice were found to be broadly similar, with both viewing participation as bringing benefits for children and families and for themselves in their professional roles. The findings reflect those of previous research which found that, while participation in individual forms of personal decision-making can enhance engagement with services, and ensure that the needs of service users are appropriately addressed, participation can also provide benefits for the supporting organisation (Mossberg, 2020).

Participatory practice however may also be complicated by power relations. In child protection and welfare contexts, the concerns of professionals and parents are not always mutual, especially where the quality of parental care may be in question (Corby et al. 1996, p.485). 'Parents are often the subjects of investigation as well as clients in need of assistance with the challenges they face in protecting their children and promoting their wellbeing' (Healy et al. 2011, p.10).

Despite this, the relationship between parents and providers is a major factor influencing the engagement of parents in mainstream services (Corby et al. 1996; Connolly and Devaney 2017; Gibbons and Connolly, 2020). Working in partnership is dependent on parents being treated with respect, feeling they have a voice and experiencing good communication and flexibility on the part of services (Crosse and Devaney, 2018a).

There was broad agreement that facilitators of participation practice included strong relationships between children and their families and practitioners, and having champions committed to participation within the organisation. However, there was deviation in attitudes between practitioners and managers regarding barriers and facilitators to participation practice. For practitioners, facilitators of participatory practice included the characteristics of the children and families themselves whilst managers viewed national policy, organisational structures, organisational commitment and cultural shifts as the key facilitators of participation.

While literature and policy advocate that practitioners treat parents as partners, parents are rarely involved in decision-making in a meaningful way, even though they are the ones who must live with the consequences of such decisions (Fernadez and Thorpe, 2020).

Barriers to participation perceived by practitioners were lack of engagement by families and a power imbalance between organisations and families. Some managers viewed lack of resources as a barrier to practice. There was agreement that capturing the voice of CYP and families who are hard to reach or vulnerable can be challenging.

Whilst practitioners and managers both cited a need for a change in mind-set at an organisational level to support and embed participation further, differences in perceptions about embedding and sustaining participation in practice were revealed between the two stakeholder groups. At a managerial level, there was a perception that participation is embedded in policy and practice, due to the organisation's vision and structures that enable and support participation. However, some practitioners viewed participation as being in its early stages and further efforts are required to embed participation. To sustain and embed participatory practice, practitioners identified the family-practitioner and child-practitioner relationships trust and openness as vital to embed

participation and enable families to communicate their needs effectively. Managers identified champions who support participation as crucial to embed practice on the ground.

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Table 1: Study details

Perspective	Participants	Methodology
Study 1 was designed to focus on participation practice within PPFS programme from the perspective of senior management in Tusla and policy actors in external Government agencies such as the Department of Children and Youth Affairs.	Officials/Management in Tusla Senior policy actors in the Government (Department of Children and Youth Affairs DCYA) Senior officials from stakeholder partner organisations[v] N=93	Purposeful sampling Qualitative one to one interview (face to face or telephone) Deductive analysis
Study 2 was designed to explore implementation of the participation practice from the perspective of practitioners 'on the ground'	Tusla Lead Practitioners included family support practitioners, community based social care workers from art therapy and school completion programmes. Non Tusla Lead Practitioners included youth workers, family support project workers, community development project workers, and others from schools, domestic violence response services, family resource centres and parent support projects. (Some practitioners were interviewed up to three times over the course of the study)	Purposeful sampling Qualitative one to one interviews (face to face or telephone) Inductive analysis

Table 2: Description of Participants from the two studies

Study	Role /Job Title	n
Study 1	Officials/Management in Tusla	73
	Senior policy actors in the Government Departments (non Tusla organisations)	6
	Senior officials from stakeholder external organisations	11
	Other	3
Study 2	Tusla Lead Practitioners	45
	Lead Practitioners from Community and Voluntary Sectors (Non Tusla)	38
Total		182

Table 3: Summary of findings across the two studies

	Practitioners	Managers
Facilitators	Good relationships Family/ child characteristics and abilities (communication skills) Readiness by families to engage	Good relationships and participation champions In Vogue – readiness for participation practice National policy in place/ vision Investment National training in place Organisational structures in place Investment by Tusla
Challenges	Lack of engagement from families Lack of ownership by families Need for training Hard to implement with children with particular needs Power imbalance: decisions made by adults Adversarial nature of the work	Lack of time to engage in participation practice for staff Need for training Hard to implement with children with particular needs Lack of resources Adversarial nature of the work
Voice	Parents listened to and their wishes respected Active listening by staff Bias is removed Benefits: empowerment of families, builds confidence, and supports decision-making	CYP are listened to and their wishes respected Appropriate methods used to match CYP needs Policy/ requirement to seek voices of C&YP Benefits: Empowerment of CYP, builds confidence and supports decision-making

Evidence of participation in practice	Improved practice Participation is seen as a right and entitlement Collaborative practice Child focused practice	Improved practice CYP input in policy and practice has an impact on tangible outcomes Child focused practice Improved staff practice
Participation embedded and sustainable	Need for a change in 'mind set' Redress power imbalance Need for management support Need for national structures Participation practice is in 'work in progress' Examples of 'good practice' cited	Need for organisational and ideological change Redress power imbalance Need for management support Need for national structures Resources needed for sustainability Participation is a 'work in progress'

i For more information see: https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/

ii A full report on the Child and Youth Participation Work Package has been published (see Tierney et al 2018).
iii The Lead Practitioner is a key person in the family support process provided by PPFS. Typically, they would have a previous relationship with the family and they would be responsible for engaging the family with PPFS. Lead Practitioners can work for Tusla, the community and voluntary sector, or other statutory services. They can have a variety of backgrounds such as social work, youth work, education, family support, health, etc. For the purposes of anonymity and participant protection, the specific backgrounds of Lead Practitioners are not included in the analysis.

iv for further information see https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support/).

v Hereafter referred to as Manager to preserve confidentiality