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Knowledge translation and evidence-informed policy challenges: the implementation of the Brook Traffic Light Tool in Cornwall

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ABSTRACT

A critical discussion of the Brook Traffic Light Tool (TLT) is provided. The TLT supports professionals assessing sexual behaviour in children and young people (CYP). This critical commentary formed part of a wider evaluation of the TLT. The approach taken uses evidence-based, policy transfer and policy success frameworks. Conceptually, questions were raised about empirical research that underpins the TLT. The transfer of the TLT to the UK gave varied results with questions raised in relation to the suitability of the TLT for the UK context. Both successes and failures were evident within the UK. The findings suggest that more work needs to be done on TLT. Rigorous planning needs to be conducted when transferring to differing contexts. A more robust evidence base is required for the UK context and continuous evaluation is required. Yet the TLT exists where no other tool related to CYP and sexual behaviours is available for professionals.

PRACTICE IMPACT STATEMENT

This article raises awareness around evidenced based policy, and how tools are introduced, to assess sexual behaviours in children and young people with very little consideration given to the context into which they are being introduced and how their success will be measured.

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Sexual behaviours in children and young people; assessment ; realist evaluation; knowledge translation; evidence informed practice; Brook Traffic Light Tool

Introduction

This paper provides a commentary and critical discussion exploring the challenges for knowledge translation when implementing the Brook Traffic Light Tool (TLT) across Cornwall. This was a nested study that was embedded within a realistic evaluation of the Brook TLT that was implemented across Cornwall (King-Hill, 2021). The commentary explored whether the TLT in Cornwall was meeting its intention of helping professionals recognise and respond to developmentally inappropriate sexual behaviour through professional training. This critique explored the context of the TLT, its evidence base, transfer from Australia to the UK and its subsequent successes and failures.

Brook is a national charity that provides sex and relationship support to the under 25s. This support includes education, contraception, counselling and STI testing. Brook adapted a sexual behaviours traffic light tool from True Relationships and Reproductive Health in Queensland Australia to support practitioners and professionals in assessing and categorising sexual behaviours in CYP. The TLT aims to provide a unified criteria from which to assess these behaviours across agencies. The

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Brook TLT is geared towards allowing professionals to evaluate whether a behaviour displayed is deemed as healthy or harmful and to take appropriate action if required. The TLT also intends to enable professionals to recognise behaviour as safe and healthy. Brook (2013) stated that the TLT was introduced due to the lack of common language when identifying HSB and through their professional practice there was an apparent lack of consensus on what constituted healthy and unhealthy sexual development and behaviour. They assert that the tool can be applied to all children and behaviour "should be categorised regardless of culture, faith, beliefs, […] experiences or values". The TLT states that it has a positive perspective that aims to recognise and accept healthy sexual behaviours in children and young people. It intends to initiate support, when needed, to help prevent harmful sexual behaviour (HSB)and abuse.

In 2015 the Brook TLT received a large commission by a local authority in the South of England to carry out TLT training across professionals in the locality. This was the first time that TLT training had received such a large commission in the UK and had a mixed reception. The training, on the whole, was welcomed by professionals in the locality (King-Hill, 2021). However, the TLT did come under scrutiny surrounding the legality of some of the behaviours that are listed in the tool (i.e. consenting oral/or penetrative sex in the 13–17-year-old green category) and also the underpinning evidence for the tool in the UK.

The majority of evidence for exploring the assessment, prevalence and characteristics of HSB in the UK amongst CYP appears to come from the criminal justice perspective. As part of their report on child neglect in the UK Radford et al. (2011) found that 65.9% of the sexual abuse that was reported, in a random sample of 6000 participants, was carried out by individuals who were under 18. A freedom of information request by Barnardos (2017) found that the number of alleged reports (in England and Wales) was 9290 in 2016. This has risen from 5215 in 2013. However, Hackett (2014) suggests that the available evidence points towards a reduced recidivism rate if HSB in children and young people (CYP) is tackled appropriately and in a timely manner, which appears to support the intentions of TLT. Studies in both the UK and abroad highlight the complexity of the contexts of HSB in CYP (for example, see Barnardos, 2017; Finkelhor, 1995 and Finkelhor et al., 2009; Hackett, 2014; Hackett, 2016; NICE, 2016; Ryan et al., 1996).

From a UK perspective, Allardyce et al. (2014) provide an example of the multi-faceted nature of HSB in CYP identifying that contextually, terminology continues to be inconsistent and that CYP who display HSB still appear to be criminalised without further support.

There is a difficulty in defining HSB in CYP and studies indicate that it is complex and dependent upon varied contextual elements. An added contextual element appears to be that CYP who display HSB are a heterogeneous group. The context of HSB in CYP is further complicated by the professional and individual perspectives that are within the CYP workforce. The NICE (2016) guidelines provide recommendations in relation to the approach to the assessment of sexual behaviours in CYP. This includes advising the use of an agreed joined-up approach as part of the early assessment process. The guidelines support the use of the TLT and the Hackett Continuum (Hackett, 2014) for early assessment. Additionally, the Department for Education (2019) advocates staff training in the area of sexual behaviours. As Hackett (2016) point out, no national strategy for addressing HSB in CYP currently exists. The first call for a unified approach was over 20 years ago (NCH, 1992), the last one being put forward in 2010 to the Department of Health, but was not adopted.

Evidence-informed approaches and knowledge translation

Evidence is a fluid term when considering the development of programmes such as the TLT, and knowledge transfer is complex, with no linear link between research and the design of policies and programmes. A linear perspective assumes that a problem is identified, research is carried out and the findings are implemented. However, this is not often, if ever, the case (Glasby, 2011). The process is complex and has many influencing factors, resulting in many different types of evidence that have relevance. The evidence may be shaped by a range of social and contextual

factors, rather than one piece of empirical and directly related research. Evidence-based policy making is often viewed through a narrow lens (Powell, 2011). An evidence base has many elements that affect the development of policies and programmes that should be considered (Head, 2008). Despite the dangers of having a narrow view of evidence, there is a risk when too much evidence is present (Øvretveit, 2003). The best approach to policy development depends upon what is to be addressed, the intended outcomes and how it is beneficial in the context into which it is being introduced (Glasby, 2011 and Williams, 2011). In the case of the TLT development, in both Queensland and the UK, social context and perspectives are as relevant as empirical research.

The underpinning research for the TLT was critically explored, tracing back to its development in Queensland, and the evidence on which this programme is based. Considering the TLT from this perspective explored how the outcomes are placed within the context into which it was been introduced. This allows for exploration of why the tool has been so readily adopted. This critical exploration explores the multifaceted social situations that are present when introducing a complex social intervention (Pawson et al., 2005).

Sexual behaviours in CYP are imbued with complexities and ambiguities within society. This approach has allowed for an assessment of how and why a tool works, rather than a linear "does it work?" assessment. Complex interventions, such as the TLT, are embedded within perceptions of how they will work in practice and the intended outcomes that they will have. In terms of measuring success, social interventions have a long process which is useful to explore to provide insight into the outcomes achieved (Pawson & Tilley, 1997).

The Brook TLT uses a traffic light system adapted from True Relationships & Reproductive Health, Queensland, intending to enable professionals to assess and categorise sexual behaviour in CYP. The TLT is intended to give professionals from various agencies a consistent and unified set of criteria (see Table 1) when assessing and categorising sexual behaviours and provides a common language by which to refer to them (see Tables 2, 3, 4 and 5). The tool has since been developed and is use of Traffic Lights is subject to licensing from True Relationships and Reproductive Health.

Aim

In 2015, Brook was commissioned by Cornwall Local Authority to introduce the TLT to CYP professionals in the locality. This paper is concerned with the wider exploration of the TLT that took place relating to its evidence base, UK success and its transfer from Queensland and aims to explore:

Table 1. Categories.

Green	Representative of safe and healthy psychological and physical development and require a response positively to reinforce the behaviours. The TLT emphasises that expression of sexuality via sexual behaviour is a naturally evolving process and that the presentation of green behaviours should be utilised as an opportunity for positive reinforcement and as an avenue for providing additional education and support. (Brook, 2013)
Amber	Behaviours that are outside of the parameters of being healthy and safe and may be indicative of harmful sexual behaviour. Recommended action when behaviours that fall within the amber category emphasise the need for gathering information about the individual, their behaviour and the context in which the behaviour has taken place. The initial recognition of amber behaviour may be the first steps in an intervention process and the TLT refers professionals to their own internal safeguarding practices for which action to take. Brook (2013) emphasise that, whilst it is important for professionals to take action when amber behaviours are displayed, the emphasis appears to be on information gathering and monitoring to assess the next steps, rather than immediate intervention.
Red	Red behaviours are defined as being conclusively outside healthy and safe parameters, with some, but not all being illegal, and are harmful to the individual and potentially those around them. The TLT advises that immediate action and intervention is required when a red is presented. Emphasis appears to be upon gaining guidance from current legislation, policies, guidance, risk to the young person or others and the context in which the behaviour takes place. It advises that internal safeguarding policies are followed and that this behaviour cannot be ignored or solely monitored and that action needs to take place. (Brook, 2013)

Note: Categories and specific behaviours.
The following age related specifications in Tables 2, 3, 4 and 5 are taken directly from the TLT (Brook, 2013).

Table 2. Age category 0–5.

Green	Amber	Red
Holding or playing with own genitals	Preoccupation with adult sexual behaviour	Persistently touching the genitals of other children
Attempting to touch or curiosity about other children's genitals	Pulling other children's pants down/skirts up/trousers down against their will	Persistent attempts to touch the genitals of adults
Attempting to touch or curiosity about breasts, bottoms or genitals of adults	Talking about sex using adult slang	Simulation of sexual activity in play
Games for example mummies and daddies, doctors and nurses	Preoccupation with touching the genitals of other people	Sexual behaviour between young children involving penetration with objects
Enjoying nakedness Interest in body parts and what they do	Following others into toilets or changing rooms to look at them or touch them	Forcing other children to engage in sexual play
Curiosity about the differences between boys and girls	Talking about sexual activities seen on TV/ online	

Table 3. Age category 5–9.

Green	Amber	Red
Feeling and touching own genitals	Questions about sexual activity which persist or are repeated frequently, despite an answer having been given	Frequent masturbation in front of others
Curiosity about other children's genitals	Sexual bullying face to face or through texts or online messaging	Sexual behaviour engaging significantly younger or less able children
Curiosity about sex and relationships, for example differences between boys and girls, how sex happens, where babies come from, same-sex relationships	Engaging in mutual masturbation	Forcing other children to take part in sexual activities
Sense of privacy about bodies	Persistent sexual images and ideas in talk, play and art use of adult slang language to discuss sex	Simulation of oral or penetrative sex
Telling stories or asking questions using swear and slang words for parts of the body		Sourcing pornographic material online

Table 4. Age category 9–13.

Green	Amber	Red
Solitary masturbation	Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing	Exposing genitals or masturbating in public
Use of sexual language including swear and slang words		Distributing naked or sexually provocative images of self or others
Having girl/boyfriends who are of the same, opposite or any gender		Sexually explicit talk with younger children
Interest in popular culture, for example fashion, music, media, online games, chatting online need for privacy	Verbal, physical or cyber/virtual sexual bullying involving sexual aggression	Sexual harassment
Consensual kissing, hugging, holding hands with peers	LGBT (lesbian, gay, bisexual, transgender) targeted bullying	Arranging to meet with an online acquaintance in secret
	Exhibitionism, e.g. flashing or mooning	Genital injury to self or others
	Giving out contact details online	Forcing other children of same age, younger or less able to take part in sexual activities
	Viewing pornographic material	Sexual activity e.g. oral sex or intercourse
	Worrying about being pregnant or having STIs	Presence of sexually transmitted infection (STI)
		Evidence of pregnancy

Table 5. Age category 13–17.

Green	Amber	Red
Solitary masturbation	Accessing exploitative or violent pornography	Exposing genitals or masturbating in public
Sexually explicit conversations with peers	Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing	Preoccupation with sex, which interferes with daily function
Obscenities and jokes within the current cultural norm		Sexual degradation/ humiliation of self or others
Interest in erotica/pornography		Attempting/forcing others to expose genitals
Use of internet/e-media to chat online	Concern about body image	Sexually aggressive/ exploitative behaviour
Having sexual or non-sexual relationships	Taking and sending naked or sexually provocative images of self or others	Sexually explicit talk with younger children
Sexual activity including hugging, kissing, holding hands	Single occurrence of peeping, exposing, mooning or obscene gestures	Sexual harassment
Consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability	Giving out contact details online	Non-consensual sexual activity
Choosing not to be sexually active	Joining adult-only social networking sites and giving false personal information	Use of/acceptance of power and control in sexual relationships
	Arranging a face to face meeting with an online contact alone	Genital injury to self or others
		Sexual contact with others where there is a big difference in age or ability
		Sexual activity with someone in authority and in a position of trust
		Sexual activity with family members
		Involvement in sexual exploitation and/or trafficking
		Sexual contact with animals
		Receipt of gifts or money in exchange for sex

What knowledge translation and evidence-informed policy challenges emerged during the implementation of the TLT in Cornwall?

Methodology

The approaches for this nested critical discussion utilised frameworks outlined by Dolowitz and Marsh (1996, 2000) and McConnell (2010). These frameworks gave a structure by which to assess the transfer and measure success.

The TLT in Cornwall was a programme which formed part of the Cornwall policy response to CSE, HSB and CSA issues.

Measuring transfer success

The Dolowitz and Marsh (1996, 2000) framework critically explored the success of the TLT transfer from Queensland to the UK context and the success of the implementation of the TLT in Cornwall.

The detail of the implementation process is often neglected when considering success (Dolowitz & Marsh, 1996, p. 2000). Exploration of this allowed for a deeper understanding of the reasons behind the adaptations of the policy, by exploring: who was involved (why and at what stage); where the

Table 6. Policy transfer framework questions.

'Why do actors engage in policy transfer? Who are the key actors involved in the policy transfer process? What is transferred? From where are lessons drawn? What are the different degrees of transfer? What restricts or facilitates the policy transfer process? […]How is the process of policy transfer related to policy "success" or policy "failure?"' (Dolowitz & Marsh, 2000, p. 8)

policy is ideologically situated and what has changed in terms of the context into which it is embedded. Dolowitz and Marsh (2000) recommend a framework of questions as a conceptual basis from which to explore the transfer of programmes and policies (see Table 6).

Measuring outcomes success

The criteria set out by McConnell (2010) were used to assess the evidence that the TLT is based upon and to ascertain if success was achieved. McConnell (2010, p. 345) argues that measuring success and failure is difficult and that success and failure may be apparent simultaneously due to complex "multiple dimensions". Marsh and McConnell's (2010) framework for assessment of success and its components are embedded in three differing levels, these being process, programmes and politics (see Tables 7–9).

These frameworks allow for the exploration of social contexts of a programme and attribute value to the programme in terms of successful outcomes. In this paper, the TLT was traced back to its development in Queensland, the evidence on which this is based and its subsequent successes and failures using these frameworks. Considering the TLT from this perspective allows exploration of how it is situated within the context into which it has been introduced.

Ethical considerations

An important ethical factor in this component of the study is the nature of evaluation. Evaluation tends to involve a number of stakeholders who are interested in different elements of the study (Robson, 2001; and Cohen et al., 2008). In this research, the stakeholders include True, Brook, Cornwall Council and the wider audience to which this will be disseminated.

Consideration for the numerous parties that were concerned with the outcomes of the study was given as this was deemed to be a sensitive element of the research as it intended to make judgements about the programme. Given this viewpoint, academic freedom was approved by the stakeholders and the study was agreed by the University of Birmingham ethics committee.

Table 7. Process success (adapted from McConnell, 2010, p. 352).

Process success	Resilient success	Conflicted success	Precarious success	Process failure
Preserving TLT policy goals and instruments. Opposition to process is virtually non-existent and/or support is virtually universal. Conferring legitimacy on the policy. Symbolising innovation and influence	TLT goals and instruments preserved, despite minor refinements. Some challenges to legitimacy but of little or no lasting significance. Not ground breaking in innovation or influence, but still symbolically progressive. Opposition to process is stronger than anticipated, but outweighed by support.	Preferred TLT goals and instruments proving controversial and difficult to preserve. Some revisions needed. Difficult and contested issues surrounding policy legitimacy, with some potential to taint the policy in the long-term. Neither innovative nor outmoded, leading at times to criticisms. Opposition to process and support are equally balanced.	TLT goals and preferred policy instruments hang in the balance. Serious and potentially fatal damage to policy legitimacy. Appearance of being out of touch with viable, alternative solutions. Opposition to process outweighs small levels of support.	Termination of TLT goals and instruments. Irrecoverable damage to TLT legitimacy. Symbolising outmoded, insular or bizarre ideas, seemingly oblivious to how other jurisdictions are dealing with similar issues. Opposition to process is virtually universal and/or support is virtually non-existent.

Table 8. Programme success (adapted from McConnell, 2010, p. 354).

Programme success	Resilient success	Conflicted success	Precarious success	Programme failure
Implementation in line with objectives. Achievement of desired outcomes. Creating benefit for a target group. Opposition to programme aims, values and means of achieving them is virtually non-existent, and/or support is virtually universal.	Implementation objectives broadly achieved, despite minor refinements or deviations. Outcomes broadly achieved, despite some shortfalls. A few shortfalls and possibly some anomalous cases, but intended target group broadly benefits. Opposition to programme aims, values and means of achieving them is stronger than anticipated, but outweighed by support.	Mixed results, with some successes, but accompanied by unexpected and controversial problems. Some successes, but the partial achievement of intended outcomes is counterbalanced by unwanted results, generating substantial controversy. Partial benefits realised, but not as widespread or deep as intended. Opposition to programme aims, values and means of achieving them is equally balanced with support for same.	Minor progress towards implementation as intended, but beset by chronic failures, proving highly controversial and very difficult to defend. Some small outcomes achieved as intended, but overwhelmed by controversial and high profile instances or failure to produce results. Small benefits are accompanied and overshadowed by damage to the very group that was meant to benefit. Also likely to generate high profile stories of unfairness and suffering. Opposition to programme aims, values and means of achieving them, outweighs small levels of support	Implementation fails to be executed in line with objectives. Failure to achieve desired outcomes. Damaging a particular target group. Opposition to programme aims, values and means of achieving them is virtually universal, and/or support is virtually non-existent.

Results

Challenges with the evidence base informing the tool

The Queensland and UK TLT made some effort to underpin the tool with evidence. The origins of the TLT can be traced back to the TLT that was introduced by True Relationships and Reproductive

Table 9. Political success (adapted from McConnell, 2010, p. 356).

Political success	Resilient success	Conflicted success	Precarious success	Political failure
Enhancing recommissioning prospects or reputation of Brook. Sustaining the broad values and direction of Brook. Opposition to benefits of TLT is virtually non-existent and/or support is virtually universal.	Favourable to recommissioning prospects and reputation enhancement, with only minor setbacks. Some refinements needed but broad trajectory unimpeded. Opposition to benefits of TLT is stronger than anticipated, but outweighed by support.	TLT obtains strong support and opposition, working for and against reputation in fairly equal measure. TLT proving controversial and taking up more political time and resources in its defence than was expected. Opposition to TLT benefits is equally balanced with support for same.	Despite small signs of benefit, TLT proves an overall reputational liability. Entire trajectory of TLT is being compromised. Opposition to TLT benefits outweighs small levels of support.	Damaging to the recommissioning prospects or reputation of TLT and Brook, with no redeeming benefit. Irrevocably damaging to the broad values and direction of Brook. Opposition to TLT benefits is virtually universal and/or support is virtually non-existent.

Health (previously Family Planning Queensland) in 2011 and stemmed from a resource produced by Graham and Brennan (2012) which intended to reduce the burden of over-reporting and to provide a tool to assess sexual behaviours in CYP. The research that underpinned the development of the tool was gained through an adapted version of the "Best Available Research Evidence" model (Puddy & Wilkins, 2011). This approach acknowledges that in some fields research is still being developed or difficult to obtain. The evidence that was gathered was based upon sources that are referenced in the Queensland TLT as a specific link to its development (see Table 10).

In addition to this, other experiential and contextual evidence was also gathered from schools, teachers, head teachers, health and the school systems. Experiential evidence refers to knowledge on a specific subject, in this case sexual behaviours in CYP, that is implicit within professional practice

Table 10. Referenced evidence used in the development of the Queensland TLT development.

Type	From	Authors	Information
Sexual abuse	UK	Atkinson and Newton (2010)	A review of the development of online technologies over the last 40 years in the context of the perceived risks to children
Sexual abuse and lists specific behaviours	Australia	Boyd and Bromfield (2006)	Paper focussed upon males and adolescent behaviours and uses Ryan and Lane (1997) and Friedman et al. (2004) as key references when specifying behaviours.
Sexual behaviour problems	USA	Chaffin et al. (2008).	Majority of evidence used in this paper is from the USA.
Age appropriate sexual play	Australia	Child at Risk Assessment Unit. (2000)	Report on age appropriate sexual play and behaviour in children for Canberra Department of Community Health
Sexual behaviour and families	Australia	Evertsz and Miller (2011).	Age related specific sexual behaviours discussed up to age 12 (0–4, 5–7, 8–12) which were developed by Barnett et al. (2007) in an information booklet that "categorises specific behaviours as appropriate" "concerning" to "very concerning" and is colour coded red, amber and green.
Sexual abuse	USA	Finkelhor et al. (2009)	Focus upon prevention.
Sexual behaviour in children	USA	Friedrich et al. (1998)	Specific research on behaviours with 1114 mothers and frequencies of sexual behaviours for 2- 5-, 6–9 and 10- to 12-year-old boys and girls are presented.
Understanding natural and healthy sexual behaviours in CYP.	USA	Johnson (2007)	Information booklet that is aimed at parents and professionals working with CYP. No detail of underpinning evidence for this is accessible.
Children with sexual behaviour problems	USA	Johnson (2007)	Information booklet that is aimed at parents and professionals working with CYP. No detail of underpinning evidence for this is accessible.
Child Abuse	Australia	Lamont (2010)	Effects of child abuse and neglect for children and adolescents.
Sexual Abuse	Sweden	Larsson (2000)	Sexual abuse of children: Child sexuality and sexual behaviour
Sexual abuse	Australia	Pratt and Miller (2010)	Adolescents with sexually abusive behaviours and their families: government best practice guide.
Prevention of abusive behaviours	USA	Ryan (2000)	Although this is focussed upon prevention it also relates to Ryans other work which relates to a flag system to assess specific sexual behaviours and details Under 10 s, 10–13 year olds and CYP who are 13 and over.
Relationships and sex education	USA	Sexuality Information and Education Council of the United States (2002)	Guidelines for Comprehensive Sexuality Education: pre-school, primary and secondary
Sexual health	Australia	Smith et al. (2009).	Specific focus upon the sexual health of adolescents.
Child abuse	Australia	Tucci et al., (2010)	Community attitudes about child abuse and child protection in Australia

due to experience over time (Lomas et al., 2005; Victora et al., 2004). The contextual evidence gathered explored how the Queensland TLT would be accepted and implemented into a specific community and its feasibility relating to the context into which it is being introduced.

The model used did not intend to gain new, empirical, evidence. Rather, it gathered evidence from a number of sources in the field, which included previous studies and professional opinions. Gathering theoretical positions and secondary data, alongside the experiences of parents and professionals, may have given the tool relevance in the context into which it was being introduced in Queensland. However, no specific, measurable outcomes are stated in any detail and evidence gained may have an educational perspective. Gathering experiential and contextual data may have allowed for a more robust tool to be designed and tailored for the particular sub-cultures into which it was embedded. However, the majority of the literature used originated from the USA. This risks an impact upon the type of tool that was developed due to the locational differences between Queensland and the USA. Another element which may draw criticism is that of the experiential data that was gathered from parents and professionals. Gathering informal information in this way risks having a sample that does not represent the wider community.

The evidence base of the Queensland TLT had implications for the transfer of the TLT to the UK. Some areas of this introduction may be deemed beneficial, for instance, the introduction of the TLT encompassed the experiential, contextual and best available research evidence elements when transferring the tool to the UK. Perspectives were gained from a number of sources and relevant literature was examined in relation to this. Yet, there are similar issues as with the design of the Queensland TLT. When considering the transferability of the tool to the UK the evidence that underpinned the development of the Queensland TLT included little UK literature, in terms of sexual abuse and behaviours in CYP. However, literature was sought from an academic report and also from the Finnish Sensoa flag system (2016). No UK-specific review appears to have been undertaken to adapt the TLT for UK social and legal contexts. There were focus and steering groups consisting of a number of professionals involved in the transfer of the UK TLT. These may not have been representative of the sub-cultures that exist within the UK. Moreover, the intended outcomes appear vague. Another point about the evidence base is the lack of specific sexual behaviour agencies which may have given an added dimension to the development of the tool. The dilution of the content of the TLT therefore requires consideration.

Challenges with measuring the success of the tool

No evaluation of success existed prior to this study for the UK TLT. This may have negated the political setbacks that the TLT experienced such as negative comments at the PHSE/RSE Select Committee (2014) and subsequent negative media attention it received in 2014. The issue that was of concern was 13–17-year-olds "consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability" being a green behaviour. The committee highlighted that the TLT was condoning sex at 13 and was therefore not compliant with the law and may be seen as encouraging and condoning illegal activity. This was then subsequently reported by the media, with headlines such as "Sex 'normal at 13' suggestion raises concerns" (BBC News, 2014) and "Teachers told: sex at 13 'is normal part of growing up'" (Paton, 2014 in The Telegraph). However, this was not explored in relation to training which is an integral part of using the TLT. The advice given within the training is to respond to "green" behaviours with conversations and information. Having a robust evidence base for the categories may have also supported the defence of the TLT. Accounting for the societal frameworks in which the tool operated and having specific, measurable outcomes, based in robust evidence, may have enabled a stronger response to the criticisms that it received.

Despite this drawback, Cornwall local authority commissioned the TLT on a large scale the following year. This demonstrates the impact that the actors within each policy have and the differing

levels of success a social programme such as the TLT has. This indicates that the TLT has achieved "conflicted" success when being assessed against the political criteria, as the TLT obtained strong support and opposition, working for and against reputation in fairly equal measure. Whilst the commissioning across Cornwall the following year did indicate support for the TLT, the response it received indicated strong opposition.

McConnell (2010) states that success is dependent upon the context into which the policy is being introduced and how it is portrayed. Even though TLT was portrayed as detrimental to public value in the Select Committee and the subsequent media attention it received, the following year it was depicted as a major contribution to safeguarding children in Cornwall. When evaluating policies such as the TLT the measure of success depends upon, not only the physical impact of the TLT, but also the perceived value it has had. The TLT has also achieved process and programme success to an extent, reaching a "resilient" level (McConnell, 2010, p. 354). This indicates that whilst the TLT is successful in some areas, more work may be required to bolster the positive elements of the TLT to fully achieve programme, process and political success. Process success was found to be "resilient" and was explored through the empirical evidence gathered in relation to the TLT training that took place across Cornwall. This study indicates that the process of the training and the dissemination of the TLT met the criteria for resilient success.

Resilient success explores whether the goals and instruments have been preserved. In the case of the TLT, despite minor refinements and some challenges to legitimacy, they did not appear to have lasting significance. When examining the TLT against the process success criteria this study found that the TLT did not have any groundbreaking innovation or influence. Nevertheless, it was still symbolically progressive and whilst the opposition to the TLT was stronger than anticipated it was outweighed by support.

Whilst the support for the TLT was strong, there were some minor criticisms of the course itself. Challenges to legitimacy can be made when considering the evidence base that underpins the TLT, this however has not happened on a large scale and no major challenges to this have happened to date. The programme success was difficult to ascertain due to the lack of clarity that surrounded the UK TLT. The professional response to the Cornwall TLT training indicated that, in this respect, the programme had "resilient success". There was also evidence indicating that the outcomes were broadly met with only a few refinements required.

Transfer success

Policy transfer is not "an all or nothing process" (Dolowitz & Marsh, 2000, p. 13) and there are varying degrees of transfer. In the case of the TLT transfer to the UK, the policy was "emulated" (p. 13) rather than directly copied due to the process outlined earlier (see also Rose, 1993). This indicates an incomplete transfer, as the key elements were still evident yet changes were made over the consultation process. These changes included changes to the age ranges in the TLT, changing to overlapping age categories (i.e 0–5 then 5–9) rather than chronological ones. Actions to be taken and the behaviour listed also had alterations made to them in some instances.

The transfer from Queensland to the UK raises points about context with regards to the applicability of the TLT to the UK. Policy and programme transfer is complex due to the many contextual layers that require consideration. When assessing the success of a policy transfer, an exploration of the process of how this took place was central. The process of the transfer of the TLT appeared to have key actors that endorsed the TLT and its introduction to the UK. This gave the TLT an ideological advantage when being explored by those involved in its introduction. Funding, from the DfE, gave the TLT an educational, rather than health, basis. Many of the professionals involved in the development of the UK version were based in educational settings, however, the TLT is marketed for all CYP professionals. The funding received from the DfE to develop the TLT in the UK may have also given a political focus to the TLT which contributed to the negative issues in the Select Committee (2014) and press.

The process of the development of the tool consisted of the commissioning of a legislative and academic report. The reports highlighted the lack of UK evidence (in 2011) and also made recommendations for further work to be undertaken. This led to the best available research, contextual and experiential approach to gathering evidence. To address the points raised, a series of seminars and discussions with various professionals who work with CYP were held. These explored their responses and views on the categorisation of sexual behaviours in CYP and gained the standpoint of various professionals in the field. A number of experts in the field were approached and their advice utilised in the development of the UK tool. However, the judgements had minimal links to the wider context into which the policy was to be transferred (such as the demographical and contextual differences of Queensland and the UK). Some key aspects of the differences in the demographical context are evident (see Table 17). Firstly, the population sizes between the three demographics (Queensland 4.7 million, Cornwall 549,4000 and the UK 64.1 million) are vastly different, as are the population of CYP. This may indicate that the needs for the population across these three demographics will vary due to the increasing diversity of the larger populations (i.e the population of BMA and CYP with special educational needs). Indicating that transferability and the need for consideration of this being a key element to the introduction of the TLT on a large scale. Additionally, from a sexual health perspective, the instances of pregnancy per 1000 to under 18s was vastly different in Cornwall. Thus indicating that a differing approach may be required when introducing a sexual behaviours assessment to the locality. Abortions to those under the age of 18 appear consistent in the UK and Cornwall, as does repeat abortions for the under 24s. However, no data on this is available for Queensland as abortion is under the criminal code. This in itself highlights a need for the consideration of the adequacy of the TLT for UK consumption as the consequences of sexual intercourse i.e. pregnancy is situated within a vastly different ideology.

When viewed against the Dolowitz and Marsh (2000) framework (see Table 11) the transfer appeared to be partially "inappropriate" and "uninformed" which may be demonstrated by the comments made in relation to the tool in the UK by the Select Committee (Parliment.TV, 2014). This is also evident through the demographic differences between the UK, Queensland and also Cornwall.

Discussion

Black and Donald (2001) assert that evidence-based policy is a difficult area to negotiate and assess, especially in the area of public service. The implied assumption, that a linear pathway from research to policy is best, may be better if a more interactive approach was taken, which appears to have been the case (whether intentional or not) with the Queensland TLT and the UK TLT development. Black and Donald (2001) go on to assert that the complexity that lends itself to a particular policy also impacts upon what is viewed as adequate evidence, a relevant point when considering CYP and sexual behaviours. Whenever a policy is being developed and introduced the social environment needs to be conducive to its introduction (Black & Donald, 2001). The TLT in Queensland and the UK were introduced due to raised awareness of child sexual abuse, grooming, exploitation and the expansion of social media. These points indicate that evidence-based policy is a contentious issue when assessing the adequacy and appropriateness of the TLT, and that the term "evidence" is difficult to define and assess when considering the successes and failures of a policy (Leicester, 1999 and Sanderson, 2002).

Table 11. Measures of transferability.

Context	Type of transfer
Information about the demographical context of the location from where the policy originates	Informed/Uninformed transfer
Transfer of important elements that make the policy work.	Complete/Incomplete
Attention paid to the social, political and ideological context from the original location	Appropriate/Inappropriate
Choice of adapting the policy	Voluntary/Coercive

(Adapted from Dolowitz & Marsh, 2000).

Table 12. Intended outcomes.

TLT	Intended outcomes
Queensland	To clarify "what is normal" for parents, carers and professionals
	To reduce the burden of over reporting.
UK	To reduce harmful sexual behaviours and support health sexual behaviours in CYP
Cornwall	Raised shared understanding of sexual behaviour in CYP across agencies.
	Raised the understanding of sexual health needs.
	Change behaviour in relation to sexual health services.
	Greater shared understanding of risk in relation to HSB.
	To change the behaviour of the CYP professionals to then change the behaviour of the CYP with whom they work.

Bovaird (2012) states that over the past 30 years the focus of social policies has been shifted from output to outcomes. McConnell (2010) asserts that outcomes are a key factor in measuring success, as success is assessed alongside the intended goals of a policy. The outcomes for the Queensland and UK TLT are not explicit. However, the Cornwall TLT outcomes are more specific and measurable (see Table 12).

The difference in the intended outcomes of the TLT across Queensland, the UK and Cornwall makes attribution of success a problematic endeavour. The Queensland TLT outcomes are difficult to ascertain and relate to how professionals "identify, understand and respond to sexual behaviours in school settings" (True, 2015). However, the UK version of the TLT that was adapted by Brook has different intended outcomes. Whilst it does state, similarly to the Queensland TLT, that it intends to "identify and respond appropriately to sexual behaviours" (Brook, 2013), it does not refer specifically to schools, but all CYP services. It also states that the outcomes should encompass making decisions about safeguarding and understanding healthy sexual behaviour with an aim to recognise and reduce HSB. Neither the Queensland or UK TLT offer clarity on what constitutes policy success. Their vague nature makes attribution of value difficult. The intended outcomes of the version of TLT that was implemented in Cornwall differ further, yet are more specific and measurable. One factor that may be related to the difference in the intended outcomes may be linked to the evidence in which they are based (Bovaird, 2012). Tracing back the evidence base for the TLT therefore gave a better understanding as to how the outcomes were developed and aided the attribution of success to the TLT (see Table 13).

When measuring the success of the TLT a number of elements were considered. The more concrete aspect of the process, programme and political success of the tool relates to the achievement of specific and measurable outcomes (McConnell, 2010). When considering the TLT that was implemented in Cornwall, the outcomes appear to have been met to a large extent (King-Hill, 2021). However, the outcomes of the TLT that was implemented in Cornwall were more specific than those of the national TLT. This made measuring success in Cornwall more straightforward.

Nevertheless, measuring the success of the tool in terms of more abstract elements, such as the response from wider society and the perceived value of the TLT was problematic.

Table 13. Political success of the TLT.

Conflicted success	Rationale
TLT obtains strong support and opposition, working for and against reputation in fairly equal measure. TLT proving controversial and taking up more political time and resources in its defence than was expected. Opposition to TLT benefits is equally balanced with support for some.	Due to the response that the TLT received in the Select Committee and the press it was felt that the TLT from a political success perceptive achieved conflict success. Whilst the commissioning across Cornwall does indicate support for the TLT the response that it has received to date indicates strong opposition, which required the deployment of resources to defend its positionality and its reputation. This, in turn, makes it difficult to promote the TLT on a larger scale due to further negative responses it may receive.

Table 14. Process success of the TLT (adapted from McConnell, 2010, p. 354).

Resilient success	Rationale
TLT goals and instruments preserved, despite minor refinements. Some challenges to legitimacy but of little or no lasting significance. Not ground breaking in innovation or influence, but still symbolically progressive. Opposition to process is stronger than anticipated, but outweighed by support.	This element was explored through the empirical evidence gathered in relation to the TLT training that took place across Cornwall. From this it was found that the process of the training and the dissemination of the TLT met the criteria for resilient success. Whilst the support for the TLT was strong there were some minor criticisms to the course itself. These elements relate to Kirkpatrick levels 1, 2 and 3 and are discussed in more depth in the Discussion chapters. Challenges to legitimacy can be made when considering the evidence base that underpins the TLT, this however has not happened upon a large scale and no major challenges to this have happened to date.

In the Cornwall implementation of the TLT the programme and process outcome may be deemed successful (see Tables 14 and 15).

When the TLT is examined from the wider, national perspective political success is more difficult to define due to the criticisms that it has received and where it is situated within the subjective perspectives of wider society. Judging the wider success of the TLT is challenging due to it being based around non-specific outcomes and it is situated within the value-laden area of sexual behaviours and CYP. This makes reaching a judgement of success or failure difficult. Many non-controversial policies, that have not received any criticism and opposition, often achieve perceived success and that, for simple policies, is not difficult to achieve (McConnell, 2010). However, the opposition and controversy that surrounded the TLT in 2014 may have impacted its perceived value on a national level. This, coupled with the view of sexual behaviours in contemporary culture, and the perceived mutual exclusivity of sexuality and CYP (King-Hill, 2014; King-Hill & Barrie, 2015) makes it difficult to judge the success of the tool on a national level.

This critical discussion indicates that challenges to the legitimacy of the TLT can be made, which raises the question of whether the TLT is fit for purpose within the context into which it is embedded. The evidence that underpinned the Queensland TLT proved difficult to determine, is not based on any specific empirical evidence, and no research was commissioned to design and set up the Queensland TLT. It was found that the underpinning evidence was obtained by using an approach called the "Best Available Research Evidence" (see Puddy & Wilkins, 2011) which recognises that in some fields research is difficult to undertake. However, the research in which the TLT is based appears to lack systematic rigour, with a difficult-to-follow audit trail. The evidence is not robust in places and uses a range of research from the USA (predominantly), Sweden and Australia, without apparent acknowledgement of the issues of transferability. The experiential evidence gathered made it difficult to assess the evidence that was obtained. This may have compromised the validity and trustworthiness of the evidence obtained.

Table 15. Programme success of the TLT (adapted from McConnell, 2010, p. 354).

Resilient success	Rationale
Implementation objectives broadly achieved, despite minor refinements or deviations. Outcomes broadly achieved, despite some shortfalls. A few shortfalls and possibly some anomalous cases, but intended target group broadly benefits. Opposition to programme aims, values and means of achieving them is stronger than anticipated, but outweighed by support.	This element of success was difficult to ascertain due to the lack of clarity that surrounded the UK TLT. However, due to the measurable outcomes of the Cornwall TLT training that in this respect resilient success and that evidence was present that indicated the outcomes were broadly met with only a few refinements required (for more detail see discussion chapters). Resilient success was also found to be the most appropriate for the UK TLT, despite the vague outcomes, as it had been commissioned on a large scale across the Cornwall Local Authority, indicating success in this area due to the popularity of the TLT itself.

The intended outcomes of the TLT were also found to be distinctly different for Queensland, the UK and Cornwall, making success difficult to ascertain. The original aims of the Queensland TLT were more proximal to the UK adaptation, however, the aims of the Cornwall TLT appeared to be more distal. The TLT does appear to have achieved both success and failure on differing levels.

The evidence for the need for the TLT in the UK does not appear to have been investigated to any extent and no in-depth evaluations of the success of the tool in Queensland were available. Yet, despite this, the introduction and adaptation of the tool in the UK were approved by Brook. This may highlight that the TLT, rather than having an empirically justified need, is symbolic. As well as this consideration, there were many "actors" involved in the introduction of the TLT. The DfE funding may have bolstered the perception of need for the TLT without any apparent, initial investigation of empirical evidence. This may have also given the TLT an educational focus, rather than a health or social work perspective. This is evidenced through the roles of the professionals who were involved in the steering groups set up to adapt the tool to the UK, which consisted of a majority of educational professionals and a lack of academics and professionals who specialise in HSB (see Table 16).

The focus on the TLT by the UK Select Committee (2014) and the press may have also been as a result of the TLT gaining government funding. As a result of the steering groups and reports, changes to the TLT were made, such as making the age categories overlap, and the TLT was then introduced into the UK and subsequently implemented in Cornwall.

Transferability was also deemed an issue as the demographics of Queensland, the UK and Cornwall are distinctly different. No account of evidence is available that demonstrates that demographics were considered. Considering the policy transfer, the nature of the evidence that underpins the development of the TLT, coupled with the approaches taken when transferring to the UK, further dilute the evidence on which it was based. This is exacerbated when considering the demographical differences between Queensland, the UK and Cornwall (see Table 17).

This imprecision may be demonstrated within the TLT. The terminology and definitions that are used in places are ambiguous and may be open to varied interpretation. There also appear to be legal issues within the tool, which relate to the policy success that it has achieved, such as consensual sexual intercourse in the 13–17 age group being categorised as "green". Giving definitive advice and guidance in this area, however, is difficult and the TLT may provide an avenue in which to address sexual behaviours in CYP.

The success of a policy is not clear and there is a continuum of success and failure and a number of various elements as to whether a policy can be deemed a success. Successful outcomes are affected by the complex, multi-layered systems of the social strata within which it is situated.

Table 16. Framework and evidence adapted from Dolowitz and Marsh (1996).

Dolowitz and Marsh transfer criteria	Evidence used
The actors that engaged in the policy	Online interviews with four participants involved in the transfer (Queensland academic, True lead, Brook lead, UK academic).
What is transferred	Two investigative reports commissioned by the DfE in how to introduce the tool. Online interviews with four participants involved in the transfer (Queensland academic, True lead, Brook lead, UK academic). Scrutiny of the meeting attendees minutes from introduction to the UK steering groups. Cornwall commissioning bid. Literature and evidence that underpinned the development of the Queensland Tool (see Table 10).
Where are lessons drawn	Two investigative reports commissioned by the DfE in how to introduce the tool. Online interviews with four participants involved in the transfer (Queensland academic, True lead, Brook lead, UK academic).
Links to success and failure	Demographical data from Queensland and UK. Sexual health and behaviour data from Queensland and the UK. Press coverage on the Select Committee (2014) PHSE Select Committee (2014)

Table 17. Demographic differences between Cornwall, the UK and Queensland.

Location	Population	CYP Population	0–4 year olds	5–10 year olds	11–17 year olds	CYP BME	CYP SEN	Chlamydia Diagnosis per 100000	Teenage pregnancy conception rates	Abortions to those under 18	Repeat abortions of under 24s
Queensland	4.7 million	94,000 (20%) (Under 15s)	6,392 (6.8%)	6,016 (5–9 year olds) (6.5%)	6,298 (10–14 year olds) (6.7%)	No Data available	No data available	327.6 (up to age 15)	55.5 per 1000 (to under 18s)	No Data (part of criminal code)	No Data (part of criminal code)
UK	64.1 million	11 million (17%)	3,914,000 (6.1%)	3,517,000 (5.4%)	3,670,000 (5.7%)	2,860,000 (4.4%)	1,228,785 (1.9%)	1,887 (15–24 year olds)	51.1 per 1000 (to under 18s)	51.1%	26.5%
Cornwall	54.9 million	102,971 (21%)	27,671 (26.9%)	31,818 (30.9%)	43,489 (42.2%)	5,869 (0.1%)	14,755 5.7%	1,706 (15–24 year olds)	18.9 per 1000 (to under 18s)	46.3%	21%

Table 18. Framework and evidence McConnell (2010).

McConnell success criteria	Evidence used
Political	Press coverage. Select Committee hearing. Local Cornwall commissioning.
Programme	The measurable outcomes and the results of the Brook TLT evaluation (King-Hill, 2021)
Process	The measurable outcomes and the results of the Brook TLT evaluation (King-Hill, 2021)

Analysis and conclusions of success and/or failure are dependent upon a complex range of elements. In relation to the TLT these refer to the stakeholders, the commissioners, how the TLT is viewed in the public domain and how it is contextually situated. How the TLT may have achieved success and failure is dependent upon the perspective from which it is viewed (see Table 18). McConnell (2010, p. 345) echoes this, stating that there appears to be a "never ending scrutiny" as to whether a policy has been successful or failed and that a definitive answer is difficult to achieve.

Gathering evidence for a policy is also a difficult process, especially in an area steeped in contextual and subjective values. This does make the case for the approaches that were used in the development of the tool in Queensland and subsequently the UK. However, sporadic evidence can also be detrimental, which may be relevant to the UK development of the TLT.

Conclusion

The findings suggest that more work needs to be done in relation to the TLT. Consideration of the transfer to differing contexts needs rigorous planning when considering the implementation of the TLT. A more robust evidence base is required to underpin the TLT in relation to the UK context and continuous evaluation is required. The TLT requires updating and rethinking within the UK context, as it does not address the range of sexual behaviours that present, for example, technology-assisted sexual behaviours and gang-related peer-on-peer sexual violence. The limits of the TLT in its current form are reflected in design for purpose in Queensland, Therefore, further expansion and adaptation are required to meet projected purposes in the UK and Cornwall. If the evidence base were current, robust and within a UK context, these elements could be considered and integrated within the TLT.

Nevertheless, the TLT does fill a gap at a time where no other tool that related to CYP and sexual behaviours is available for professionals, raising awareness of HSB and sexual abuse, which could relate to why it was so readily introduced. Yet more work is required to keep the TLT part of good practice when transferring it from one context to another.

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