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**Implementing the Contextual Safeguarding approach: A study in One Local Authority**

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Keywords:	Contextual Safeguarding, Safeguarding, Adolescence, Exploitation, Environmental Risk, Implementation

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## **Implementing the Contextual Safeguarding approach: A study in One Local Authority**

### **Abstract**

#### **Design/methodology/approach**

This qualitative study drew upon semi-structured interviews and focus groups to explore the perspectives of 18 frontline workers, team managers, and senior managers in a London authority. The transcribed accounts were analysed using thematic analysis.

#### **Purpose**

This study explored how local authority child and family practitioners understood and implemented the contextual safeguarding approach focusing, in particular, on what practitioners felt supported and hindered implementation.

#### **Findings**

Participants reported that the strain on services due to sustained budget cuts was overwhelming, even without the additional challenge of implementing this new approach. Further challenges in relation to implementation included parental-capacity focused legislation and conflicting perspectives between stakeholders.

The study recommends that proper funding must be committed to safeguarding partnerships if contextual safeguarding is to be successfully implemented.

Additionally, child protection practitioners should aim to develop a collaborative and child-welfare focused network of community agencies and organisations if young people are to be safeguarded in their communities.

#### **Research Limitations**

As the sample required specialist knowledge to participate in this study, we cannot claim that the findings are generalisable to all social workers.

#### **Originality/Value**

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This is the first external evaluation of the implementation of the contextual safeguarding approach in a local authority independent of the Contextual Safeguarding team at the University of Bedfordshire since the evaluation of Hackney.

Summary of implications of the research for policy and practice.

- Safeguarding partnerships should develop new relationships with community agents that can influence the contexts where young people are vulnerable.
- New and traditional partners must be supported to recognise young people as not complicit in their own abuse and experience of exploitation.
- Regular supervision and training is required to support practitioners to make and sustain the considerable conceptual shift to working in line with CS principles
- Senior management will need to find a balance between supporting practitioners to incorporate new tools into their practice to support contextual thinking while not adding to the already overwhelming level of bureaucracy.

Key words:

Contextual Safeguarding, Safeguarding, Adolescence, Youth, Exploitation, Environmental Risk

## Introduction

In recent years, there has been greater public awareness in the UK of the harm that some young people can encounter in the community. Issues such as knife crime, gang-related violence, and child sexual and criminal exploitation have featured in several recent documentaries, newspaper and online articles and podcasts. Since 2013, the number of violent crimes and offences committed using sharp instruments has increased continually, with most cases occurring among young people and in London (Haylock et al 2020).

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3 In the United Kingdom there have been long standing concerns that child protection  
4 agencies are not effective at keeping children safe from risks they face outside of  
5 their family homes (Firmin 2017). Under section 47 of the Children Act 1989, local  
6 authorities have a duty to investigate where there are reasonable grounds to suspect  
7 that a child that lives, or is found in the area, may be suffering or is likely to suffer  
8 significant harm. Dr Carlene Firmin and colleagues at the University of Bedfordshire  
9 developed a critique of local authorities' traditional child protection responses to  
10 harm which occurs outside of the family home (for a detailed account of their work,  
11 please see: Firmin et al., 2016). Firmin (2017) suggests that safeguarding  
12 partnerships are designed only to address problematic parenting, and consistently  
13 fail to address the factors and contexts outside of the family which can promote and  
14 perpetuate harm. The Contextual Safeguarding (CS) approach was therefore  
15 designed to support safeguarding partnerships to improve their ability to safeguard  
16 young people from the harm they encounter in the community. This paper explores  
17 how a local authority implemented a Contextual Safeguarding approach to social  
18 work practice with young people at risk of extra-familial harm.  
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### 35 **Implementing the Contextual Safeguarding Approach**

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37 The CS framework was developed to advance child protection and safeguarding  
38 responses to the significant harm that some young people experience in extra-  
39 familial contexts (Firmin, 2017). It comprises four key domains: target, legislative  
40 framework, partnerships and measuring outcomes.  
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- 45 1. *Target*: safeguarding partnerships should seek to identify, assess, and  
46 intervene within the social conditions of abuse.
- 47 2. *Legislative framework*: safeguarding partnerships should incorporate extra-  
48 familial contexts into child protection frameworks.
- 49 3. *Partnerships*: the CS approach recognises that parents and carers have  
50 limited scope to influence the extra-familial contexts in which young people  
51 are vulnerable, and therefore recommends that safeguarding partnerships  
52 need to develop effective partnerships with agents in the local community that  
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do have influence over the contexts where young people are vulnerable, such as park wardens, transport providers and shop owners.

4. *Measuring outcomes*: the impact of CS should be measured by assessing the change to the context in which harm was taking place.

(Firmin, 2017)

As an approach, CS aims to offer a route whereby local authorities can achieve some consistency between practitioners. Local Authorities seeking to effectively embed a practice framework into an organisation's culture and practice should ensure that the framework has "buy in" from all necessary partners, that it is seen as a long-term change, that the framework is built on clear theoretical knowledge, and that it invests sufficient resources to enable repeated training and supervision for staff (Cabassa 2016; Baginsky et al. 2020). To help with this, the CS programme at the University of Bedfordshire has developed guidance and tools to support practitioners to better identify, assess and intervene in contexts outside of the family. This includes the neighbourhood assessment framework, developed by Firmin, Nyarko and Lloyd (2018) to support practitioners when examining how the interplay between a peer group and a certain environment may promote harmful social norms. Additionally, Sloane et al. (2019) provide guidance to support multi-agency professionals and stakeholders to work together to assess and map-out peer groups, the relationship between them and the context in which the harm takes place, and to consider interventions which could effectively disrupt this harm.

To investigate how the CS approach was implemented in the Local Authority, it is important to consider some of the theory relating to implementation science. The field studies the factors, processes, and strategies which influence the uptake and use of interventions in practice settings; how interventions interact with particular settings (Proctor, 2012). Authors in the field consider implementation research to be as important as research on evidence-based practice, since it goes beyond (and builds on) efforts to diffuse and disseminate innovations to improve the uptake and sustainability of an intervention (Proctor et al., 2011).

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6 Research by Lefevre et al. (2020) is particularly relevant for this study. They studied  
7 the implementation of the Contextual Safeguarding approach in Hackney and found  
8 that, although contextual safeguarding theory is a workable framework for systems to  
9 address extra-familial harm, there are challenges in its implementation. These  
10 include significant cultural shifts needed to implement the system (which has  
11 implications for training and professional development), the need for substantial  
12 lead-in time to achieve new system configurations, as well as other system  
13 challenges such as high staff turnover which are often common in Local Authorities  
14 (Lefevre, 2020).  
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25 In wider literature on Implementation Science, several authors explain how the  
26 implementation of new interventions and practice models in practice is highly  
27 complex; there are facilitators and barriers to this process and different organisations  
28 are likely to react to policy guidance in different ways (Proctor, 2012). It is very  
29 difficult to predict how a new practice model will interact with a particular setting, but  
30 it is that interaction which will ultimately impact on whether a the model is effective or  
31 not (Shove, 2012). Research highlights that differences between how organisations  
32 implemented new practice models was dependent on a variety of factors including  
33 organisational culture and absorptive capacity (Berta et al 2015).  
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44 Implementation is studied and evaluated in different ways, and there is an  
45 abundance of models, theories and frameworks in the literature (Nilsen, 2015). One  
46 of such frameworks looks at implementation outcomes, defined by Proctor et al. as  
47 "[...] the effects of deliberate and purposive actions to implement new treatments,  
48 practices, and services." (Proctor et al., 2011, p. 65). This includes the perceived  
49 acceptability and appropriateness of the intervention among stakeholders, as well as  
50 the levels of penetration and sustainability in a given setting. Implementation  
51 outcomes have been studied by authors such as Czymoniewicz-Klippel, Chesnut,  
52 DiNallo, and Perkins (2017) in their evaluation of the implementation of a parenting  
53 programme in the United States. Implementation outcomes and in particular  
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3 acceptability, appropriateness, fidelity, and feasibility, were instrumental in their  
4 study to explain how the programme was implemented effectively in a community  
5 setting and which factors contributed to that.  
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12 Other authors in the field have highlighted factors that act as barriers or enablers in  
13 the implementation process. For example, Shapiro et al. (2012) suggest that  
14 organisational factors such as the access to opportunities to discuss cases and  
15 receive consultation/supervision are key variables that influence implementation.  
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17 Baginsky, Ixer and Manthorpe's (2020) study of the adoption of practice frameworks  
18 in social work practice with children and families in English local authorities also  
19 highlights organisational climate and culture as key barriers or enablers of  
20 implementation efforts. This included the existence of strong and cohesive leadership  
21 and confidence in the intervention (Baginsky et al., 2020).  
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32 Following this, the aim of the paper is to explore how child and family practitioners in  
33 one Local Authority in London understood and implemented the CS approach  
34 focusing on what they felt supported and hindered implementation. This is the first  
35 external evaluation of the implementation of the CS approach in a local authority  
36 independent of the Contextual Safeguarding team at the University of Bedfordshire  
37 since the evaluation of the pilot in Hackney by Lefevre et al. (2020). In order to  
38 explore professional perceptions of the CS approach and its implementation, we  
39 carried out interviews and focus groups with social workers, team managers and  
40 senior managers in both the specialist CS team and a locality child protection team.  
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## 51 **Methodology**

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53 The purpose of the study was to explore the subjective experiences and views on  
54 the implementation of CS and understand potential challenges that were being  
55 experienced in the process. The research questions guiding the study were the  
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1. What level of understanding do social workers and managers have of the Contextual Safeguarding approach?
  2. What barriers have been encountered by professionals in implementing the Contextual Safeguarding approach?

### Research site

This research was conducted on a London local authority (LA) within an ethnically diverse region with a wide spectrum of deprivation and wealth. There are just over 300,000 people living in the Local Authority area and just under 80,000 are children (Ofsted LA report). The unemployment rate when this research was undertaken (2019) was 6.5% which was slightly higher than the average in London at the time (LA report). The Local Authority has a strong third sector presence with provisions to support community needs. The LA had also faced significant cuts to funding due to a decade of austerity. When the research was conducted, the London authority was 18 months into piloting a specialist CS team as a part of their adolescence service. However, they had not received additional funding to carry out this pilot and had not yet fully embedded the tools and guidance developed by the Contextual Safeguarding programme at the University of Bedfordshire into their practice. Practitioners were considering Tier 1 of CS implementation (Contextual Safeguarding Network, 2019), as they were assessing extra-family contexts or peer group/relationships but were yet to start intervening in the contexts of harm.

The child protection service in the Local Authority had four teams of social workers who worked with vulnerable families. The CS team was based within the adolescent service and consisted of a team manager, deputy team manager, two senior social workers, a social worker, two family support workers, two youth workers and a practice support officer. They also had access to support from a clinical psychologist.

## Data collection and sampling

To address the research questions, a qualitative research design using semi-structured interviews and focus groups was chosen. Data was collected from 18 participants, in 5 focus groups (2 with frontline teams and 3 with managers) and 3 key semi-structured interviews, which amounted to almost 8 hours of interview discussion (please see the breakdown of sample in table 1). Semi-structured interviews are considered the most effective research method for in-depth exploration of social realities within small-scale studies (Drever, 1995). This method was chosen to allow the creation of clearer themes within the data, permitting more effective and efficient analysis (Babbie, 2004). **Questions asked included**

- 1) How do you feel about the Contextual Safeguarding approach?
- 2) What impact do you think the implementation of the CS approach has been on your work with young people and families?
- 3) How has the CS approach benefitted your work with families
- 4) What factors have helped and hindered the implementation of the CS approach in this LA?

Focus groups have been adapted for social research to understand how a group experiences and understands a social phenomenon (Blaikie and Priest, 2019; Matthews and Ross, 2010). They allowed for group interaction and provided greater insight into why certain views were held by participants; the idea being that participants reflected on their ideas and assumptions when they were met with contrary views (Blaikie and Priest 2019; Barbour and Kitzinger 1999). Focus groups enabled group discussion that both highlighted shared understanding, and conflicts in opinions regarding how different participants understood and implemented a CS approach to practice.

One issue we needed to be mindful of was that when participating in an interview or focus group, a participant performs to an audience, whether that be the researcher or other participants, and therefore can alter their responses to achieve status

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3 (Matthews and Ross 2010). Accounts cannot be considered as an entirely accurate  
4 record of events yet, equally, to simply deem participants' accounts as false is not  
5 only disrespectful to those that have shared their accounts but fails to consider the  
6 importance of their personal experience (Holland et al. 2014). We therefore did not  
7 consider their accounts to represent the 'truth', but instead interpreted them as both  
8 participants' perceived truth, and the way in which they wished to construct their  
9 identity through their narratives (Holland et al. 2014).

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19 Purposive sampling was used to include a broad range of professionals from  
20 different teams and different levels of seniority to gain a representative and accurate  
21 understanding of the perspective of local authority staff on implementing the CS  
22 approach. Participants were selected primarily for their experience of safeguarding  
23 adolescents from extra-familial harm. The sample represented a cross-section of  
24 practitioners and, therefore, included frontline workers that worked directly with  
25 families, such as support workers and social workers, team managers responsible  
26 for implementing a contextual approach, and senior managers working at a strategic  
27 level, such as operational managers, heads of safeguarding, partnership leads and  
28 co-ordinators.

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40 While there are ethical issues with purposive sampling, as only certain participants  
41 have an opportunity to contribute (Bryman 2016), in order to adequately explore  
42 understanding related to CS, it was important to conduct interviews and focus groups  
43 with practitioners and managers that had experience of safeguarding adolescents  
44 from extra-familial harm, and could understand and explain the work they are  
45 carrying out with young people at risk of extra-familial harm using the CS approach  
46 (Dodd and Epstein 2012). Ensuring that the sample understand the topics being  
47 researched is key to creating accurate and credible qualitative research (Flick 2018).

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57 **Table 1: Breakdown of sample**  
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<b>Sample</b>	
<b>Job Role within the Local Authority</b>	<b>Total Interviewed</b>
Senior Managers	5
Team Managers	2
Front Line Workers- CS Team	3
Front Line Workers- Traditional CP Team	8
<b>Total</b>	<b>18</b>

### **Ethics approval**

Prior to completing this research, Ethics Approval was obtained from our University and the Local Authority Safeguarding Children's Board, which addressed issues of confidentiality, informed consent, data protection and protection from harm. To maintain both honesty and integrity, the study's aims, and research questions were clearly explained to participants using information sheets. Prior to conducting each interview and focus group, participants were given the opportunity to ask questions and it was explained to them that they were free to withdraw from the study at any point or decline to answer specific questions. All participants gave written consent to take part and were made aware of our responsibility to report any disclosures of illegal or unethical practice to management, which may jeopardise their confidentiality within the agency.

### **Data analysis**

Interviews were audio recorded, transcribed and analysed. In-depth analysis was conducted in a thematic manner. Braun and Clarke's (2006) six stages were employed: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. This process allowed us to work through the data with an inductive approach, extracting common themes from participant responses whilst allowing the subjectivity of the participants' experience to be valued (Becker et al., 2012). Participant responses varied considerably, as some placed more emphasis on certain topics

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3 and interpreted questions differently. Furthermore, to follow 'the flow of interview  
4 responses', on-the-spot modifications had to be made to the interview and focus  
5 group structures (Becker et al., 2012, p. 292). This caused analysis to be challenging  
6 and heightened the risk of coding being influenced by our own subjective  
7 interpretation (Becker et al., 2012). To minimise this, we summarised our  
8 understanding of subject responses throughout the interviews and focus groups to  
9 ensure they could challenge any misinterpretations and thus reduce any personal  
10 biases (Cohen and Crabtree, 2006).  
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## 21 Findings and Discussion

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23 In the following section, we shall discuss the emerging issues affecting the  
24 implementation of a CS approach in the London local authority. We identified four  
25 main themes were during the analysis of the data. Although there are overlaps  
26 between them, discussing them separately in this paper allows to identify key areas  
27 where implementation efforts could be strengthened. The identified themes were:  
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- 36 **1. Conflicting views on the importance of parenting capacity**
- 37 **2. Challenges in implementation and positives of the Contextual**
- 38 **Safeguarding approach**
- 39 **3. Impact of austerity**
- 40 **4. Impact of training and the emotional impact of the work**
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### 50 **1) Conflicting views on the importance of parenting capacity**

51 Participants demonstrated good understanding of the *Target, Legislative frameworks*  
52 and *Partnerships* domains of CS, and they appeared to have a good grasp of the  
53 theoretical underpinnings of CS. However, a key challenge to implementation was  
54 that management and frontline workers had conflicting views as to whether parental  
55 capacity should be the key focus when seeking to address extra-familial harm.  
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6 Managers and senior managers provided accounts which highlighted an adapted  
7 way of working with parents that recognised how parental capacity could be  
8 undermined by the significant pull factors young people encounter. Below, a  
9 manager outlines how they aimed to engage parents in managing extra-familial risk:  
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16 *We send letters out to the parents... saying that we appreciate that this is not*  
17 *your fault. We appreciate that the pull outside is stronger, but we want to work*  
18 *with you because you are best placed to help us detect these things. (M1)*  
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25 However, overall, frontline workers from the CS team felt quite differently. They were  
26 resolute that parental capacity was the fundamental issue when considering extra-  
27 familial harm:  
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34 *Although I do understand it, that the risk is heavier outside of the home, but*  
35 *then is that kind of deflecting away from actually the root cause of the issue,*  
36 *which is really parenting, it really is. (FW1)*  
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43 Some participants built on this idea further, reporting that they felt that the focus on  
44 extra-familial factors that the CS approach promotes risked absolving parents of their  
45 responsibilities entirely with regards to safeguarding. FW1 stated:  
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52 *The parents are saying, this isn't us, this is down to our children's behaviour.*  
53 *So, it's that dismissive element. Actually, the issue started from within your*  
54 *home, because of certain things that actually took place, you need to work*  
55 *alongside us, where sometimes I think this contextual element kind of takes*  
56 *away from the parents taking ownership. (FW1)*  
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6 The view that the CS approach absolved parents of responsibility was heavily  
7 disputed among senior management, who typically felt that frontline workers  
8 maintained this focus upon parental capacity as it was simpler than shifting towards  
9 a contextualised approach to safeguarding. Senior managers reported that shifting  
10 the culture in staff from the focus on parental capacity had been a significant barrier  
11 to effective implementation. This is evidenced by the following account from a senior  
12 manager:  
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22 *The challenge is the shift of culture, across all services, and that is I think one*  
23 *of the biggest challenges... They'd rather just stick in their boxes and just do*  
24 *A, B, C and D, nice and easy. Contextual safeguarding isn't, it's highly*  
25 *complex. We're asking you to do it differently. (SM3)*  
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32 While senior managers reported that frontline workers were resistant to shifting their  
33 perspective regarding the significance of parental capacity, there was some  
34 acknowledgement from senior management that parental capacity is often key within  
35 cases and that push factors, such as neglect in the home, can lead to a young  
36 person engaging with unsafe individuals outside of the home:  
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45 *But in every single case, where I've been involved, there are also parenting*  
46 *issues. It's never like, a clear delineation... there's been something resembling*  
47 *a trauma in the home and what we would describe as push factors, which*  
48 *means that being at home is not particularly comfortable. (SM5)*  
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55 Cases were frequently very complex, often with both significant concerns within the  
56 family home and external to the family. This complexity was reflected within the  
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number of cases which needed to be escalated, which a senior manager found surprising:

*We anticipated... a lot wouldn't go to conference because, actually, they'll be factors outside the family home. But I think the reality is, it's a far more complex issue... because there are push and pull factors which are linked to the home environment, but may not necessarily be the primary issue, it will be outside the family home. (SM3)*

As raised by Firmin (2017), the relationships and behaviours a young person has in one social field, such as the family home, can impact significantly on another social field, such as when a young person is at school. However, the social fields external to the family can also disrupt and undermine relationships within the family. The push and pull factors discussed by participants is consistent with a body of literature exploring child sexual and child criminal exploitation and is recognised in related policy and guidance (Pearce 2009; Hallett 2016; Hallett et al. 2019; London Child Protection Procedures 2017a; 2017b). There were differing views on whether frontline staff were remaining tied to parental capacity as this is still necessary to safeguard young people from extra-familial harm or simply because front line staff were unwilling to shift their perspective as it required greater thought and effort. However, Firmin (2017) states that Contextual Safeguarding is an approach designed to complement rather than to replace family-based intervention, through addressing the extra-familial contexts which undermine the parent-child relationship. As participants were often encountering concerns both internal and external to the family, findings suggest that frontline staff need to be able to consider the principles of CS in assessing and intervening within extra-familial risk, while simultaneously being able to assess and intervene where there are concerns regarding parental capacity.



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3 This raises implementation issues in relation to the acceptability and appropriateness  
4 (two of the implementation outcomes described in the taxonomy by Proctor et al.,  
5 2011) of the CS approach as perceived by practitioners in the local authority. For  
6 Proctor et al. (2011), the perception among key stakeholders (i.e. frontline staff in  
7 this case) of the 'fit' of an innovation to address a particular concern can have a  
8 significant impact in how the intervention is used for the desired service outcomes.  
9 As seen in the quotes above, frontline staff in the local authority resisted some of the  
10 changes brought by the CS approach because they saw it as deflecting from  
11 concerning parental capacity issues. This suggests that implementation activities  
12 might have not been successful in fully convincing practitioners of the benefits of the  
13 CS approach. As explained by Czymoniewicz-Klippel et al., (2017) in their study,  
14 motivation and the delivery of training activities can act as enablers or barriers to  
15 achieve implementation outcomes.  
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## 30 **2. Challenges in Implementation and Positives of the Contextual** 31 **Safeguarding Approach**

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33 Implementing a CS approach requires educating relevant partners in the community  
34 of their potentially crucial roles in safeguarding young people. Researchers have  
35 recommended that children's services must develop good working relationships with  
36 the community agents that have influence over the spaces young people spend their  
37 time (Authors own forthcoming). A positive consequence of this is that several  
38 participants in the focus group we spoke to indicated that closer communication  
39 between different agencies was bringing professionals together.  
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50 *Now, the shift is, we're seeing this as a community issue. We're really utilizing*  
51 *the kind of, you know, The Children Act, it's everyone's responsibility. So, we*  
52 *tap into the local mosques, local churches, local hotspots, places like [Fast-*  
53 *food chain]. (Local Authority team manager)*

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3 The local authority had carried out safeguarding training with partners in the  
4 community and were confident that this would have a positive impact for young  
5 people. As noted by one senior manager, “We’ve done bespoke trainings to a  
6 housing association ... the firefighters, (railway) station, we're engaging with different  
7 kinds of partners. And the general response that we get is: why haven't we done this  
8 sooner?” (Senior manager 1).  
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17 Collaborating with these new partners does mark a significant shift from traditional  
18 safeguarding practices. Managers and senior managers across the LA provided  
19 insights into how they reached out to develop relationships with these community  
20 agents. This is highlighted by the account of one senior manager:  
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28 *We had a series of incidents last summer, where police were called for large*  
29 *gatherings of young people outside (Fast-food chain) that were ending, in kind*  
30 *of, violent assaults and things like that. And so, then we were engaging with*  
31 *business owners to say, ‘how can we do this differently? You don't want us on*  
32 *your doorstep?’ So, you're engaging with business owners in a way that*  
33 *perhaps social services hasn't done in the past.* (Senior Manager 2)  
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42 As a result, senior managers reported that they were starting to build positive  
43 working relationships with new partners in the local community – for example, with  
44 local train stations and fast-food shops. They felt it was important to educate local  
45 partners of the risk of exploitation that young people faced, as these community  
46 partners typically had not considered the prevalence of these risks or their scope to  
47 influence this.  
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56 Partnership working is recognised as one of the four key domains of the Contextual  
57 Safeguarding framework, and therefore it is important to consider the process of  
58 seeking community buy in (Firmin 2017; Peace 2018). Ultimately, CS brings social  
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3 workers closer to the communities they work with in a collaborative manner,  
4 something that can only help in communities where social workers are sometimes  
5 regarded as unnecessarily interfering or disruptive. A key challenge remaining is  
6 equipping them with the training and resources to do it.  
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14 However, as mentioned previously, the approach did not have the buy-in of all the  
15 frontline professionals. There were conflicting views between the different key  
16 agencies responsible for safeguarding children, as evidenced by this quote from a  
17 senior manager:  
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24 *So, you may find someone who could be missing, and then they are found in*  
25 *xxxxx and they are 14 or 15, they suddenly got fancy trainers, fancy clothes*  
26 *and hundreds of pounds on them. Yeah. So, we think we're being exploited.*  
27 *This looks classic county lines, exploitation, police will close it because there*  
28 *hasn't been a crime committed. So, it's... trying to help people understand by*  
29 *saying that they are involved in the safeguarding of young people. (SM1)*  
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39 Accounts highlighted that the police, key partners in safeguarding interventions,  
40 often held challenging perspectives on the exploitation of young people, such as  
41 viewing young people as complicit in their own abuse. The differing degree to which  
42 professionals are buying into the CS approach and different perspectives on  
43 exploitation between key professionals is likely to undermine the CS implementation  
44 strategy (Cabassa; 2016).  
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53 Furthermore, some frontline workers felt there was a lack of long-term thinking by  
54 government and senior managers within their authority. This is exemplified by the  
55 following account:  
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*I think every local authority jumps on a bandwagon, because we don't know if contextual is going to be around next year because, actually, we had early intervention early help a couple of years ago and actually, that term only stayed for a certain period of time. So, I'm bit sceptical about it to be honest. I think, as a local government, and as a wider government, they really need to think about concepts and actually give it enough time to embed into a local authority, because they invest so much money, and so much energy by professionals and by people, but actually, they don't allow resources and things to really embed. (FW1)*

The above highlights issues with penetration as an implementation outcome; the integration of a new approach within a service setting (Proctor et al. 2011). Achieving a shift in culture and embedding an approach or framework into practice can take many years; however, timescales for judging success can often be much more short term, over one or two years (Majeed et al. 2010). This way of measuring success can lead to an approach being discarded and perceived as ineffective before the new way of working has been able to fully embed or positive results have been able to emerge from practice. Implementing a CS approach into a local authority's practice is a significant challenge, yet despite this challenge, a senior manager explained that the authority had received no additional resources to support this implementation:

*We're doing all of this with no additional resource. It was very clearly laid out at the beginning, like, if we were to do this, yes, it's important for us, but there are no additional resources. (SM1)*

Reflecting on the recommendations of Cabassa (2016) and Baginsky et al. (2020), the conflicting perspectives of professionals, short-term thinking and a lack of resources is likely to undermine the implementation of CS. This also relates to fidelity, another one of Proctor et al.'s implementation outcomes (Proctor et al.,

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2011). Interview data suggest that the CS approach was not fully implemented as originally intended when it was developed. Firstly, there is a lack of consistency in focusing CS across practices/sectors, as key agencies, front line professionals and managers have different perspectives on the approach. Secondly, there is a perception that there is not enough time for the approach to become fully embedded in a LA and so the results are not seen or felt as quickly as would have been expected. This is consistent with Lefevre et al.'s evaluation of the implementation of the CS pilot in Hackney, since they found that social care innovations need substantial lead-in time to achieve enhanced services (Lefevre et al., 2020). This also impacts on buy-in and medium- and long-term momentum. Finally, even in instances where there is an enthusiasm to implement the CS approach, interviewees suggest that there is a lack of resources available to ensure that it is fully embedded into practice.

### 3. Impact of austerity

The CS approach requires statutory agencies and community agents to develop strong working partnerships to disrupt the contexts in which young people are vulnerable to extra-familial harm. However, participants across differing levels of seniority highlighted that this approach is likely to be difficult to implement due to the significant cuts that community agencies and statutory services have suffered.

Budget cuts to agencies such as the police, education, youth services and other community agencies are likely to impact the degree to which young people can be effectively safeguarded in the community. Below are the accounts of a frontline worker and a senior manager:

*Less resources for the police. Absolutely. They might say something different, but the reality on the ground is absolutely there is. (SM1)*

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6 *Time and time again, because resources and community groups that have*  
7 *had their funding slashed, the support groups, you ring them up and they go,*  
8 *sorry, we haven't got funding anymore. (FW7)*  
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15 While there has been a slight increase over the last two years, the number of police  
16 officers in the UK decreased by 19,569 (14%) between 2009 and 2019 (Home Office  
17 2019). It is also important to note that the numbers of police community support  
18 officers, which make up most of the neighbourhood policing workforce, have fallen  
19 each year since 2010 (Home Office 2019; Unison 2015). The cuts to youth services  
20 highlighted here are consistent with the findings of Unison (2016) as discussed in the  
21 literature review. Furthermore, they act as barriers to the implementation of the CS  
22 approach as changes in practice are not supported with the appropriate resources to  
23 sustain them. This is in line with implementation science literature that suggests that  
24 contextual factors such as resource limitations are not peripheral, but central issues  
25 in the implementation process (Lefevre et al., 2020; Proctor, 2012).  
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37 The accounts obtained as part of this study also highlighted the significant impact to  
38 young people of cuts to youth service spending, closures of youth centres and a  
39 reduction in youth workers. Below a manager from the Local authority outlines the  
40 need for young people to have their own safe spaces:  
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48 *People don't have places to go... for those young people who come from*  
49 *slightly deprived homes, that was a safety net to do safe activities and mix*  
50 *outside of the family home... it was a protective factor. (M2)*  
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57 The notion that young people are more vulnerable when they do not have safe  
58 spaces to spend time in is backed up by research (Bradford and Cullen 2013;  
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3 Hughes et al. 2014; Hayes 2018), and the manager's account is consistent with prior  
4 research that highlighted how cuts to community, youth and education services have  
5 led to an increased number of children that are vulnerable to exploitation (Horton  
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7 2016; Davies 2013; The Guardian 2019).  
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14 Hallett (2016) gathered the views and feelings of young people that were looked  
15 after by the local authority and who had been sexually exploited. In discussing what  
16 they felt made them vulnerable to CSE, young people consistently outlined how  
17 being 'in care' had led to them feeling powerless, feeling that they had not been  
18 given stability and feeling that they had not been given the care and attention that all  
19 children deserve. It is well established that professionals working with young people  
20 at risk of exploitation must develop a close and empathetic relationship with young  
21 people if they hope to support them to reflect upon potentially risky situations and  
22 relationships (Lefevre et al. 2017; Smeaton 2013; Gilligan 2015; Pearce 2014, Diaz  
23 et al 2019). McMullin (2018) provides a model for relationship-based practice with  
24 young people, particularly care experienced young people. McMullin (2018)  
25 recommends that practitioners should invest time with young people to nurture their  
26 relationship, should listen closely to what young people have to say and should  
27 incorporate information and advice into age-appropriate communication (Whincup  
28 2015; Munro 2011). However, the significant cuts to youth services outlined above,  
29 and the loss of funding to community support groups is likely to impact a young  
30 person's ability to develop a meaningful, supportive and consistent relationship with  
31 a positive adult role model (Colton and Roberts 2006; Department of Education  
32 2019).  
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50 Both frontline workers and senior managers highlighted that social workers were  
51 already feeling overwhelmed by current work demands, particularly given they have  
52 received no additional resources. It is noteworthy that at present, frontline workers  
53 support young people and families on a child in need basis, through child protection  
54 plans and when young people were at risk of extra-familial harm. Participants  
55 explained that at times, implementing a CS approach on top of current work  
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practices felt unmanageable. This is illustrated by the following senior manager's account:

*Prioritise, prioritise, prioritise, what can they get away with, essentially not doing so that they can get home and see their families in the evenings... They barely have time to go to the bathroom, it's that bad. I think the system is set up so that... as we ascertain more and more risk, inevitably, the paperwork seems to go up as well. To the extent, I think some social workers are essentially experiencing it as untenable. (SM5)*

The idea of being overwhelmed in social work is certainly not unique to this sample. Unison and Community Care conducted a survey of 2032 social work professionals from around the UK to understand a general day for a social work professional (Unison and Community Care 2017). On the 21<sup>st</sup> of September 2016, the average number of hours worked by the sample was nine and a half, despite only being paid for an average of seven and a half hours. Forty-eight percent of the sample reported that they felt 'over the limit' with their caseload, and 60% stated that austerity had impacted on their ability to make a difference. Eighty percent of the sample reported they had experienced emotional distress during that day and 42% reported that they had been verbally abused. As previously highlighted, while participants felt the CS approach had a great deal of potential, given participants across all levels of the organisation are already feeling overwhelmed, to what degree are they likely to engage with this new way of working which is labour intensive and requires a considerable conceptual shift?

#### **4. Impact of training and emotional impact of the work**

Senior managers were frustrated that frontline staff had not changed their practice and priorities based on the training provided and continued to focus predominantly



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on parental capacity. As highlighted below, senior managers felt a significant barrier to implementation had been that frontline staff were failing to absorb the CS training:

*The reality is I think people would rather stick to what they're used to, as opposed to taking on a new idea. While trainings have been in place, the uptake and the internalization of those trainings has been really difficult.*  
(SM2)

*They might say things like, what's contextual safeguarding? I've never even heard of this. And I'll be there like, well, I was actually with you in the room yesterday where I was giving you a definition and even clarifying your understanding. And they aren't necessarily retaining it...* (SM5)

Baginsky et al. (2020) highlight 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 practice frameworks to truly embed. Furthermore, 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., 2012; Shapiro et al., 2012). Given the scarcity of resources, the ability to offer ongoing training to support implementation in the LA was limited. While there was frustration from senior management that frontline workers had not shifted their perspective regarding parental capacity, one senior manager reflected on how the strain and stresses of current social work practice may be impacting on the ability of frontline staff to absorb the content of the training:

*Social workers have got a lot of work to do... probably feeling very stressed, maybe quite soaked in trauma as well, and when they are seeing our requests for them to think about peer groups, geographical locations, their perceptions of what harm may or may not be, it's as an additionality to what they are*

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3 *already see as a lot of work... You have to feel reasonably safe and regulated*  
4 *to be able to receive new information. (SM5)*  
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10 Experience of secondary trauma due to exposure to client trauma is common in  
11 social work practice (Michalopoulos and Aparicio 2012; Lee et al. 2018). Yet studies  
12 demonstrate that the social worker's level of experience, good peer social support  
13 and regular supervision can reduce the secondary trauma experienced by social  
14 workers (Michalopoulos and Aparicio 2012). Workers that feel psychologically safe,  
15 feel able to engage in less risk averse practice that promote experiential learning,  
16 such as experimenting, asking questions, and reflecting upon errors without fear of  
17 being embarrassed or criticised for making mistakes (Sanner and Bunderson 2015).  
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28 It is important to acknowledge the emotional weight placed on social workers when  
29 making important decisions regarding a child's welfare, and to consider the fear that  
30 social workers have of making the 'wrong' decision. Stanford (2010) argues that due  
31 to a fear of being blamed when things go wrong, the roles of social workers have  
32 been re-orientated towards managing and securing against risk rather than seeking  
33 to address genuine need. Significant media scrutiny of children's services following  
34 child deaths such as that of Peter Connelly, have resulted in a greater sense of  
35 anxiety and shame in professionals, which is unlikely to support the reflective and  
36 thoughtful practice required for effective implementation of a CS approach to practice  
37 (Munro 2011; Littlechild 2008; Warner 2013; Gibson 2016, Diaz 2020). It is also  
38 important to acknowledge that in these tragic situations when a child died and social  
39 workers were publicly blamed, the harm occurred within the family (Community Care  
40 2017; NSPCC Learning 2019). It is possible then that social workers, guided by a  
41 fear of being blamed, are far more geared towards focusing on harm that is caused  
42 by parents or carers rather than on recognising and engaging with extra-familial  
43 harm (Stanford 2010).  
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## 59 **Conclusion**

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3 Our research highlights key issues to consider in the implementation of the CS  
4 approach, based on the experience in one Local Authority in London. Firstly, the  
5 conflicting perspectives between LA frontline workers and senior management  
6 regarding the degree to which parental capacity was fundamental when addressing  
7 extra-familial harm were likely to undermine the implementation of CS. These  
8 differences in practitioner perspectives limited the acceptability and appropriateness  
9 of the CS approach, which suggests the need to revise implementation activities to  
10 motivate frontline staff to change elements of their practice. Secondly, participants  
11 highlighted how implementation was undermined by a lack of resources and time  
12 committed to embed the CS approach in the LA. Thus, a major barrier to effective  
13 implementation that emerged from participants was the immense impact of austerity  
14 and cuts to services such as youth services, the police and education. The  
15 significant strain on services was equally clear within this sample, as social workers  
16 were already feeling overwhelmed without the additional pressures of implementing  
17 this very different approach. Participants discussed how, as a result of these cuts,  
18 with fewer safe spaces and fewer safe people to offer support, young people were  
19 likely to be more vulnerable. Due to the CS approach being labour intensive and  
20 requiring the buy-in and collaboration of key agencies and community partners, there  
21 is a risk that the approach may be perceived as an additional pressure on an already  
22 strained system.  
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41 The Contextual Safeguarding approach can potentially offer an effective way to  
42 address extra-familial harm. Our research has highlighted some real positives about  
43 the approach. However, without reasonable funding for safeguarding partnerships  
44 and community agencies so that staff have the time to do their roles properly, it is  
45 unlikely to reach its potential. Therefore, implementation efforts should include the  
46 provision of the necessary resources to fully embed and sustain the CS approach in  
47 the organisational culture of local authorities. Regular supervision and training will  
48 likely be required as well to support practitioners to make and sustain the  
49 considerable conceptual shift to examining context when intervening with extra-  
50 familial harm. Additionally, senior management will need to find a balance between  
51 supporting practitioners to incorporate new tools into their practice to support  
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3 contextual thinking, while not adding to the already overwhelming level of  
4 bureaucracy.  
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