

## 7.1. CRITICAL OVERVIEW OF THE FINDINGS

The aims of this research were to explore professionals' experience in the delivery of the National Family Safety Programme in Saudi Arabia, the factors contributing or hindering its implementation, and their recommendations for future improvement. Three research questions were formulated for this purpose. It is, therefore, logical to discuss the main research findings under these three main domains. However, there is some overlap of the findings with regard to the first two research questions, which will be discussed in detail below.

In order to answer these research questions, the following steps were taken. First, all the data was manually transcribed and read twice. This step is sometimes known as *horizontalization* in the literature on qualitative methodology (Bernard & Bernard, 2012; Davies & Hughes, 2014; Denzin & Lincoln, 2011; Flick, 2009; Holloway & Wheeler, 2013; Merriam, 2012; Punch, 2013). In Chapter 3, this process was referred to as the first phase of Braun and Clarke's (2006) structured approach to thematic analysis, known as 'becoming familiar with the data'. The purpose of horizontalization or data familiarization is to ensure that all data is taken into consideration, thus lowering the possibility of ignoring discrepant cases or otherwise selecting data to support a particular interpretation that is favoured by the researcher but cannot be justifiably extracted. The next step in thematic analysis recommended by Braun and Clarke (2006) was to generate initial codes. In Braun and Clarke's framework, codes are used to build themes, so the process of coding is extremely important. Codes and themes are, in turn, connected to the research questions that have to be answered. Table 7.1 below contains the extracted codes and themes for the study.



**Table 7.1****Research Questions, Themes, and Codes of the Study**

Research Question	Themes	Codes
RQ1: What are professionals' perceptions, including the benefits and limitations of the child protection training programme, in aiding their practice with child abuse and neglect cases?	RQ1.1: Training Delivery	(a) Knowledge, (b) Trainers' Skills, (c) Workshops
	RQ1.2: Skills	(a) Greater Awareness of Abuse Cases, (b) Personal Development
	RQ1.3: Rising Awareness	(a) Schools, (b) Hospitals
RQ2: What are the factors that professionals perceive as those that influence the implementation of child protection training?	RQ2.1: Societal issues	(a) Customs and traditions, (b) Family issues
	RQ2.2: Policy issues	(a) Lack of awareness programmes, (b) Lack of guidance and clear mechanisms, (c) Liaising with the police, (d) Legal issues
	RQ2.3: Staff issues	(a) Shift working time, (b) Other work responsibilities, (c) Helpline response, (d) Lack of authority, (e) Barriers of reporting cases, (f) Shortage of Saudi Health Professionals, (g) Cooperation with Colleagues
RQ3: How can policy, services, and training be improved to meet children's needs?	RQ3.1: Education	(a) Schools, (b) Parents, (c) Media, (d) Police
	RQ3.2: Organisational changes	(a) Independent Department, (b) Follow-Up Committee, (c) MFSP Guidance, (d) Delineation of Roles, Special Forms for Children
	RQ3.3: Further training	(a) Educational Training, (b) Train the Trainers, (c) Advanced Training



### **7.1.1 What is the professionals' experience in the delivery of the training programme?**

The experts, especially those in medical profession, experienced the delivery of the training programme in an appreciative manner. The professionals believed that their knowledge and skills vis-à-vis child protection had been enhanced, and they expressed enthusiasm about sharing what they learned with their colleagues who could not attend training. The experts also appreciated having access to the training materials, which were mentioned as being an important component of the programme.

Professionals' experiences in delivery varied somewhat depending on factors such as work role, work setting, prior knowledge, personal circumstances, individual learning preferences, and other factors. Although professionals brought different perspectives and realities to the training programme, even participants who were critical of certain aspects of the programme found some benefits in it.

Professionals reported that the results of the training, which were compressed into easily understood materials and practices, were easy to transfer to actual practice settings, such as schools and hospitals. This aspect of programme evaluation indicates that the training programme was delivered in a manner that was relevant to the participants' job roles.

### **7.1.2. What are the professionals' experiences of the training implementation?**

Professionals noted that implementing the training was impeded by social factors, immature policies, a lack of standardized protocols, and other variables. Although participants identified numerous benefits of the actual content of the training programme, they reported that implementation was rendered more difficult because of Saudi society, which, unfortunately, attaches secrecy to domestic violence and related matters, and in which issues of race prevent individuals from making the kinds of disclosures that are necessary for child protection policies and practices to take effect. Even though professionals lamented the fact that Saudi society does not put an emphasis on children's rights, this insight was not directly related to the utility of the



programme. Rather, professionals indicated that, however well-intentioned, the programme ran into practice difficulties in the realm of implementation.

Implementing the training programme required a certain level of cooperation, not only from society in general but also from specific strata of the Saudi public sector. Professionals were quick to note the gap in Saudi policy (including legislation) vis-à-vis protecting child abuse whistle-blowers and facilitating a process of evidence-gathering by agencies tasked with protecting children.

Professionals noted that the absence of standardized protocols and a general lack of resources made implementing of the training programme difficult. Professionals also noted the backlog of child abuse cases and lamented the way in which the current bureaucratic system discourages healthcare or social care professionals from filing additional reports, given the general lassitude in following up on such reports.

Overall, the benefits of the training programme appeared related to improvements in individual characteristics (such as skills, knowledge, and awareness) while the limitations appeared related to the friction imposed by the cultural climate, the practical difficulties of inter- and intra-agency cooperation, and the insufficiency of policy-based support measures.

The findings related to the second research question can be understood in terms of the organizational change literature and models (Gallagher & Worrell, 2008; Madsen, Miller, & John, 2005; Tallon & Pinsonneault, 2011; Wang, Fang, Qureshi, & Janssen, 2015; Weiner, 2009; Worley & Lawler, 2010) discussed in Chapter 2. The key contribution of this literature is that organizational change is a complex process, even when stakeholders are in broad agreement. When there are tensions or conflict of interest between stakeholders, organizational change can be even more difficult, especially in the absence of a top-down change management force. In the context of the current study, perceptions about the training were conditioned by the fact that the training was neither mandatory nor overseen by a central authority that had the power to compel stakeholders to cooperate and otherwise seek common ground with each other.



Participants were, therefore, guided by their own perceived costs and benefits. As the data analysis revealed, they perceived various benefits, and it is possible that the perceived costs – such as the difficulties of co-operation with colleagues and across agencies – were related not so much to the shortcomings of the training itself, but to the absence of a central governing mechanism that could bring all stakeholders together.

Another way of connecting the RQ1 and RQ2 findings to theory is through theories of public administration. In Niskanen's budget-maximizing model, the central claim is that bureaucratic leaders try to enhance the budgets of their own departments, because doing so is a reflection of rational self-interest (Niskanen, 1968). In this model, bureaucracies tend to grow, as, over time, canny bureaucrats are able to find ways to increase their budgets. Niskanen's model thus suggests a secular growth in the apparatus of public administration. In Dunleavy's bureau-shaping model, the goal of the rational bureaucrat is not necessarily to expand the budget of a department, but to shape work to increase personal utility in other ways; for example, by shaping bureaus to engage in what bureaucrats consider rewarding work (Dunleavy, 1989).

The bureau-shaping model is broader than the budget-maximizing model; in the budget-maximizing model, the only true form of utility sought by the bureaucrat can be reduced to money, whereas, in the bureau-shaping model, the money allocated to a bureau is only one of many possible forms of utility that bureaucrats might enjoy. In both of these models, self-interest drives departmental agendas. Given that many of the RQ2 findings were related to the limitations of cooperation across agencies, it could be the case that departmental self-interests precluded the kind of cooperation necessary for the programme to work as intended.

Theories of culture are also important. Given the lack of cooperation with people, as well as with departments identified in RQ2, attention should be given to how organizational culture in Saudi Arabia might have created an environment in which people are not encouraged or taught to cooperate properly. Theories of self-interest (Effelsberg, Solga, & Gurt, 2014), as well as of self-focused business culture (Herndon, Fraedrich, & Yeh, 2001; Hofstede, 1994; McKinnon, Harrison, Chow, & Wu, 2003) could help in explaining this finding. Finally, theories of national culture

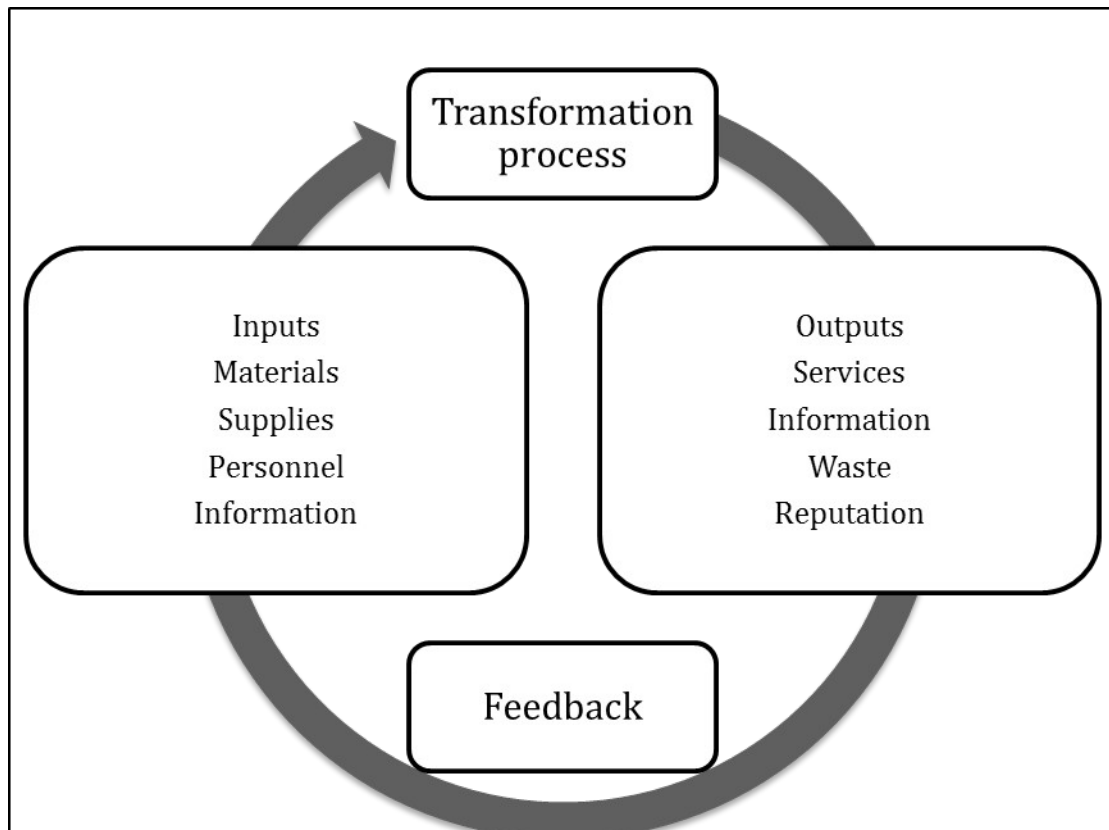


(Rapaille, 2007) are also important in explaining how and why obtaining cooperation from family stakeholders can be challenging, too, given that there are aspects of Saudi culture that make it difficult to interdict, detect, and remediate child abuse.

While there appeared to be many distinct findings in RQ2, these can be synthesized according to Rabin's (2006) open systems view of organizations, presented in Figure 7.1 below:

**Figure 7. 1**

**Rabin's open systems model of organizations**



Based on this model, it is clear that individual skills and talents, as well as institutional resources, are the inputs; the process of training is a transformation, and practice is an output. The benefits of translating training into practice can thus be considered what Rabin (2006) described as services and outputs. Constraints can be considered waste, in that they prevent the transformation process from being as efficacious as it could otherwise be; and recommendations can be considered feedback to improve future cycles of input→transformation→output.

Admittedly, there are many stakeholders in interdisciplinary child protection training programmes. On the basis of the results, such stakeholders include children, parents, psychologists, physicians, social workers, the police, and many other individuals and agencies throughout Saudi Arabia. However, Rabin's model suggests a means of looking at all of these stakeholders as part of a complex system. The desired output of this system is child protection; many resources, tangible and intangible, are the inputs for this desired output, and training is the transformation process that is designed to yield the output.

The findings for RQ1 and RQ2 can thus be understood as providing guidance about how and why the transformation process is successful, how and why the transformation process is impeded in the generation of the desired outputs, and how the overall system can be improved. With this holistic view in mind, the general point that can be synthesized from the findings is that socially specific, evidence-driven steps can be taken, and are being taken, to improve the manner in which available resources are being applied to the desired end result of child protection; however, the limits of such steps were also noted and related to the need to improve both (a) the quantity and quality of inputs and (b) the training processes whereby inputs are transformed into practice.

