Doing with or doing to? A realist case study of factors affecting the implementation of guidance on child sexual exploitation in Wales

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ABSTRACT

There is currently limited research which considers the implementation of new policies in child protection practice. In this article, we explore policy implementation in children's social care using recent Welsh policy on Child Sexual Exploitation (CSE) as a case study. We conducted a realist evaluation of the implementation of the new CSE guidance in a two-phased study. The development of an initial programme theory was done during phase 1 of the study and is discussed in a previous article. In this article we focus on the programme theory refinement, presenting our hypotheses and findings from semi-structured interviews, observation of practice and a Wales-wide survey, which illustrate how aspects of the context and the organisation have an impact on policy implementation. Our findings highlight the importance of clear implementation plans which engage key stakeholders and are appropriately resourced. We suggest recommendations for developing implementation plans, including appropriate training materials, access to formal and informal collaborative spaces for knowledge exchange, and the importance of a supportive organisational structure. These findings illustrate how child protection policies are implemented in practice by local authorities in Wales and shed light on how policies can be more effectively implemented in practice.

1. Introduction

Policy, guidance, and law are important conduits by which research can influence practice. In this paper, we refer to 'policy' as the broad set of activities and programmes designed to achieve organisational, societal or political goals (Cochran & Malone, 2010). As argued by authors such as Birkland (2020), "public policy is oriented toward a goal or desired state, such as reducing the incidence or severity of some sort of a problem" (p.4). 'Statutory guidance', on the other hand, is an element of policy designed to influence practice. It provides information on expectations and actions that are required or constitute best practice in relation to an issue. This paper reports on the second phase of a realist study investigating the implementation of the 2021 Child Sexual Exploitation (CSE) guidance in Wales. Findings from the first phase of the study were published earlier and are discussed in (Usubillaga, Diaz, & Forrester, 2023).

CSE 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). This guidance was updated in 2021 after a review in 2017 recommended changes based on new knowledge and development of practice (Hallett et al., 2017). The new guidance makes significant changes to practice and highlights a shift away from risk assessment towards strengths-based approaches.

To date limited research has been carried out into how child protection policies in the UK are implemented by frontline staff and which factors help or hinder this process. Since the implementation of guidance or policies in practice is complex it is difficult to predict how they will interact with a particular setting, but it is that interaction which will ultimately impact on whether implementation is effective or not (Proctor, 2012; Shove et al., 2012). Therefore, research that considers what works to support effective implementation of guidance and policies and under what circumstances is necessary to improve practice and equity of provision.

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1.1. Child Sexual Exploitation

CSE is defined by Welsh policy as a form of child sexual abuse that often involves an element of exchange (Welsh Government, 2021). CSE was not recognised as a form of child abuse until the mid-1990 s and statutory recognition of CSE is a relatively recent development in children's social care. It was formally introduced into Welsh social care policy in 2009 with the Sexual Exploitation Risk Assessment Framework (SERAF), and the first statutory CSE guidance published in 2011 (Welsh Assembly Government, 2011). In 2017, the Review of the Wales Safeguarding Children and Young People from Sexual Exploitation Statutory Guidance commissioned by the Welsh Government (Hallett et al., 2017) included national policy recommendations to reflect new knowledge and development of practice. Following this, new statutory CSE guidance was drafted and released in March 2021, developed with support from a multi-agency advisory group with representatives of all Safeguarding Boards in Wales. The Regional Safeguarding Boards in Wales operate under the Social Services and Well-being (Wales) Act 2014. The Boards have a number of responsibilities including, undertaking reviews, audits, and investigations, cooperating with other Safeguarding Boards to implement policies and procedures and, to facilitate research into the protection of, and prevention of neglect and abuse, of, children or adults at risk of harm.

The new statutory guidance sets 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). It makes substantial amendments to existing policy, primarily shifting away from a risk assessment focus, and instead highlighting the importance of child-centred practice and strengths-based approaches. These changes are informed by a significant body of research on issues with social work practice in relation to CSE (Hallett, 2017; Hickle & Hallett, 2016; Pearce, 2007; Scott et al., 2019; Shuker, 2013), and apply to all local authorities in Wales.

However, this abundance of research on social work practice contrasts with the limited research in the UK on how child protection policies and associated guidance are implemented by frontline staff. Research on implementation is as important as research on evidence-based practice, as it helps understand the processes and factors that influence the integration of interventions (or policies in this case) into practice (Cabassa, 2016; Proctor et al., 2009), especially in fields like Children's Social Work (Atkins & Frederico, 2017). Therefore, this scarcity of studies presents a key gap in knowledge, which this study aimed to address.

1.2. Policy implementation and implementation science

The implementation of policies and guidance is studied in two main fields: policy implementation research and implementation science. Research at their intersection is relevant when studying the implementation of evidence-informed policies (Bullock et al., 2021; Oh et al., 2021). Implementation science considers a variety of contextual factors to identify what works in specific settings. Predicting the interaction between a new policy and a given setting is complex, but it is that interaction which ultimately impacts on how effective a policy is (Shove et al., 2012). Research highlights that differences between how organisations implement new policies depend on multiple factors that are
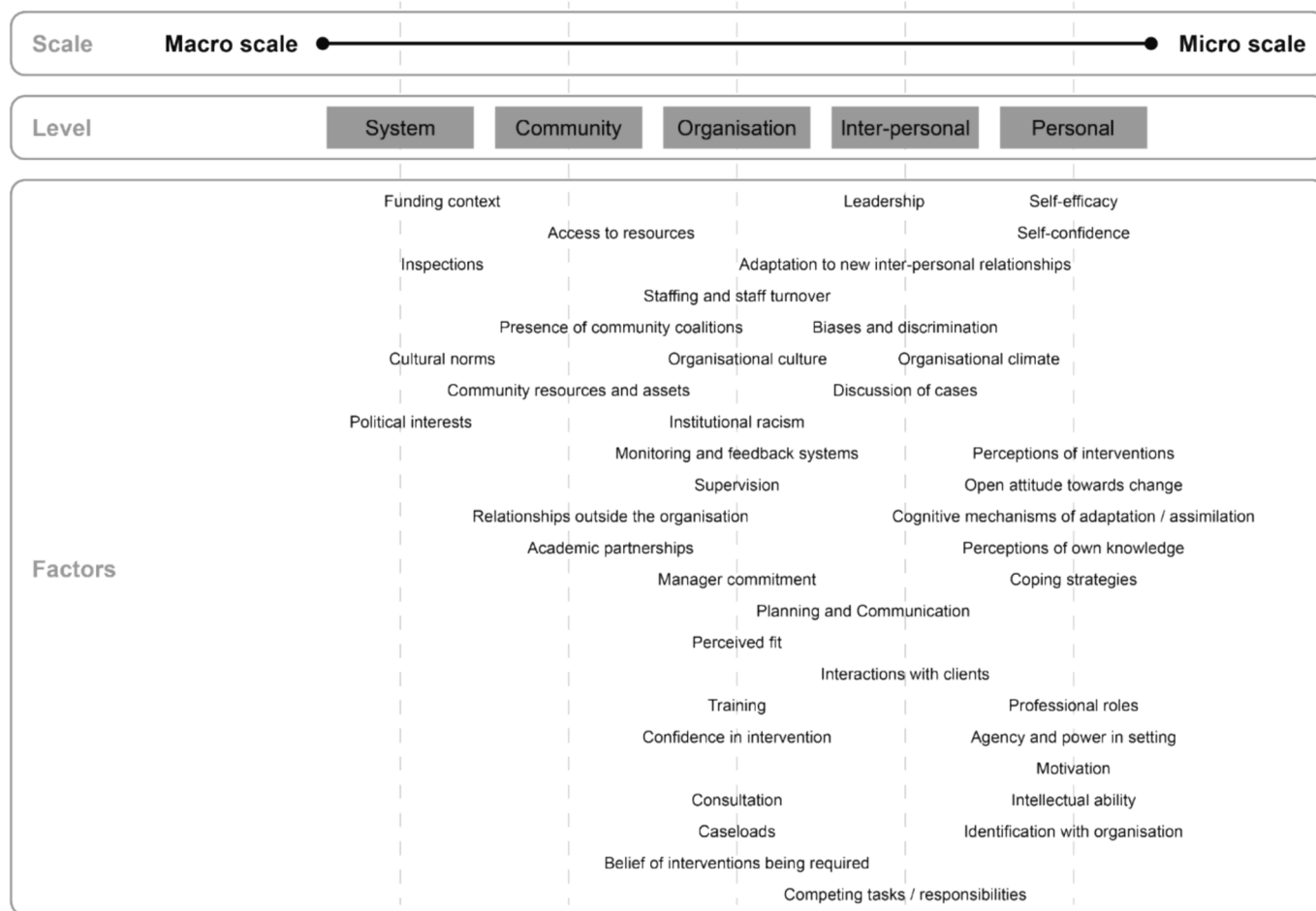

Fig. 1. Factors that influence implementation, by level of influence. .
Source: authors

categorised and analysed differently in implementation frameworks and models. By looking at these, we are able to consider which implementation strategies might be more effective for particular settings and which might be generalisable (Proctor, 2012).

Our literature review on implementation science theories, models, and frameworks identified a series of relevant factors for the implementation of child protection policies. This is documented in detail in (Usubillaga, Diaz, & Forrester, 2023), but we include a summary here for context. Fig. 1 illustrates the factors we identified in the literature in terms of their level of influence, or what Aarons and Palinkas (2007) call levels where evidence-based practice can be adapted: contextual (*macro* level), interpersonal (*meso* level), and personal (*micro* level).

Contextual factors at the macro level have a strong influence on implementation as they can affect its evolution over time (Proctor, 2012). These range from existing policies and funding (Bäck et al., 2016; Proctor, 2012), to system challenges like staff turnover, resource limitations and the impact of inspections (Lefevre et al., 2020). Context is not just a backdrop in which implementation happens, but rather a series of interrelated variables that have an active role in the implementation process (Damschroder et al., 2009). These also encompass community-level factors including cultural norms, community resources and assets, policies and political interests, among others (Cabassa, 2016).

Macro level factors by themselves are not enough to determine how successful the implementation of a policy or intervention is (Glisson, 2007). Differences in the organisational climate and culture also help explain why some organisations implement more successfully than others in a given context (Glisson, 2007). At this *meso* level, authors have identified multiple factors can be drivers of implementation, such as clear communication, manager commitment and leadership, reflective cultures, organisational values, caseloads, and an open attitude of practitioners towards change (Aarons & Palinkas, 2007; Atkins & Frederico, 2017; Baginsky et al., 2020; Cabassa, 2016; Shapiro et al., 2012). These factors can also be adapted or altered by the implementation process (Aarons & Palinkas, 2007). This is important because it implies that implementation plans can (and at times should) involve changes within the organisation to support the proposed changes in practice.

Beyond these, it is also important to consider other factors at the micro level as they relate to the agency and power of individuals whose decisions have consequences in the implementation process (Damschroder et al., 2009). These include existing knowledge and personal beliefs, self-efficacy, motivation, coping strategies, supervision, bias, and professional roles (Aarons & Palinkas, 2007; Cabassa, 2016; Damschroder et al., 2009; Shapiro et al., 2012). It is important to note that, as argued by some authors (Lang et al., 2016; Shapiro et al., 2012), addressing individual-level factors influencing implementation needs to go beyond providing training. Although training is essential for capacity-building in the implementation of trauma-informed care, for example, by itself it is not enough to have sufficient impact in practice (Lang et al., 2016).

Given the complexity of implementation processes, research is needed to uncover the ways in which the factors described above interact to produce specific outcomes. In children social care policy in Wales, local authorities and their social services teams vary in their organisational structure and the way they collaborate with multiple agencies in CSE cases. In this context, therefore, it is important for implementation efforts to understand what works, for whom (i.e., individuals and teams), and under which circumstances.

2. Methods

2.1. Overview of study design

This paper reports on the second phase of a realist study in Wales aiming to understand what works to support effective child protection

policy implementation, for whom, under what circumstances and how. We addressed two key research questions:

1. How is the new Welsh Government CSE guidance understood and implemented in practice by social workers and key professionals?
2. Which are the main factors supporting or hindering the implementation of the new CSE guidance in local authorities in Wales?

We conducted a realist evaluation in three Local Authorities (LAs), which served as case studies to examine the contextual conditions that have an effect on policy implementation processes. The new CSE policy guidance outlines the importance of using child-centred and strengths-based approaches and sets out a clear framework for what this should look like in practice with young people at risk of CSE. Although it was originally planned to be released in early 2020, it suffered from significant delays due to the Covid-19 pandemic and was released in March 2021. Due to these delays, the project evaluates the early stages of implementation in the three local authorities, to understand how their context influences how this process was unfolding.

The realist methodology enabled us to establish mechanisms, causal pathways and contextual conditions that facilitate or hinder policy implementation. Realist research unpacks complex social programmes, evaluating 'what works, how, for whom, in what circumstances and to what extent?' (Pawson et al., 2005; Pawson & Tilley, 1997). The methodology seeks to uncover how and why interventions take effect by identifying, developing, testing, and refining programme theory about how unobservable causal mechanisms interact with existing contexts to produce outcomes (Hawkins, 2014). This was particularly useful when evaluating the implementation of the new CSE guidance, given the complexities of child protection policies and implementation processes in a setting like Wales.

The first phase of the project involved the development of an Initial Programme Theory (IPT) as a first step in the realist research cycle (Mukumbang et al., 2018). The IPT related to macro- meso- and micro level factors we identified as potentially having an impact on how the new CSE guidance is implemented. This phase of the study is detailed and discussed elsewhere (Usubillaga, Diaz, & Forrester, 2023), as is the impact of the new CSE guidance on practitioner perspectives of how they work with young people (Webb, Forrester, Usubillaga, & Diaz, 2024). Previous publications of the study also discuss the effect of the Covid-19 pandemic on child protection practice. Further data collection was undertaken during the second phase of the study to develop a final programme theory and logic model that synthesises the key contexts and mechanisms identified in the realist framework. The findings of this second phase are discussed in the remainder of this paper.

2.2. Data collection

Data for the second phase of the study was collected between November 2021 and July 2022. We carried out a total of 17 online semi-structured interviews and three small-group interviews (2 participants in each interview) with managers and practitioners in child protection teams across multiple agencies (Children's Services, Youth Justice Services, Health, Education, Homelessness, and the Police). Interviews were conducted in pairs by research assistants and associates in the team. Author 1 was involved in most of them to ensure consistency in format and questions. Invitations to participate in interviews were sent to all participants in phase 1 of the study, as well as team and service managers in the three local authorities involved. The three local authorities were selected based on existing contacts with the research team, who acted as gatekeepers and facilitated access to research participants. Allocation of participants to interviews and small group interviews was based on their availability. Small group interviews were helpful in providing useful insights from participants, whilst also being a way of efficiently using the resources of the research team.

Table 1 below details the number of interviewees by agency. We also

Table 1

Semi-structured interview participants by agency. .

Agency/Team	Number of interviewees
Exploitation Teams and Children's Services*	7
Youth Justice	2
Police	1
Education	1
Health Board	3
Homelessness	1
Other**	2
Total	**17**

Notes:

*Children Service teams are structured differently by local authorities, with some of them having a dedicated child exploitation team.

**Other includes social policy researchers and policy managers.

Source: authors

carried out 2 workshops (100 social work related practitioners registered for the workshops from across Wales) to discuss some of our initial findings and theories, and conducted non-participant observation of 10 multi-agency exploitation strategy meetings in one LA. The observations were conducted by the lead author to gain a better understanding of contextual factors identified in our IPT (please see section 3.1 below), as multi-agency exploitation strategy meetings are key scenarios where aspects of the new CSE guidance are put into play.

Our Wales-wide practitioner survey received a total of 73 valid responses, 31 from social workers, 4 from senior practitioners, 1 from a service manager, 11 from team managers, 11 from support workers, and 15 whose role was not specified. The online survey was distributed via email to all service managers across Wales and responses were collected on Microsoft Forms. It primarily asked questions relating to practitioner awareness and perceptions of the new guidance, as well as their organisational culture and context.

2.3. Data analysis

There are various approaches to analysis in realist research but they all attempt to code and categorise data using the concepts of context, mechanism resources/reasoning and outcomes in some way (Power et al., 2019). 'Context, Mechanism (Resource and Response) and Outcome' configurations (CMMOs) provide an analytical tool in realist evaluation (Dalkin et al., 2020). CMMOs convey that intervention resources/components (Mechanism resources) are brought to bear upon a person (or team) experiencing an intervention, in a way that influences a change in reasoning or reactions ('Mechanism responses'), which in turn alters their behaviour leading to measurable or observable 'Outcomes' (Dalkin et al., 2015). Mechanisms are understood as the ways in which a programme's resources (e.g. aspects of the implementation plan) interact with the thoughts, feelings and unconscious reactions of the people using the intervention (Pawson & Tilley, 1997; The RAMESES II Project, 2017). The effect of such mechanisms is potentiated or constrained by personal, structural, and organisational factors, known as 'contexts' (Pawson, 2006; Pawson et al., 2005).

Table 2 below shows our methods of data analysis. The qualitative data collected (including interview transcripts) was coded by 2 of the authors and analysed using our IPT as a coding framework in NVivo. We used codebook thematic analysis, where the coding framework itemised linked context, mechanism, and outcomes derived from our IPT. We

Table 2

Methods of data collection, analysis and synthesis of findings. .

Methods of data collection	Methods of data analysis	Synthesis of findings
Interviews	Thematic analysis	CMMO configurations and logic model
Survey	Descriptive statistics	

Source: authors

used an approach to analysis based on Gilmore et al. (2019) methodology, coding evidence of causal pathways deductively (according to the existing IPT statements) and inductively (where new or contrasting insights emerged).

The survey results were analysed exploring the perceived influence of CSE policies, guidance, and tools in practice. This analysis complemented the qualitative aspect of the study and was integrated into the evaluation of the IPT. We synthesised insights from these two forms of analysis, refining our understanding of how implementation resources interact with existing context to produce changes to practitioner behaviour. The refined CMMO statements were synthesised into a revised elaborated programme theory (EPT); illustrated in a logic model.

2.4 Research ethics

Ethical approval for the study was given by the ethics committee at Cardiff University's School of Social Sciences (ref. SREC/3871). Ethical issues discussed concerned how difficult the subject matter (CSE) can be for people, as well as ensuring all research data was anonymised and handled with sensitivity. Participants were given an information sheet about the project and were given time to consider their participation and sign a consent form.

Another ethical consideration related to the statutory nature of the new CSE guidance, especially when finding practitioners not being aware of it and the changes it brought to their practice. In our study, we considered all research participants to be working within the context of the ongoing implementation of the new guidance, as policy implementation is a complex process that occurs through a range of structures over time. Therefore, a lack of practitioner awareness of the new policy at the time of the study does not necessarily mean that practitioners were not following statutory procedure as this was still being implemented.

3. Results

3.1. Initial programme theory

During the first phase of our study, and as documented in (Usubillaga, Diaz, & Forrester, 2023), we drafted an IPT composed of 12 "if… then" statements to be tested. Table 3 categorises these and what follows is a short summary for reference to understand what was tested in our fieldwork. These statements were used as the basis to draft interview questions, to unpack and evaluate the causal mechanisms underpinning the IPT. In some of the interviews, statements were also presented explicitly to research participants for comment (e.g., during group interviews).

The refinement of this IPT in the second phase of the study led to the development of a logic model synthesising the key *Context − Mechanism (resource) − Mechanism(response) − Outcome* (CMMO) configurations at play during the implementation of the new CSE guidance in the three LAs involved. The following sections describe and discuss aspects of this logic model separately. The full model can be found in the paper's appendix. Changes in our final programme theory relate to its structure and the prevalence of certain causal relationships in the collected data. We structured the CMMO configurations by mechanism (resource) levels, which correspond to the three levels of implementation factors previously explained (macro, meso and micro).

3.2. Revised programme theory and CMMO configurations

3.2.1. Macro-level configurations

Fig. 2 illustrates the macro-level CMMO configurations of the revised programme theory. Our first key finding relates to practitioner awareness and understanding of policy implementation based on the new guidance. Although the Welsh Government created the National Action Plan on Child Sexual Exploitation to help disseminate the new CSE

Table 3
Initial Programme Theory. .

Category	'If… then statement'
Policy nature and development	1. 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. 2. 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. 3. 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. 4. 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. 5. If national and local policies are not aligned, it is likely that the policy will be perceived by managers to be more actionable and will be integrated into the service first because it will be seen as the one bringing a more tangible change in local practice.
Implementation plans	6. 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. 7. 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. 8. 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.
Organisational context	9. 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. 10. 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. 11. 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. 12. 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.

Source: authors

guidance, our findings indicate that most practitioners are still not aware of it. In fact, 62 % of survey respondents indicated that they were not aware of any guidance published within the last two years, and 60 % noted that they were not aware of the Statutory Guidance published in 2021. Furthermore, survey responses showed the new CSE guidance as only fourth most influential, with ten percent of practitioners responding it was of no influence, and only 26 percent responding it was of great influence on their practice. This lack of awareness was more evident when talking to practitioners from multi-agency partners:

"But no, but to go back to the question, probably, you know, the policy that was back in 2011 to a new one that was released yesterday, you know, I certainly don't know the ins and outs of it, and I wouldn't have thought that my team does either if I'm being brutally honest with you." – Police 1, LA2.

"I don't. I've never been sent them. Nobody has ever discussed them. Nobody has included me in meetings where they are discussed or planned." – Health 1, LA2

Dissemination of the guidance is a task led by the six Regional Safeguarding Boards, which are expected to circulate the guidance among LAs and frontline teams. This was explained by the senior policy manager in their interview:

"So, the Safeguarding Boards have an action in the National Action Plan to promote it among safeguarding partners which in essence really means letting people know that it's out there. Then we had a conference in November as part of National Safeguarding Week which was on child sexual abuse and child sexual exploitation and harmful sexual behaviour… but those presentations are all still available as well, so we've asked people to cascade them on the safeguarding boards…" – Senior Policy Manager

However, we found that dissemination was reliant on managers' personal motivation and interest in working with CSE cases, as this determines how they facilitate spaces to discuss the guidance. Notably, in LA1, one of the team managers played a key role in ensuring everyone knew about the changes and what they meant for their practice.

"I know that when this new CSE policy was implemented though, there was a task and finish group in our local authority and our team manager was part of that in terms of devising how… what that would look like… like what that would mean for [the Local Authority] and then that was disseminated to us then for supervisions and team meetings and stuff like that." – Senior Practitioner in small group interview 2, LA1

Motivated and interested managers create and facilitate spaces to discuss the guidance with their teams, which increases their awareness of what needs to change in practice. The creation of these spaces increases fidelity, as practitioners gain an understanding of what exactly needs to change in their practice to ensure that the guidance is implemented as originally intended. However, a key barrier to fidelity was the fact that practitioners don't have sufficient time to read the new guidance and keep up to date in policy changes due to increased workloads. If guidance is disseminated primarily through emails, practitioners will not necessarily understand what needs to change in their practice. Some participants explained how they feel there is a lack of support in their LA surrounding this:

"…I couldn't tell you the last policy that came out and therefore I can't remember the last time that there was a space, either formally or informally, made to speak about any policy that came out." – Social Worker in small group interview 1, LA3

Survey results also corroborate this. Participants were generally positive scoring their organisations higher when asked whether they felt they worked in a supportive organisational culture. However, more participants who were aware of the guidance reported that they worked in a very supportive organisation (83 %), and that they had access to multiple places to discuss CSE both formally and informally (69 %). This is shown in Table 4.

Support in terms of access to spaces to discuss the new guidance also extends to multi-agency settings. As shown in Table 4, more participants who were aware of the guidance reported that multi-agency meetings were collaborative spaces where they could discuss policies and guidance (55 %), when compared with respondents who were not aware of the guidance. If these spaces don't exist, agencies are less likely to develop a common understanding of the new guidance and therefore it will not be well integrated within multi-agency settings. In LA2, this view was shared among practitioners from multiple agencies, with those in Health Services being particularly concerned with not knowing about
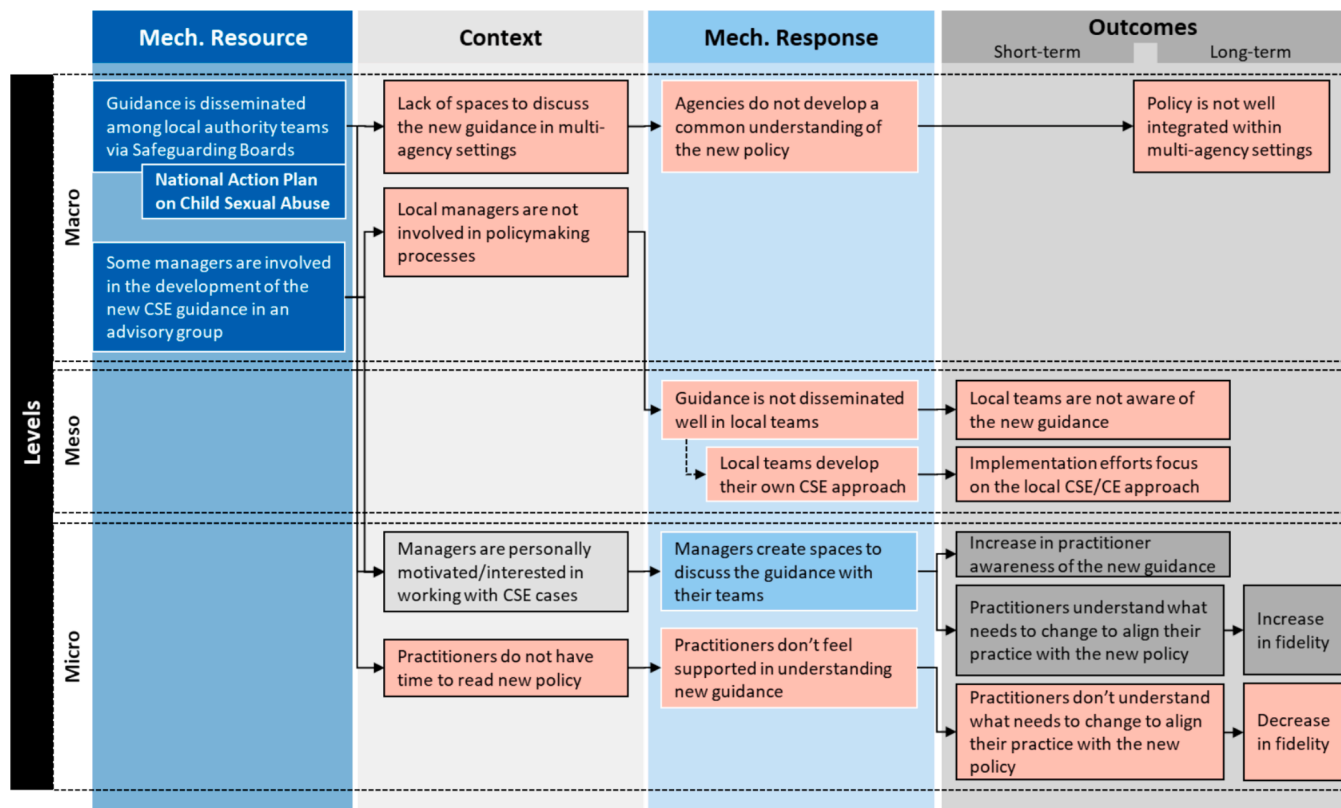
Fig. 2. Macro-level CMMO configurations. Text boxes use different colours to enhance the readability of the figures. .
Source: authors

Table 4
Percentages of participants reporting how supportive and collaborative their organisational culture is.

Supportive organisational culture	Not very supportive (0–4)	Supportive (5–7)	Very supportive (8–10)
Aware of guidance	3.45 %	13.79 %	82.76 %
Not aware of guidance	6.82 %	22.73 %	70.45 %
All	5.48 %	19.18 %	75.34 %
Places to informally and formally discuss CSE	**Few places available (0–4)**	**Places available (5–7)**	**Multiple places available (8–10)**
Aware of guidance	10.34 %	20.69 %	68.97 %
Not aware of guidance	22.73 %	38.64 %	38.64 %
All	17.81 %	31.51 %	50.68 %
Multi-agency meetings collaborative for CSE	**Not very collaborative (0–4)**	**Collaborative (5–7)**	**Very collaborative (8–10)**
Aware of guidance	13.79 %	31.03 %	55.17 %
Not aware of guidance	13.64 %	40.91 %	45.45 %
All	13.70 %	36.99 %	49.82 %

changes in policy in advance:

"… the communication… because I sit within the health board, and I have the health board side, and then I sit within local authority sometimes, I don't hear any of this stuff. It's never communicated to me. I'm never invited to the forums where it is discussed, and that does need to change." – Health 1, LA2

A second key finding when looking at macro-level mechanisms is the importance of participation (or lack thereof) of local managers in

policymaking processes. The Senior Policy Manager explained how LA teams were engaged in two ways during the development of the new CSE guidance. Firstly, the guidance itself was drafted with the help of representatives from the All-Wales Heads of Children's Services network, as well as the NHS Safeguarding Leads Network, representation from police forces and third sector organisations. As explained by a social policy researcher involved in the development of the new guidance, this group finished their work once the final draft of the policy was issued: *"So from then… from there on it's then Welsh Government who are leading on the development of that work and the implementation"* (interview with Social Policy researcher). On a second phase of the process, a formal consultation was launched which did not seem to get a big response. One of the reasons for this was that "*people felt represented on the advisory group, they hadn't felt the need to do a formal consultation response because they'd been able to feed in through that process*" (interview with Social Policy Manager).

However, practitioners and managers in local teams had a different view. The Service Manager in LA2 expressed their frustration in what they felt was top-down policy development and how the process for the new CSE guidance seemed to have gone under the radar:

"I think the guidance certainly came out without a great deal of… certainly I don't know who, but it didn't come my way in terms of consultation with practitioners, social workers, senior managers, safeguarding boards, etc. I didn't have sight of it until very, very late and probably it was published. – Manager 1, LA2.

If policymaking processes do not provide opportunities for the meaningful participation of managers, then they are less likely to be aware of new policies which will affect how well they disseminate them among their teams. In authorities like LA2, the lack of awareness led to a local CSE policy which was quite different to the national guidance. This local policy was prioritised which negatively impacted on the implementation of the national guidance. This was because the local approach

was considered more tailored to local needs and local teams feel a sense of ownership with it.

3.2.2. Meso-level configurations

Fig. 3 illustrates the *meso*-level CMMO configurations of our revised programme theory.

One of the resources available for local teams during the implementation process is the existence of spaces where concerns about adherence to the guidance can be discussed with Safeguarding Board managers. As a senior policy officer explains, although there is flexibility in how the policy is adopted by local teams, any local tools and approaches developed need to comply with the new CSE guidance:

"So, it's a little bit like having a shopping list and I'm saying, "You must do the things on this shopping list. Where you're going to shop and what time you go to shop is your own business and depending on local needs," but I need to know that shopping list has been completed." – Senior Policy Manager

The expectation that local teams comply with guidance is paired with a reliance on cascading down information from Safeguarding Boards, as explained earlier. However, this is heavily mediated by how supportive the organisational culture in the LA is:

"We have monthly supervision sessions where things like policy changes or tweaks in paperwork and things as part of our supervision is discussed. However, what we also do have, which again I think is the benefit of us being a small local authority, is all of us as professionals know senior managers and there are opportunities through we have a three-monthly get together which is referred to as policy and performance, where its normally chaired by our lead of children's services... and these kind of things are then put forward and discussed: benefits, weaknesses, Q&A sessions. This is something that we are very fortunate to have." – Support worker, small group interview 1, LA1

The ability to access to informal and formal spaces of reflection and dialogue around new policies or guidance is something that practitioners in other LAs feel they lack but is valuable for policy implementation. When discussing our IPT with practitioners in a small group interview in LA3, they agreed that having conversations in the team would be an ideal approach to introducing change. They explained:

"Participant 1: Yeah, I agree with that [if... then statement]. I think the alternative is if you just get like emailed a copy of a policy and told to read it and implement it yourself, it's not going to be anywhere near as effective as if it's done that way.

Participant 2: Unfortunately, that's what tends to happen. You know every management course I've been on, every model of change I've seen and everything that I've ever learnt in 25 years always points out that this method of doing with people, including people and discussing it before implementing it is a really good model, and there are many different models, but this is good practice, it never ever happens, doing with, rather than to." – excerpt from small group interview 1, LA3.

Where practitioners lack opportunities for reflective discussions, they do not feel supported and therefore lack awareness about what needs to change in their practice to align with the new guidance. On the other hand, when the organisational culture is supportive and practitioners have a good relationship with managers, as reported in LA1, there is more clarity on what is expected under the new guidance and an overall increase in practitioner confidence in the guidance. This is key to implementing this new guidance as it promotes more values of practice rather than procedures (e.g., the use of a specific risk assessment tool such as the SERAF). An understanding of what needs to change in practice with the new guidance is translated into an increased fidelity in the long term.

3.2.3. Micro-level configurations

Fig. 4 illustrates the micro-level CMMO configurations of our revised programme theory. The main finding relates to the nature of the policy or guidance. As explained above, a key change introduced in the new CSE guidance is the focus on practice values (e.g., child-centred, trauma-informed, and strengths-based practice), rather than procedures (e.g., the use of risk assessment tools). We found that in contexts where practitioners already believe their practice is child-centred, the guidance is perceived as 'catching up' with practice.

"I think for me obviously with our team and I think even though we're a very small local authority, I think like you said, this approach is becoming
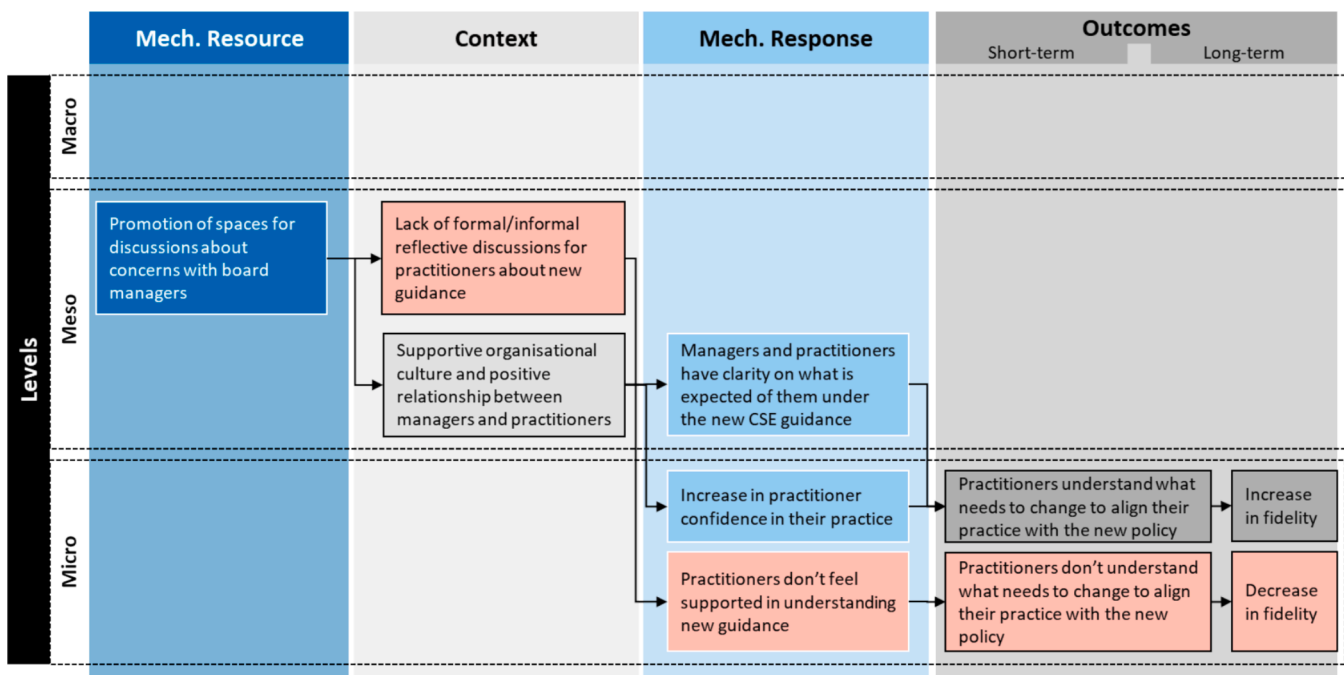

Fig. 3. Meso-level CMMO configurations. Text boxes use different colours to enhance the readability of the figures. .
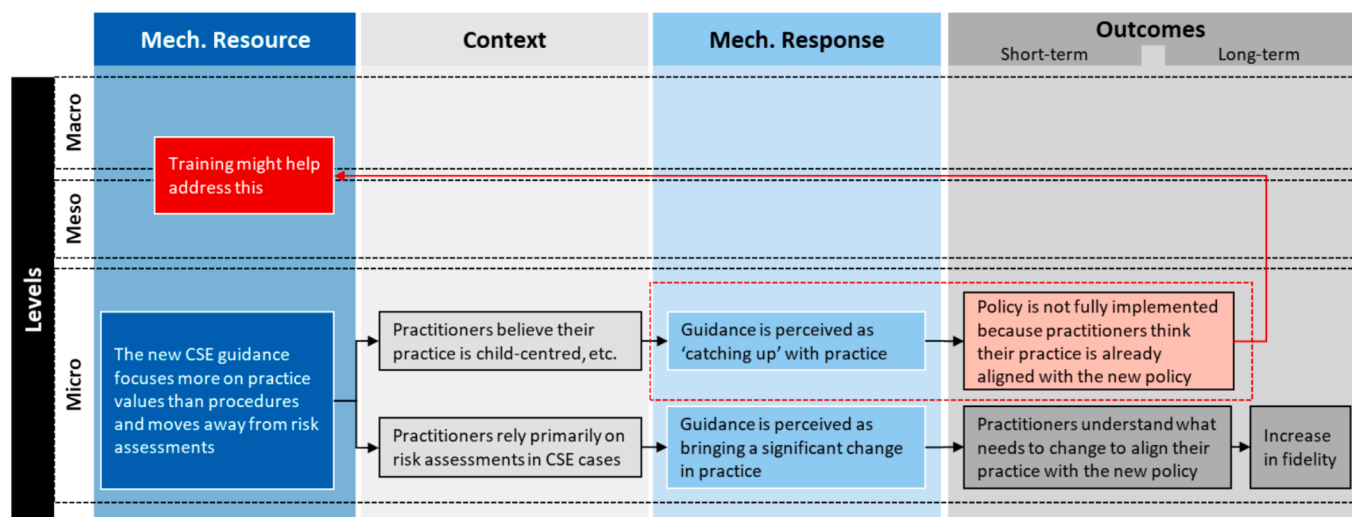Source: authors

Fig. 4. Micro-level CMMO configurations. Text boxes use different colours to enhance the readability of the figures. .
Source: authors

very ingrained as in we've had training, we've been working in this way now for the last couple of years." – Support Worker, small group interview 1, LA1.

The fact that some practitioners think that their practice is already aligned with the new policy means that the guidance might not be fully implemented in the LA, as they would be under the impression that nothing (or very little) needs changing. Most participants considered their practice to be child-centred regardless of whether they were aware or not of the new CSE guidance. This was particularly salient in the survey results. As shown in Table 5 and 6, participants were asked both in relation to before and after the guidance was published on a scale of one (not reflected) and five (an excellent example), whether their practice reflected the ways of working with young people at risk of CSE promoted by the new guidance. Few participants responded one or two on the scale, suggesting that most believe that these positive ways of working were already reflected in their practice before the guidance was published. However, regarding their practice following publication there were differences according to participants' awareness of the new CSE guidance. For those aware of the guidance the increase in percentages of participants reporting that their practice demonstrated excellent examples were higher, with increases ranging from seven to 17 percent.

This was also evident in the interviews, and some practitioners identified it as a barrier when the guidance or policy to be implemented

relies more on values than procedures:

"Like, I like to think I practice in a child-centred way. I don't think I — I genuinely always do if I'm being honest. Like, it's really hard to always do that." – Social worker 3, LA2

However, we found that training can be a positive tool to overcome this barrier.

"What is great is that when people are having those discussions and conversations in that training, it's really good for people to really understand what child centred practices and around children's rights and what children's rights is in terms of balancing risk management versus… just as having risk management or risk management alongside an approach that is about children's rights and child-centred practice." – Social Policy Researcher

Another tool that practitioners have available is the 'Check your Thinking' resources developed by the Welsh Government alongside the new guidance. Although these were not mentioned or referred to by practitioners in their interviews, they are highlighted by the Senior Policy Manager as key tools to develop a more reflective practice around the values promoted by the new guidance.

"If you talk to people, they'll say, 'Yeah, I am child centred, I believe in children's rights.' But the reason I like the approach in the Check Your Thinking resources is they're about reflective practice. They're not about

Table 5

Percentages of participants reporting positive ways of working with children at risk of CSE before and after the 2021 Statutory Guidance, for respondents not aware of the 2021 Statutory Guidance. Negative numbers are colour-coded in red, zeros are in yellow and positive numbers are in green.

Not aware of 2021 Statutory Guidance (n = 44)	Practice before 2021 Statutory Guidance					Practice after 2021 Statutory Guidance					Difference				
	not reflected				excellent example	not reflected				excellent example	not reflected				excellent example
	1	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
Child-centred	2	0	14	39	45	0	0	14	39	48	−2	0	0	0	2
Children rights approach	2	0	18	48	32	0	0	14	48	39	−2	0	−5	0	7
Trauma-informed	2	0	32	34	32	0	0	16	39	45	−2	0	−16	5	14
Strengths-based	2	0	20	43	34	0	0	9	48	43	−2	0	−11	5	9
Involving YP in decisions	2	0	27	39	32	0	0	16	43	41	−2	0	−11	5	9
Building a trusting relationship with YP at risk of CSE	5	0	11	36	48	0	2	11	34	52	−5	2.3	0	−2	5
Collaborative with other agencies	2	2	11	41	43	0	2	9	34	55	−2	0	−2	−7	11

Table 6

Percentages of participants reporting positive ways of working with children at risk of CSE before and after the 2021 Statutory Guidance, for respondents aware of the 2021 Statutory Guidance. Negative numbers are colour-coded in red, zeros are in yellow and positive numbers are in green.

Aware of 2021 Statutory Guidance (n = 29)	Practice before 2021 Statutory Guidance					Practice after 2021 Statutory Guidance					Difference				
	not reflected				excellent example	not reflected				excellent example	not reflected				excellent example
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Child-centred	0	0	21	38	41	0	0	0	52	48	0	0	−21	14	7
Children rights approach	0	0	17	48	34	0	0	3	52	45	0	0	−14	3	10
Trauma-informed	0	10	17	38	34	0	0	10	38	52	0	−10	−7	0	17
Strengths-based	0	3	17	34	45	0	3	0	38	59	0	0	−17	3	14
Involving YP in decisions	3	3	17	28	48	0	0	7	34	59	−3	−3	−10	7	10
Building a trusting relationship with YP at risk of CSE	0	0	14	28	59	0	0	3	31	66	0	0	−10	3	7
Collaborative with other agencies	0	0	3	31	66	0	0	0	24	76	0	0	−3	−7	10

saying, 'You're doing this wrong.' They're about having those conversations and reflecting on your own practice to think, 'Maybe actually that's not very child-centred,' and 'What do I need to do differently in relation to that?'" – Senior Policy Manager

Questions arise as to how these resources and training can be used strategically in LAs to facilitate the understanding of the new guidance in ways that complement other implementation efforts. In one of the practitioner workshops we held in July 2022, a social worker explained how training at times is not useful because there can be a big a gap between the date, they attend the training and the time at which they actually have to use the tools/guidance.

On the other hand, in cases where practitioners rely primarily on risk assessments when working with CSE cases, the guidance can be perceived as bringing a significant change in practice. This facilitates practitioners' understanding of what needs to change to align their practice with the new policy (e.g., not use the SERAF tool), which in turn increases fidelity in the long term. In fact, all the participants in the study agreed to some extent that risk assessments are not (and should not be) enough to determine whether a child or a young person is at risk of CSE.

4. Discussion

Research on the implementation of child protection policies is essential to ensuring that polices and guidance are properly implemented. Proctor (2012) suggests that implementation success should be considered at the wider external macro level in addition to the organisational *meso*-level factors. Atkins and Frederico (2017) further highlight the importance of clear implementation plans and communication within the organizational context. Our findings similarly point to the importance of clear implementation plans which engage key stakeholders and are appropriately resourced. The following section discusses recommendations for implementation plans in more depth.

4.1. Engaging key stakeholders in the implementation process

Engaging key stakeholders in the implementation process is the key to ensuring policy guidance are understood and effectively implemented at all levels in the organisational structure. Implementation plans in children's social care should include senior leaders, team managers, ground level practitioners and individuals receiving services.

Our findings particularly indicate the importance of incorporating team managers as active stakeholders in the implementation process by creating spaces for their meaningful participation in policymaking at a national level and in policy dissemination at the organisational level.

Failing to provide opportunities for the meaningful participation of managers in policymaking processes at a national level led to increased risk of misalignment between local and national guidance, and in some cases, the development of local CSE approaches which were very different to the new national CSE guidance. This led to confusion for team managers and practitioners as to the compatibility of national and local guidance and resulted in teams often prioritising the local as they felt it was more tailored to their needs.

This aligns with research which suggests that such alignment is crucial for successful policy implementation (Exworthy et al., 2000; Schofield, 2001). Moreover, Proctor (2012) highlights how the development of policies without adequate involvement from local team managers contributes to ongoing gaps in research and practice in social care settings. This suggests that meaningful participation (Arnstein, 1969; Hart, 1992) of multi-agency partners, service managers and practitioners in the development of guidance would increase stakeholder buy-in, ensure greater compatibility in national and local level approaches, and have a positive impact on how a new policy is implemented.

Our study also found that the dissemination of new guidance is heavily reliant on team managers' personal interests and motivations in working with CSE cases. This may help to explain the significant variation in forms of dissemination and communication between LAs. In the social care context, time is often perceived as a scarce resource (Hallett, 2017), compounded by heavy caseloads experienced by social work practitioners (Diaz & Aylward, 2019). As a result of these constraints, practitioners are unlikely to have the opportunity to read long and complex policy documents in their own time. Therefore, the length of policy guidance and high caseloads appeared to be significant barriers to effective implementation. Practitioners are likely to need a significant level of support since they are often responsible for implementing changes despite resourcing challenges. While involving managers in policy development early on would generate a sense of ownership at the macro-level leading to increased awareness of policy change, summary documents would additionally support mechanisms leading to effective implementation. These findings therefore highlight the importance of giving the needs of each key group individual consideration in implementation plans given their different needs and role in the implementation process.

4.2. Resources and Infrastructures for policy implementation

At a meso- or organisational level, it can be particularly difficult to predict how new guidance will interact within a particular organisational context. However, it is this interaction that determines how effective the implementation process can be (Glisson, 2007; Shove et al.,

2012). Research suggests that the organisational culture is key to determine the perceived acceptability and appropriateness of the intervention and its sustainability in each setting during the implementation process (Proctor et al., 2011). The availability of supervision and access to spaces to discuss cases are key organisational factors in successful implementation (Shapiro et al., 2012). Our findings align with this as they demonstrate how practitioners greatly value the opportunity to discuss complicated policy guidance both as a group and individually with managers. Therefore, the use of team meetings and spaces for reflective discussions might facilitate its integration into practice, providing practitioners with clarity around changing expectations. This interactive element appeared to be critical in making sense of and ultimately implementing policy in a local setting.

A multi-agency approach also has the potential to impact how new policies are adopted and guidance implemented in the local context. Our findings suggest that collaborative environments within a multi-agency setting acted as a facilitator in the implementation of CSE guidance. However, this appears to be difficult to integrate into frontline practice since the relationship between agencies varied significantly between LAs. A link can be drawn between lack of spaces to discuss new CSE policies and guidance and the lack of a collaborative multi-agency environment. It is important, therefore, to consider how the context of a particular LA, and in particular the norms, values, and expectations, can impact on the implementation of new guidance. It is therefore evident that for effective implementation, LAs need to create opportunities such as these for reflection and learning.

Training can be an important tool to addressing barriers to effective implementation. Czymoniewicz-Klippel et al. (2017) highlight that the delivery of training activities can both enable or act as a barrier to achieving implementation outcomes. However, other studies suggest that training by itself is not enough to have a sufficient impact in social care practice or produce service-user outcomes (Lang et al., 2016; Shapiro et al., 2012). Baginsky et al. (2020) argue that a single initial training session is unlikely to bring immediate wide scale sustained change and emphasise the importance of ongoing training and supervision to support the implementation of practice frameworks. While supervision is considered advantageous in improving practice (Bostock, 2015) if used singularly, it will not solve the policy and practice disconnect. In addition, it is clear that training and knowledge sharing resources need to be tailored to the individual needs of the key stakeholders outlined in section 4.1 above.

4.3. Key challenges for implementation

A key challenge for implementation is the need to convince practitioners to adapt and change sub-optimal practice without demoralising them. This study highlighted a significant alignment between guidance values and perceived practice. Thus, where a proposed policy or set of guidance is similar to what practitioners perceive they are already doing in practice, then it is unlikely to lead to a significant shift in practice.

For example, efforts to move away from current protocols like the SERAF which includes SERAF being replaced by a 'signs and symptoms' guide in order to identify, establish and link concerns about CSE and, the assessment for guiding the response to CSE concerns was changed to a care and support needs assessment. These changes which incorporate a response to CSE are informed by a broad principle that practice should be child-centered and based on the care and support needs of individual children. The emphasis on child-centred practice was felt by practitioners to be exactly what was needed and the current direction of practice. However, if practitioners already think they are practicing in a child-focused manner, then policy or guidance stating that they should do so is unlikely to have an impact. Wider research indicates that this disconnect is an international issue within child protection systems (Bessant & Broadley, 2014).

On the other hand, although the direction of the policy was felt by research participants as something that was needed (and was indeed informed by high-quality research on child protection practice), this did not necessarily translate into a policy development process that fully engaged some of the key stakeholders. As shown in our findings, a lack of engagement, particularly of team and service managers, translated into a lack of awareness of the new CSE guidance and in some cases, led to the development of local tools that didn't necessarily align with the new national CSE guidance.

It is evident therefore that implementation plans need to address the reasons why change might be needed and consider how to articulate this to managers and practitioners in a constructive way. For example, within the context of CSE the development of the risk paradigm provides an explanation for understandable professional anxiety about the issue. Therefore, plans for policy implementation in this context might consider how to support practitioners to work in a child centred manner and take appropriate risks in order to protect children in the most optimal way.

4.4. Limitations and implications for research, policy, and practice

A key limitation of this study is the nature of the design. While it offers a brief snapshot into practice and policy implementation, as well as a unique opportunity to evaluate implementation as it unfolds, it cannot analyse how they may progress over time. Furthermore, because of the delay in publishing the guidance caused by Covid-19, many of the interviews occurred a few months after the release of the guidance which may in part explain the limited awareness and understanding of the guidance found in the study. As time progresses, there is a possibility that practitioners may have naturally become more aware of the CSE guidance through practice and dissemination of information. A larger longitudinal study would therefore provide the opportunity for a more thorough analysis into practice and implementation of the new CSE guidance.

Finally, although our study presents an important exploration of policy and guidance implementation in Wales, its scope and wider applicability are limited. It is a small study which considers policy implementation through the lens of one policy (CSE guidance) in one country. It is unclear how findings could relate to the experience in other countries in the UK and beyond. Given the importance of effective policy implementation and its impact on the delivery of government priorities, more research is needed to develop a comprehensive understanding of the nature and scope of effective policy implementation across the UK and within different policy areas. As this study and the wider implementation science literature demonstrate, we need to put as much time, resources, and attention into thinking about implementation as we do about drafting policy in the sector.

5. Conclusions

One way of conceptualising our findings is that engaged dialogue is a key element of successful implementation. Dialogue allows both parties to be engaged with one another, to ask questions, develop deeper understanding and be challenged as appropriate. When workers felt able to question the guidance, think about how it applied to their practice and engage with it over time they were much more likely to implement changes to practice. Dialogue also requires two parties, in this instance those developing new guidance and those who should use it. Our findings relate to both sides of the dialogue – we identified things needed to improve implementation but also features of different local authorities that supported or hampered it. While some LAs had cultures of learning, others primarily disseminated information down, without an active dialogue.

Successful implementation is not, therefore, just about what those wanting something implemented do (or do not do). It is also about creating services that can engage with new guidance or policies. It is when both attend to and support dialogue that we hypothesis real change is likely to happen.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The authors are unable or have chosen not to specify which data has been used.

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