

How are policies implemented in children's services? Developing an initial programme theory to evaluate the implementation of the new Child Sexual Exploitation guidance in Wales

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Abstract

Although children's social care is an area rich in guidance, there is very little research looking at the implementation of new policies in the United Kingdom. In this article, we report on the first stage of a realist evaluation of the implementation of the new *Safeguarding Children from Child Sexual Exploitation* guidance in Wales. We discuss the development of an initial programme theory, for which we conducted semi-structured interviews with practitioners and managers in three local authorities. We developed programme theories across three areas: policy nature and development, implementation plans and organizational context. Findings suggest that, for policies to produce a significant impact on practice, they need to be sufficiently different to social workers' current perceptions of practice. Second, we found that the coordination between national and local policies is critical for successful implementation as contradictions between them might lead to confusion in what local teams should prioritize. Finally, our findings highlight the importance of effective communication of policy changes, as well as a supportive organizational culture to strengthen implementation in local contexts. These findings illustrate the complexity of policy implementation and the need for policymakers to consider the meaningful involvement of local practitioners in national policy development.

KEYWORDS

child protection, child sexual exploitation, initial programme theory, policy implementation, social care practice, Wales

1 | INTRODUCTION/LITERATURE REVIEW

Children's social care is an area rich in policies, guidance and law. These are considered necessary to define and improve practice, to ensure equity of provision and to share new ways of working. They also act as a major conduit for research to influence practice. Yet there has been very little research looking at the implementation of

new policies. More common are retrospective comments that a report or guidance document had limited or even unexpected consequences (Proctor et al., 2013). In this paper, we report on the first stage of a project in which we seek to understand better the factors that influence the impact of policy in children's social care. We do this by looking at the implementation of new guidance relating to child sexual exploitation (CSE) in Wales.

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CSE is a form of child sexual abuse which involves an element of exchange (Welsh Government, 2021). It was formally introduced into Welsh social care policy in 2009 with the Sexual Exploitation Risk Assessment Framework (SERAF), and the first statutory guidance relating to CSE was published in 2011 (Welsh Assembly Government, 2011). In 2017, the Welsh Government commissioned the *Review of the Wales Safeguarding Children and Young People from Sexual Exploitation (CSE) Statutory Guidance* (Hallett et al., 2017), which included recommendations to update the CSE guidance in Wales to reflect new knowledge and development of practice. Following the review, a new *Safeguarding Children from Child Sexual Exploitation (CSE) guidance in Wales* was drafted and released in March 2021. This policy was supported by a multi-agency advisory group and aims to set out 'Welsh Government expectations about the ways in which agencies and practitioners should work together to safeguard children from risk of CSE' (Welsh Government, 2021, p. 5). The guidance makes significant amendments to CSE policy and highlights the importance of strengths-based approaches.

These changes in the policy are informed by a significant body of research in the United Kingdom looking at potential problems with social work practice in relation to CSE (Hickle & Hallett, 2016; Pearce, 2007; Scott et al., 2019; Shuker, 2013). However, there is very limited research in Wales, England, Scotland or other parts of the world including Australia and Canada on how child protection policies are implemented by frontline staff in practice. This dearth of studies presents a major gap in knowledge.

The study, which this paper is a part of, is a realist evaluation of the implementation of the new CSE guidance in Wales. It aims to understand what works to support effective CSE policy implementation in Wales, under what circumstances and how. This article documents and discusses the findings of a qualitative analysis from which the study's initial programme theory (IPT) was developed. Because the new CSE guidance is based upon high-quality research, our study departs from an implementation science approach, which considers contextual factors relating to 'what is likely to work in this situation for these people in this particular organisation' (Greenhalgh et al., 2018, p. 5). The guidance itself is a distillation of what we believe good practice should be, so our research questions relate to how and why the guidance is or is not put into action.

1.1 | Researching policy implementation in social care settings

Implementation as a process is studied in two main fields relevant to this study: policy implementation research and implementation science. As Nilsen et al. (2013) argue, both are concerned with the translation of intentions into desired changes, but do so with different approaches. Policy implementation research looks at policies as complex phenomena that interact with actors involved in the implementation process and with the wider policy environment, having an impact on both implementers (e.g., frontline staff) and targets (e.g., citizens). On the other hand, implementation science focuses on unpacking

causal relationships and establishing the importance of various independent variables in the implementation process. It aims to develop theories that explain and predict implementation processes and their impact primarily on targets. Despite their differences, there is potential for both fields to learn from each other given the commonalities between them (Nilsen et al., 2013).

Research at the intersection of policy implementation research and implementation science is relevant when studying the implementation of evidence-informed policies (e.g., in public health policy implementation research, see: Oh et al., 2021). This is in line with Bullcock et al. (2021), who argue that more integration between both fields is needed to develop new perspectives about implementation processes at the systems level. For this study, elements of both fields are relevant because the new CSE guidance in Wales is an evidence-informed policy document. However, as it was developed by the Welsh Government based on high-quality research and aims to bring significant changes to frontline social work practice, our study departs from an implementation science approach.

Implementation science is defined as the scientific study of the factors, processes and strategies deployed in a system, which influence the uptake and use of policies, guidance and interventions in practice settings; it involves considering how a policy or intervention interacts with a particular organization or setting and how this has an impact on the implementation of said policy (Proctor, 2012). Research on implementation is argued to be as important as research on evidence-based practice (Proctor et al., 2009). Cabassa (2016) suggests that it helps understand the processes and factors that can influence the integration of research and evidence-based practice across different services in social work. For Atkins and Frederico (2017), there is still a lack of research of implementation of evidence-informed social work practice, including innovations developed by service providers. In this sense, it is important to identify key factors that might influence the uptake and use of policies and guidance.

1.2 | Models, theories and frameworks of implementation science research

As Proctor (2012) suggests, the implementation of policy in practice is highly complex, and recent research on implementation science has considered a variety of contextual factors to identify what works in specific settings. It is very difficult to predict how a new policy will interact with a particular setting, but it is that interaction which will ultimately impact on whether a policy is effective or not (Shove et al., 2012). Furthermore, authors highlight how implementation is not a fixed and static outcome but rather an active process (Aarons & Palinkas, 2007; Albers et al., 2017; Damschroder et al., 2009). It involves change at multiple levels to achieve the uptake of an intervention and tasks related to planning, engaging, executing, reflecting and evaluating (Damschroder et al., 2009).

There are an abundance of implementation frameworks and models in the literature (Albers et al., 2017; Nilsen, 2015), which aim to unpack the factors that explain the differences between how

organizations implement new policies. These factors help when considering which implementation strategies might be more effective for particular settings and which might be generalizable across different social care settings (Proctor, 2012).

The framework developed by Proctor et al. (2011) suggests that one way to evaluate implementation success is by looking at its outcomes. These include acceptability, appropriateness, fidelity and feasibility and have been further studied by Czymoniewicz-Klippel et al. (2017) in their evaluation of the implementation of a parenting programme in the United States. Although Proctor et al.'s (2011) framework has been described as '[...] the most recent and refined conceptual, linguistic, and methodological clarity of outcomes from implementation to client' (Czymoniewicz-Klippel et al., 2017, p. 100), other authors such as Nilsen (2015) argue that it can benefit from other, different, approaches to implementation research. Such other approaches look at factors by levels (or scales) of influence, from the contextual level (or macroscale), to the personal (see, e.g., what Aarons & Palinkas, 2007 call the levels where evidence-based practice can be adapted).

Context, then, is one of the key aspects to consider when evaluating implementation. Damschroder et al. (2009) define it as '[...] a constellation of active interacting variables and is not just a backdrop for implementation [...] 'context' is the set of circumstances or unique factors that surround a particular implementation effort' (Damschroder et al., 2009, p. 3). For Brownson and Jones (2009), context includes external factors that have a deep impact on implementation, such as the availability of resources in public health agencies, funding, staffing and presence of community coalitions, as well as access to resources in policymaking bodies (Brownson & Jones, 2009). Other authors further argue that system challenges like staff turnover, resource limitations and the impact of inspections are central issues to consider as well (Lefevre et al., 2020). In policy implementation research, on the other hand, authors like Bäck et al. (2016) highlight the important role of local politicians in the implementation of national evidence-based social care policies.

Acknowledging the existence of a macroscale allows policymakers to take into account wider constraints in the system their work is embedded in, or to examine '[...] from the very beginning how the context of practice influences the use of the interventions in community settings in order to enhance their relevance, acceptability, cultural sensitivity and sustainability' (Cabassa, 2016, p. 7). This also helps when developing what Brookman-Frazee et al. (2018) call programme-level and cross-level strategies, strategies that straddle between the system-wide and the organizational scales.

However, external factors by themselves are not sufficient to determine implementation success. Glisson (2007) claims that the social context of the organization, including the organizational climate and culture, helps explain why implementation efforts are more successful in certain settings. He defines organizational culture as the way things are done in an organization, a property of the organization more than the individuals (Glisson, 2007). Atkins and Frederico (2017), on the other hand, studied the implementation of a local therapeutic outreach programme in Australia, where they identified

organizational factors that were key drivers of implementation: clear and transparent planning and communication, manager commitment to the innovation, reflective culture, perceived fit and an open attitude of practitioners towards change and innovation. Other studies have also highlighted organizational climate and culture as key barriers or enablers of implementation efforts. This included the existence of strong and clear leadership and confidence in the intervention (Baginsky et al., 2020) or the ability to discuss cases and receive consultation/supervision (Shapiro et al., 2012).

Shapiro et al. (2012) consider key factors affecting implementation at the personal (or provider) level as well. These include self-efficacy and self-confidence in programme delivery, perceptions of own knowledge and effectiveness of the evidence-based practice and the belief of it being required by supervisors, agencies or the state. This relates to Damschroder et al.'s (2009) model, which indicates characteristics of the individuals involved as one of the major domains to consider in implementation research. Considering the agency and power of individuals in a setting is important as their decisions have consequences in the implementation process. Such individuals in a social care setting could be considered as 'street-level bureaucrats' (Lipsky, 1980) as they exercise discretion and interpretative power in how policy is implemented (Schofield, 2001).

1.3 | Implementation science research in the United Kingdom

Research on implementation (and implementation science in particular) is currently rooted in studies conducted primarily in the United States (Albers et al., 2017). There is however a small but growing body of literature emerging in the United Kingdom that is contributing to wider discussions and theories on implementation science in the context of social work practice (see, e.g., Baginsky et al., 2020; Burn & Needham, 2021; Lefevre et al., 2020). These studies focus on the implementation of practice models in the field, but beyond that, there is a lack of studies that investigate how policies, specifically child protection policies, are implemented on the ground by social workers and other key professionals. Because different agencies are likely to adopt policies in different ways, and it is very difficult to predict how a new policy will interact with a particular setting, studies are needed to assess whether a policy is being implemented effectively or not and under what circumstances. This is the case in the Welsh context where social services teams in local authorities have complex governance structures, where multiple agencies work together (in ways contingent to the particularities of each local authority), and policy is constantly changing at both the local and national scales.

2 | RESEARCH AIMS/QUESTIONS

The study referred to in this paper is a realist evaluation of the implementation of the new *Safeguarding Children from Child Sexual*

Exploitation guidance in Wales. It aims to understand what works to support effective child protection policy implementation in Wales, for whom, under what circumstances and how. Realist evaluation holds that implementing policies will lead to the desired outcomes only when implementation happens in a facilitative context (Pawson & Tilley, 1997). Facilitative contexts are elements of a local setting and population that interact with the policy being implemented and the people implementing it in ways that promote the desired outcomes. Desired outcomes will happen when the policy is implemented in ways that trigger intended responses in the minds of stakeholders, leading to decisions to make changes in a way that will achieve the intended outcome (Levay et al., 2018).

The objective of this paper is to document and discuss the findings of a qualitative analysis conducted to develop an IPT for the study. This IPT will be evaluated in subsequent phases of the study and the findings will be discussed in future publications.

3 | METHODS

3.1 | Sample

We interviewed 23 managers and practitioners in child protection teams across three local authorities in Wales. Table 1 summarizes the sample in each local authority. One of the authors (Diaz) contacted managers in each local authority to inform them about the study and gained access to their team to invite them to participate in the study.

3.2 | Data collection and analysis

Three of the authors (Usubillaga and Diaz) conducted online semi-structured interviews with practitioners and managers via Microsoft Teams between February and June 2021. A thematic analysis of interview transcripts was done using NVivo. Inductive coding was used to identify key themes across local authorities and service teams to inform the development of IPTs. All the authors met a number of times in the summer of 2021 to discuss the emerging themes based on their previous knowledge and expertise on child protection and social work practice. From this discussion, eight themes were prioritized, along with 12 'if ... then' statements, which were later refined during July and August 2021 (see Figure 1).

	Local Authority 1	Local Authority 2	Local Authority 3
Team managers	3	2	0
Social workers	2	2	6
Senior practitioners	1	0	2
Placement students	3	0	0
Support workers	2	0	0
Total	11	4	8

3.3 | Research ethics

Ethical approval for the study was given by the ethics committee at Cardiff University's School of Social Sciences. The main ethical issues concerned how difficult the subject matter (CSE) can be for people to discuss, as well as preventing research data from being traced back to research participants. To address these, researchers ensured sensitivity when conducting interviews and clearly stated that participants were free to leave the interview at any time if they wished. Participants were given a clear information sheet about the project and were given time to consider their participation and sign a consent form. Individual responses were anonymized, and each interviewee was given a pseudonym with a local authority number (as seen in quotes below).

4 | FINDINGS/DISCUSSION

Various themes emerged in the interviews in relation to policy implementation efforts. These are illustrated in Figure 1, where they are grouped into five categories: context, implementation, organization, personal aspects and guidance, tools and policy. Within these categories, eight themes were deemed particularly relevant by the research team to draft an IPT (as illustrated in Figure 2). The eight themes are explored in detail below.

4.1 | Interview themes

4.1.1 | Multi-agency work

The new CSE guidance emphasizes how 'achieving good well-being outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action' (Welsh Government, 2021, p. 10). It specifies the roles of different agencies and the expectations of how they should work together to safeguard children and young people from CSE. This follows recommendations from the 2017 review, in which the multi-agency response to CSE was one of the areas where issues were identified (Hallett et al., 2017).

Therefore, it is no surprise that all interviewees mentioned multi-agency work, even though we did not specifically ask about it. While practitioners agreed that multi-agency work was helpful, there were

TABLE 1 Sample for interviews in each local authority

FIGURE 1 Interview theme structure. Source: Authors

Categories	Themes	Sub-themes	
CSE and CCE			
Covid-19			
Context	C1	Context characteristics	
	C2	Multi-agency work	
	C3	Relationship with local community	
Implementation	I1	Evaluating impact	
	I2	Implementation plans	
	I3	Integration into practice	
	I4	Perceived barriers	
	I5	Perceived enablers	
	I6	Practitioner feedback	
	I7	Publications	
	I8	Testing and piloting	
	I9	Training	
Organisation	O1	O1.1	Emails
		O1.2	Phone calls
		O1.3	Team Meetings
	O2	Partnership with Barnardos	
		O3.1	Capacity
		O3.2	Caseloads
		O3.3	Child-centred approaches
		O3.4	Making plans meaningful
		O3.5	Mental health
		O3.6	Outcomes-focused approach
		O3.7	Paperwork
		O3.8	Parent engagement
		O3.9	Risk-based work
		O3.10	Services
		O3.11	Strength-based perspectives
		O3.12	Trauma-informed practice
	O3.13	Young people engagement	
	O3	Social work practice	
		O4.1	Relationship with management
		O4.2	Sharing best practice
O4.3		Supervision	
O4.4		Support	
O4.5		Teamwork	
O5		Resources	
O6	Staff turnover		
O7	Team structure		
O8	Wellbeing		
Personal	P1	Adaptive capacity	
	P2	Awareness of new guidance	
	P3	Confidence	
	P4	Perception of own knowledge	
	P5	Reading research and policy	
	P6	Perception of policies and guidance	
	P7	Perception of university education	
Guidance, Tools and Policies	G1	Accessibility of policies	
	G2	All-Wales safeguarding app	
	G3	Contextual safeguarding	
	G4	Local vs national guidance	
	G5	Policies and guidance	
	G6	SERAF	
	G7	Other tools	

If... then statements	Categories
I2 O4 P5	If senior managers have been involved in developing the policy, then its acceptability and appropriateness among teams will be higher because they will feel a sense of ownership.
G4 I2	If the national policy is developed in coordination with local policies, then it is more likely for it to be seen as more feasible by managers because they will not feel the need to duplicate their implementation efforts.
P6	If the policy focuses more on practice values than procedures, then it is less likely to be implemented as originally intended because social workers may think their practice is already aligned with it or might not know what needs changing.
G4 P6	If national and local policies are not aligned, then they are less likely to be adopted within service teams because there might be confusion among managers and practitioners as to which one of the two policies they should be implementing.
G4 P6	When national and local policies are not aligned, it is likely that the policy perceived by managers to be more actionable will be integrated into the service first because it will be seen as the one bringing a more tangible change in local practice.
P2 O1	If the new CSE policy is only communicated to team managers / deputy team managers by email, then they are less likely to become aware of it and adopt it in their teams because their engagement with the new guidance would depend on the time they have available within their workloads to read policy documents.
O1 O4	If managers use team meetings to explain the new CSE policy to practitioners, then practitioners are more likely to adopt it because they will feel more supported by managers in understanding how the new policy impacts their practice.
I2 O4 P5	If team managers are personally motivated and interested in working with young people at risk of CSE, then they will be more likely to become aware of the new policy and deploy local efforts to implement it amongst their team, which will increase its uptake.
O4	If practitioners have reflective discussions with their teams and managers during policy implementation, then the policy is more likely to be integrated into practice because practitioners will have more clarity about expectations and feel more comfortable in using the policy.
O4 P6	If social workers feel they work in a supportive and reflective organisational climate/culture, then they are more likely to see the changes brought by the new policy as being more feasible for their practice.
C2 O1	If the new policy is discussed in strategic and practice-focused multi-agency meetings during implementation, then it is more likely to be integrated in frontline practice because different teams will be learning to use it in a more collaborative environment.
C2 O4	If multi-agency partners (e.g. police) are involved in implementing the new CSE policy, then it is more likely to be integrated into practice because there will be more buy-in from the different agencies working together in CSE cases.

FIGURE 2 Initial programme theory. Source: Authors

issues around shared understandings and expectations. Specifically, it was suggested that colocation of different agencies would help with communicating these understandings. A social worker in LA1, for example, explained:

I just think in terms of exploitation it's good to have a multi-agency team approach, so maybe some guidance in terms of setting that teams to tackle exploitation so everybody's under one roof rather than people be in different locations. I don't know; it's just for that joined

up working to be more collaborative really and nothing gets missed. (Social Worker 1, LA2)

The interviewee responses suggest in relation to multi-agency work that a collaborative environment and the early involvement of multiple agencies in the development and implementation of new guidance makes it easier to integrate it into practice. This also facilitates effective multi-agency working because it helps develop a common understanding of good practice, expectations and standards.

4.1.2 | Implementation plans

Interviewees reported an approach to planning implementation efforts in all three local authorities that heavily relies on team and service managers. However, this takes a different form in each local authority. In LA1, for example, senior managers created a task group where individual team managers volunteered to draft implementation plans. In LA2, each team manager is responsible for cascading the information on new policies on to their teams. In both cases, they rely on personal interest and people volunteering their time to be involved in the implementation plans. The service manager in LA1 explained:

I chaired a task and finish group with some of the local authority team managers, the safeguarding managers, and the 14+ team manager to look at the implementing implications ... of the tool, and how it would work from the local authorities' perspective, also engaged with our partner agencies, so core members of those that attend those strategy meetings. So, health, education, police. We've been delivering training on the model, what that will look like from the social workers' point of view ... (Manager 3, LA1)

As mentioned above, decisions on implementation activities, such as training sessions and meetings with practitioners from multiple agencies are taken by service and team managers, even when the policy has been developed elsewhere (e.g., at the national level). This raises the question of how local managers are involved in the drafting of policies and their implementation plans at the national scale.

The reliance on team managers as key stakeholders in the implementation process is also coupled with their personal interests and motivations. In LA1, for example, a team manager explained how they were involved in the team in charge of implementing a new CSE tool mostly because of their interest in the topic:

Usually what happens is that if something new is coming in that's been raised to our I head of service, then she will usually allocate, assign that to one of the three service managers in Children's Services to take charge ... So, for instance, for the CSE one now, well, I wanted to be part of that, but I had to be a part of it anyway, because it sits mostly in my team. (Manager 1, LA1)

This relates to the understanding of the organizational context as a key driver of implementation (Atkins & Frederico, 2017), as well as the concept of organizational culture developed by Glisson (2007), which encapsulates the way things are done in an organization. Researching this involves exploring the social context of the organization, how norms, values, expectations, perceptions and attitudes encourage or inhibit adoption of a particular practice or policy. Involvement of practitioners and managers in the development of new policies and their implementation plans might trigger mechanisms

related to this, which in turn would increase its acceptability among local teams.

4.1.3 | Communication

A related theme is communication. *How* changes in policy and practice are communicated to team managers and social work practitioners may act as a barrier or a facilitator in the integration of policies into practice. In all three local authorities, changes in policy tend to be communicated through email first to then be discussed in team meetings. As explained above, there were differences in the way each local authority approached implementation. However, practitioners are expected to read the changes in policy in their own time, as explained by the service manager in LA2:

If there was any guidance or policy that comes out, it would firstly go out in an email and then we'd book a time to discuss it at a managers' meeting and then it would be for the teams then to cascade that through to their ... social workers and I would expect people to, you know, use their own initiative then, and read it and digest it and come back with some questions. (Manager 2, LA2)

This raises issues in terms of effective policy implementation as it is widely known that social workers have high caseloads (Diaz, 2020), so it is unlikely they will have the opportunity to read extensive policy documents in their own time (Diaz & Aylward, 2019). Because the new Welsh CSE guidance is over 100 pages long, it seems unrealistic to hope for social workers to read it, digest it and change their practice accordingly when they have such high caseloads. The length of the policy guidance and high caseloads appeared to be major barriers to the effective implementation of this new policy in the three Local Authorities which took part in this study.

Practitioners highlight the importance of having spaces to discuss policy changes, both in meetings and during supervision. As Social Worker 3 in LA3 explained, '[...] when you open a document sometimes, and it's 70 or 100 pages long, it is difficult to find the time and the energy to read through things sometimes'. This is coupled with practitioners facing high workloads in general. Another social worker in the same LA said:

[...] when you're trying to work from home, and you've got so many cases and you've got so many emails flying through, and you've got this change and you read up on this guidance and do this and do this. It's really difficult to keep up with things, you know ... (Social Worker 6, LA3)

Summary documents might be helpful for practitioners, as well as managers having the capacity to read and understand the full policy documents, and to be able to discuss these with practitioners.

4.1.4 | Organizational culture

Most participants mentioned the importance of the organization having a supportive culture to ensure that training on CSE was fully understood and embedded into practice. In this sense, team meetings were described as important spaces for collaboration and reflection, especially in LA1. When practitioners in that local authority were asked about teamwork and the things that they thought would help put policy into practice, they stated:

I think the support from management; I think training, regular training to refresh our memory and ... the support that we get as a team is really, really good. So, they're always there if you ever need anything [...] I'm feeling the position where I can ask and get that support, so I think that's the biggest thing. (Placement Student 1, LA1)

What emerged from this finding is that while practitioners found it difficult to absorb large-scale complicated policy guidance in an undiluted form, they greatly valued the opportunity to discuss new policies as a group and with their managers. The interactive element appeared to be critical in making sense of and ultimately implementing policy. This ties in with the importance of child protection agencies having a supportive and reflective organizational culture. Research has highlighted that in some child protection agencies, there is a major issue with a blame culture being prevalent (Leigh, 2017).

This is important in relation to policy implementation as dysfunctional organizational cultures are likely to impact negatively on policy implementation. Child protection practice 'is so highly charged and emotional it is essential that middle and senior managers create a safe context for talking about doubts, uncertainty and the emotional impact of the work' (Morrison, 2005, p. 21). This also relates to if and how social workers are implementing new child protection policies. The impact of a blame culture being cannot be minimized. It has a severely negative impact on practice; indeed, 'the fear of being criticised or blamed for problems encourages practitioners to adopt coping mechanisms such as denial, blame and projection' (Menzies-Lyth, 1988, p. 87) which again will impact on effective policy implementation.

4.1.5 | Personal aspects—Awareness and perception of policies

Most interviewees were not aware of the new CSE guidance. When we gave a brief overview of the key elements of the new guidance (child-centred practice, safeguarding being everyone's business and a move away from risk averse practice), most managers and practitioners felt that this reflected exactly the way they currently practice. For this reason, many of the frontline workers had not noticed any significant changes. For example, efforts to move away from current protocols like the SERAF and place more emphasis in child-centred practice were felt by practitioners to be exactly what is needed. Therefore, while they

agreed with the policy, they had already been reorienting their practice, perhaps informally, in this way for some time. This raises the question that policy might be following practice—it is possible that this guidance, like much guidance, crystallizes the best of current practice rather than suggesting something radically different:

A lot of what was in the Guidance [...] it's mirrored a lot of the practices that ..., in parallel, but not knowingly in parallel, actually holding close to what we were trying to aim for in our practice and policy, in our new strategy that we've been developing [...] So a lot of the things that are in there, I think, without blowing our trumpets, I think a lot of it chimes with us and isn't startling or new. (Manager 2, LA2)

Yet this also highlights a challenge for policy creation and implementation. The guidance was developed to improve practice and therefore is based on the premise that often practice does not feature the key elements of good practice identified. The challenge for implementation is if those delivering it believe not just that this is what they should do, but that this is what they are doing already, or at least trying to do: if practitioners already think they are practicing in a child-focused manner, then a policy stating that they should do so is unlikely to have an impact on their practice.

4.1.6 | Local tools versus national policies

While the national guidance suggests professionals should move away from using tools when working with young people at risk of CSE, two of the local authorities in this study are implementing a new tool largely based on risk assessment—a move specifically contrary to the national guidance. However, the relationship between national and local policy is complex; the LA managers who were involved in the tool's development feel a high level of ownership compared to the national policies. A team manager in LA1, for example, suggested that the new Welsh Government policy should accompany the new local tool. In other words, the two should work together, with the local one being prioritized.

... whether that changes now in light of, you know, when we have the new guidance from ... that Welsh guidance that we were just talking about, the big new document ... That was out in January or February ... Whether they look to do that on a Safeguarding Board level now to accompany ... our new tool, which is a very local tool ... Makes sense to me that they provide localised, you know, guidance for it. But you know ... No one listens to me really so ... so what's the point? (Manager 1, LA1)

Practitioners in these two local authorities have already been informed (and in some cases trained) in the use of the new local tool. Therefore, when asked whether they are aware of new national CSE

guidance, most of the interviewees referred to the local tool rather than the new *national* CSE guidance. Tensions between local and national tools/policies are likely to lead confusion for practitioners and may lead to neither local nor national policy being effectively implemented.

4.2 | Developing an IPT

4.2.1 | Policy nature and development

Interviews highlighted the importance of local authority practitioners and managers playing an active role in national policy development, especially when it comes to guidance that aims to bring a significant change in social care practice. Their involvement would impact on how appropriate policies are perceived to be for local contexts. Furthermore, this relates to issues of coordination between national policies and local policies/tools, as seen in two of the LAs. This raises questions of whether an alignment between the two levels of policy would facilitate or impede the implementation of the Welsh Government's new CSE guidance.

In policy implementation research, aligning local and national needs and resources is an important consideration for successful implementation (Exworthy et al., 2000; Schofield, 2001). The relationship between local and national levels (policy levels in this case) can be considered in terms of system-level, programme-level and cross-level implementation strategies (Brookman-Frazer et al., 2018). Misalignment is likely to create confusion for team managers and practitioners as to which policy they should be implementing or how the two might work together. Proctor (2012) explains how the development of policies without involvement of service providers contributes to gaps between research and practice in social care settings. Testimonies from interviewees in the local authorities reflect this, raising the question of whether the involvement of multi-agency partners, managers and practitioners on the ground would make the new CSE guidance more likely to be integrated into practice due to an increase in stakeholder buy-in. Involving LA practitioners and managers in the development of national policies would help to ensure a good 'match' between both policy levels.

4.2.2 | Implementation plans

We have identified a need to further consider how implementation plans relate to organizational and personal factors in each local authority. A related theme highlighted in interviews is communication. How a policy is communicated to practitioners and managers seems to be critical to how they perceive it and adopt it in their practice.

A key question to consider here is how the communication of policy changes is tailored to particular circumstances in each local authority and whether this adaptation (or lack of) makes it easier or not to implement a new policy. Such adaptations are already identified in the literature on implementation science as something to consider when looking at how a policy interacts with the existing organizational context (Aarons & Palinkas, 2007). Atkins and Frederico (2017), for

example, identify related factors that have an impact on implementation, such as clear and transparent planning and communication, manager commitment to the innovation, perceived fit and an open attitude of practitioners towards change and innovation.

Damschroder et al. (2009), on the other hand, highlight the agency and power of individuals in a setting where implementation takes place, as their decisions have consequences in the implementation process. For this reason, issues around awareness and perception of the new CSE guidance in Wales merit further examination. As shown in the interviews, if managers' awareness of the new policy is limited due to personal motivation or capacity issues relating to the time it takes to read policy documents, they might not be able to effectively implement it in their teams. Furthermore, how practitioners perceive the new CSE guidance can also determine its uptake, as it might be seen as something that does not bring a substantial change in practice. It is therefore vital to acknowledge that communication of the new policies is critically important to the way it is perceived by local managers and practitioners, with knock-on effects in terms of their agency in the implementation and attitudes towards any changes.

4.2.3 | Organizational context

As argued by Glisson (2007), the organizational context (including the organizational climate and culture) is a critical aspect that influences policy implementation. Our research highlights the importance of formal and informal spaces of support for social workers, especially when changes in practice are introduced. Additionally, there are issues related to the multi-agency context in which CSE cases are identified, assessed and managed, which might also impact how new policies are adopted. In particular, the existence of a collaborative environment, both within and between local authority teams in a multi-agency setting, seems to facilitate the implementation of new CSE policies.

However, the relationship between agencies is different in each local authority, and the lack of a collaborative environment might reduce the spaces where the new CSE policy can be discussed, making it harder to integrate into frontline practice. This relates to the understanding of the organizational context as a key driver of implementation (Atkins & Frederico, 2017), as well as the concept of organizational culture developed by Glisson (2007), which encapsulates the way things are done in an organization. It is therefore important to consider the social context of the organization; how norms, values, expectations, perceptions and attitudes encourage or inhibit the adoption of a particular policy. Involvement of practitioners and managers in the development of new policies and their implementation plans might trigger mechanisms related to this, which in turn would increase its acceptability among local teams.

Support within the organization is also an important aspect to consider when evaluating the implementation of the new CSE guidance in Wales. The ability to discuss cases and consult with senior practitioners and team managers was identified by Shapiro et al. (2012) as a key variable that influences implementation, and the existence of strong and clear leadership was something highlighted by

Baginsky et al. (2020). Using team meetings and reflective discussions to explore the changes brought about by the new policy might facilitate its integration into practice because practitioners might have more clarity about expectations. This fits within Glisson's understanding of organizational climate, as the way people perceive their work environment (Glisson, 2007).

5 | CONCLUSIONS

Investigating the implementation of child protection policies such as the new *Safeguarding children from Child Sexual Exploitation (CSE)* guidance by the Welsh Government is important in ascertaining whether and how policies, drafted by governments and policymakers, can actually be implemented by local authority managers and practitioners. If national policies fail to impact on practice, that is problematic for politicians, senior managers and practitioners alike and raises issues in terms of the public accountability of practice.

However, implementation is a complex process with multiple barriers and facilitators at different levels. Our research has highlighted three main problems to further examine specifically related to the implementation of the new CSE policy in Wales. First, when the national policy is similar to what social workers think they are already doing in practice (e.g., working in a child-focused manner), it is unlikely to have an impact on practice. New policies need to be sufficiently different to current views of practice to generate an awareness of difference if they are to produce changes in practice.

Second, in contrast, when the national policy is perceived to contradict local policies, this can cause tensions and difficulties in terms of policy implementation. Two of the LAs we studied had recently implemented new local policies that focused on the use of a new exploitation tool, which the national guidance suggested managers and practitioners should move away from. In this case, it led to those social workers and managers focusing on the local as opposed to the national policy, hindering effective implementation.

Finally, our study highlighted that effective policy communication is essential to good implementation, especially in contexts where practitioners and managers are extremely busy. Long and complicated policies emailed to social workers with large caseloads are unlikely to have an impact on practice without other implementation activities and the existence of a supportive and collaborative organizational context in local authorities and multi-agency settings. Even when caseloads are reasonable, if the policy is very long and complex, this is likely to impact on the likelihood that a new child protection policy is properly implemented. This highlights the need for brief summaries of new policies being disseminated to social workers alongside proper support to respond and understand how new policies should be implemented when working with families.

From these findings, we suggest policymakers need to consider meaningful involvement of local practitioners and managers in national policy development. This would help ensure more cohesive national and local policymaking and implementation. Second, new policies need to be not only sufficiently different to actual practice but

also different to workers' perceptions of current practice, otherwise they are unlikely to have an impact. This is a real challenge for new guidance—it has to win the hearts of those involved in delivering change while simultaneously making them feel that what tends to happen before the guidance needs to change. Finally, it is essential to consider more effective communication and implementation plans, as well as fostering supportive and collaborative organizational cultures. This can improve perceptions of policy and, consequently, a better understanding of them in relation to frontline practice.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

ETHICS APPROVAL STATEMENT

The project was given ethical approval by the ethics committee at Cardiff University's School of Social Sciences (ref. SREC/3871).

DATA AVAILABILITY STATEMENT

Research data are not shared due to privacy and ethical restrictions.

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