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The impact of a new approach to family safeguarding in social care: Initial findings from an analysis of routine data

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Abstract

Child safeguarding services intervene when a child is at risk of serious emotional or physical harm. Oxfordshire County Council is implementing a new approach to child safeguarding (Family Solutions Plus [FSP]) with a greater focus on whole family support and reducing the need for foster care. We sampled two cohorts of children closed within 1 year and examined the time spent in services. The sample included 474 children entering services before the new model's implementation and 561 children after. A greater proportion of children receiving FSP required a single care plan before their case was closed (85.9%; 69.4%, $p < 0.001$) and only experienced the lowest level plan (74.5%; 61.8%, $p < 0.001$). On average, this group spent less time in services for the period being observed ($MD = 17.58$, 95% confidence interval = 6.19, 28.96). At this early stage, no significant reduction in the number of children requiring foster care was seen (5.5%; 3.9%, $p = 0.23$). These initial findings suggest a potential association of FSP with a reduced number and level of care plans as well as length of time. Local authorities in England may investigate further whether FSP is a potentially useful model in improving safeguarding services.

KEYWORDS

child protection, evaluation, family safeguarding, routine data, social care

1 | INTRODUCTION

Child safeguarding services in the UK intervene in situations where a child is at risk of serious emotional or physical harm (including cases of sexual abuse or neglect). Their importance in securing children's welfare is particularly heightened during economic and public health crises where the immediate environment of the child is likely to be affected. The safeguarding response in England, typically governed by local councils, varies according to the level of risk. In serious cases, it may be considered necessary that a child is placed in care away from the home, either temporarily or permanently, for the intended benefit

of their safety and well-being (Narey & Owers, 2018). However, social services have to balance protecting a child from possible harm they are experiencing at home with the potentially adverse effect that removing a child from their family may have (Baldwin et al., 2019; Schneider et al., 2009; Staines & Selwyn, 2020).

The current era of child safeguarding in England has been shaped by high profile cases of abuse and neglect, which have prompted government inquiries into child safeguarding practices and subsequent changes in legislation. The Children Act (1989) marked a pivotal change towards a preventative approach and placed a greater responsibility on local authorities to 'safeguard and promote the wellbeing of

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children' whilst stipulating that the risk of 'significant harm' should be the threshold for legal intervention in a child's care. Developments in the 1990s saw policy and practice moving away from a very narrowly focussed concern on child protection and need to identify 'high risk' cases towards a safeguarding approach for all 'children in need' which additionally considered family support and child welfare more generally (Hayes, 2006; Parton, 2011).

The Children Act (2004) emphasized the importance of multi-agency working (health, education, and social care) and reiterated the obligation of individuals and organizations to protect and promote the welfare of children. The aim of the changes that followed was to prevent poor short- and long-term outcomes for children by identifying problems and intervening at an earlier stage, particularly for those where risk factors were present (Parton, 2011). As such, the conceptualization of child protection went beyond simply understanding it in terms of harm and abuse (Parton, 2011).

After the death of Peter Connelly, there was another shift in policy towards a stance of strict child protection and more formal proceedings as a way of early intervention (Hayes & Spratt, 2009; Parton, 2011). However, in the years that followed, the unintended consequences of these changes for the profession became apparent (Parton, 2011). Munro (2011) set out recommendations for the reform of child protection emphasizing in part the need for research-supported practice, contribution from locality services (police, health, and education), and ongoing review and redesign by local authorities on how child and family social work is delivered. In recent years, there has once again been more emphasis on a child safeguarding perspective and integrated social services support for both child and family (MacAlister, 2022).

The evidence based around the evaluations of family support services remains sparse. Debates continue as to what constitutes effective family support services, approaches, and practices in this area. A recent narrative review found limited evidence to support the use of any individual model or approach. In addition, they questioned the use of these practice models, the claims made about their effectiveness, and the nature of the evaluations commissioned to support their implementation. The success of individual practice models is also influenced by local context as well as alignment with current national priorities which determine the allocation of funding needed to support them.

Following a rise in children entering foster care over successive years and after reviewing models of best practice, Oxfordshire County Council (OCC) adopted a new approach to child safeguarding: Family Solutions Plus (FSP; OCC, 2020). The new approach was closely based on the Family Safeguarding Model, implemented by Hertfordshire County Council in 2015. This model has had positive impacts on child outcomes according to two independent evaluations commissioned by the Department for Education, as part of the Children's Social Care Innovation Programme (Forrester et al., 2017; Rodger et al., 2020). The Innovation Programme sought to test and share effective ways of supporting children and young people receiving help from social services (Department for Education, 2022a). The Family Safeguarding Model has also received praise from Ofsted and is currently being

Box 1 Changes towards Family Solutions Plus in Oxfordshire.

Old approach

- Child-centred approach. Support services for parents are external to services and accessed independently.
- No agreed communication style or engagement approach between social workers and families.
- Largely independent working between agencies involved in family support and records kept on various separate systems.
- High administrative burden with little time to work directly with the family.

Family Solutions Plus

- Adult facing practitioners now integrated within multidisciplinary social care teams, working with parents on domestic abuse, substance misuse, and mental health issues to tailor support to the family's needs.
- All social workers now trained to use a communication style through motivational interviewing to engage families in productive change.
- Group supervision meetings among social care team and locality services (education, health, and police) involved in each case to discuss progress and planning.
- Digital workbook used as a tool providing a centralized and integrated method of reporting to support information sharing and care coordination and reducing administrative burden on staff.

rolled-out by at least 12 other English local authorities (Forrester et al., 2017; Rodger et al., 2020).

Launched in November 2020, FSP replaced the previous model of practice in Oxfordshire which focussed on the welfare of the child specifically rather than the family as a whole. Family members could of course access care to address problems of their own, but this was not an integrated part of social care for children. The new approach aims to improve safeguarding practices in Oxfordshire, with a view to reduce the number of children requiring foster care and keep children safely at home with their families. The aims and focus of FSP are aligned with shifts in child protection national policy that have been described, and reflect current stances on effective family support services, with particular focus on whole family support, multi-professional teams, and multi-agency collaboration (Department for Education, 2022b; FitzSimons & McCracken, 2020; Sebba et al., 2017). Box 1 describes the key components of FSP and how the new model has changed the delivery of services to families.

The key elements of FSP described in Box 1 reflect many of the recommendations made by McNeish et al. (2017) in their report on the key lessons from the Innovation Programme for good social work practice and systems in children's social services and the practice measures proposed by Department for Education following these evaluations. The more holistic approach in FSP seeks to build supportive relationships between families and social workers and provide support to the whole family, the benefits of which have already been observed by staff at OCC implementing the new model (Buivydaite et al., 2023). The present quantitative study forms part of a wider mixed methods evaluation of FSP described in a recently published evaluation protocol and complements a qualitative paper in which we explored staff experience of the new model (Buivydaite et al., 2022, 2023). In this study, we sought to answer the following research questions: What impact has FSP had on the child and family's journey through the system, particularly the time spent in contact with services? What impact has FSP had on the nature of the intervention provided? What impact has FSP had on the longer term outcomes in terms of children remaining in the family or needing to be cared for outside the home?

2 | METHOD

2.1 | Data

Data were collected via OCC's database, which holds routine data recorded on children entering social services. The process for anonymization and processing of the data was agreed between University of Oxford and OCC deputy director and senior management of children's services. Data were prepared by OCC and anonymized using council laptops on their network before being transferred and stored on the University's secure network for processing by the researchers. The researchers working with the data took additional council training on the protection and handling of data held on their systems. Identifying traceable case numbers generated by OCC to distinguish between children were removed, birthdates were recoded to age at assessment, and postcodes were recoded and replaced by Index of Multiple Deprivation scores (National Statistics, 2019). As such, no personally identifiable data left the council network or remained in the dataset, ensuring that no individual could be identified from the data analysed. This study was registered with OCC as a service evaluation and therefore was not subject to ethics approval procedures, as determined by Oxford University Research Ethics Committee. As this study was done in collaboration with OCC and to place the study within the context of the wider mixed methods evaluation, it was considered suitable to name the local authority in this paper with their agreement.

The study sampled two cohorts of children whose cases were closed within 1 year from their assessment and examined the time spent in services over this period. FSP had not been running long

enough to allow all those in the post-implementation group an observation period of more than a year; future analyses will address a longer time period. By starting our analysis in November 2020, we also ensured that FSP had become properly embedded as a new way of working. Staff were trained and the new teams were formed prior to the launch of FSP in November 2020, but the work of these teams and the new model did not commence until then, at which point reforms were introduced wholly rather than gradually over time. The cohorts consisted of 474 children entering services prior to the implementation of FSP in November 2020 and 561 children entering service after its implementation (Figure 1).

Data were collected extracted on socio-demographic characteristics and risk factors, assessments and referrals, individual care plans over the observation period, and arrangement outcomes for those who had been placed in care away from their home. These indicators were defined and agreed between the research team and OCC through a series of conceptualization and development discussions. The data extracted are staff-reported routine data provided within case records that are held on the Council's systems. Ethnicity was identified and classified by staff within the system according to the list of ethnic groups recommended for use in England and Wales by the Office for National Statistics. We use the term 'care plan' to refer to the three plans that require involvement from social services, which may otherwise be known as statutory plans.

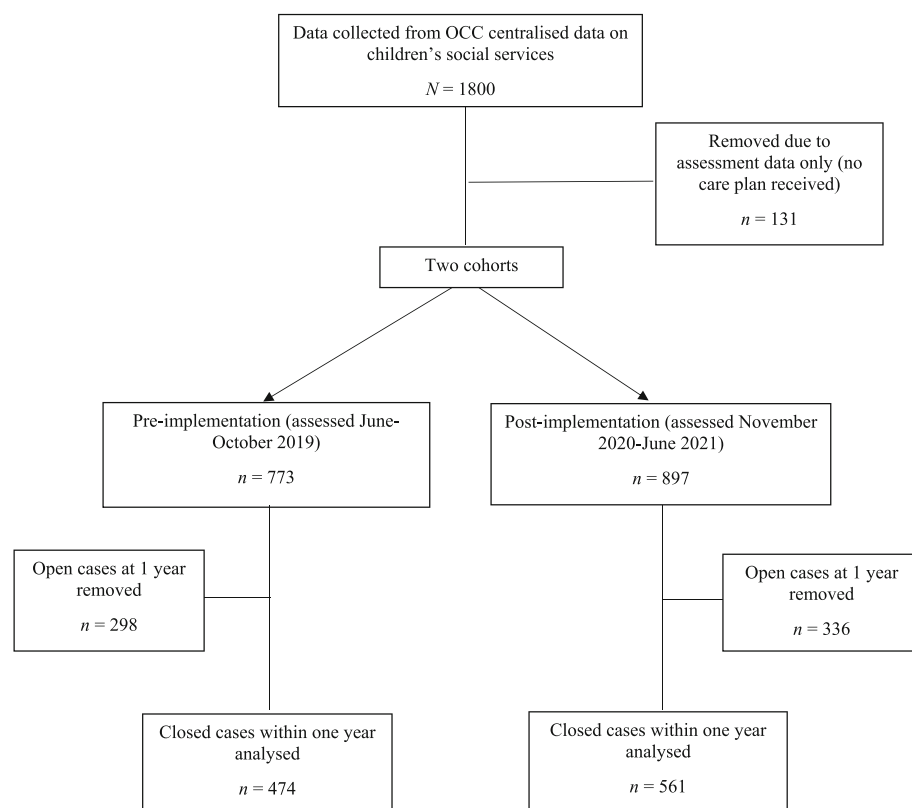
A child may take many different routes in services after an assessment, which is triggered by a referral from the multi-agency safeguarding hub. The data collected were organized into episodes to reflect this and provided individual-level data that captured each child's journey. Episodes are defined by the type of care a child receives, which increase in intensity according to the risk of harm to the child (Box 2). At the end of an episode, they would either leave the service or transition into a new form of care.

This dataset was informed by a pilot set of data that was examined prior to these analyses ($N = 331$). The council's database on children's services is a very large resource, and so it was deemed appropriate to first compile a smaller pilot dataset to establish the most informative and pertinent aspects to examine for the larger set of data analysed here.

2.2 | Outcome variables

2.2.1 | Number of care plans

Each episode had a start and end date, care plan, and length of time attached to it. It was necessary to recode end date variables to eliminate overlap between episodes, which occurred due to reporting error as it was not possible for a child to be on two plans concurrently. A variable was created to describe the number of episodes experienced under care plans for each child during their time in services over the period being observed.

FIGURE 1 Participant flow diagram.
OCC, Oxfordshire County Council.**Box 2 Key terms.**

Episode: a term used to describe the period that a child is under a particular care plan.

Child in need plan: lowest level care plan, where support to the family is needed but there is no identified risk of continuing harm to the child.

Child protection plan: midlevel care plan, where the child remains at home but further involvement and support is required due to a significant risk of continuing harm.

Child looked after: highest level care plan, where child has been removed from the family home and placed into the care of others (i.e., foster care).

(e.g., adoption or special guardianship order) or left due to other reasons (e.g., became an adult, moved abroad, or not specified).

2.2.3 | Length of time

In addition to individual episode length variables, a case closure date variable was created, from which a total time variable from assessment to closure was calculated. Summed length variables for specific plans were also calculated.

2.3 | Statistical analyses

The pre-implementation and post-implementation groups were compared on socio-economic characteristics, risk factors, and outcome variables. Chi-square tests for independence were calculated for variables relating to level of care plan, child transition between episodes, and care leaver outcomes. Associated odds ratios (ORs) were also calculated for significant results, which compare the relative odds of an event occurring given the condition (e.g., the likelihood of being in the post-implementation group and having a learning disability relative to the likelihood of being in the pre-implementation group and having a learning disability). Where assumptions related to cell size were violated, a Fisher's exact test *p*-value was used to identify significant differences between groups. A Mann-Whitney U test was used to compare groups on number of episodes. Two-tailed independent samples *t*-tests were conducted to compare groups on length of time. Welch's *t*-test was

2.2.2 | Level of care plans

Summed variables were created for child in need, child protection, and child looked after plans across episodes, from which a highest level care plan variable was created. Transition variables were created to show whether the child stepped-up, stepped-down, or were closed to services between episodes. For children looked after, the recorded reasons for leaving care were grouped to provide information on subsequent living arrangements. They either returned home and were reunited with their parents or had another arrangement in place

TABLE 1 Socio-economic characteristics and risk factors.

Socio-economic factors	Pre-implementation (n = 474) % (n)	Post-implementation (n = 561) % (n)		
Age, mean (SD)	8.35 (5.41)	8.36 (5.31)		
Gender (n = 1032)				
Male	50.5 (239)	55.1 (308)		
Female	49 (232)	44.6 (250)		
Not known	0.4 (2)	0.2 (1)		
Ethnicity (n = 1028)				
White	69.8 (331)	70.6 (391)		
Mixed or multiple	7.2 (34)	10.5 (58)		
Asian or Asian British	4.4 (21)	8.8 (49)		
Black, Black British, Caribbean, or African	2.5 (12)	4 (22)		
Other ethnic group/not known	16 (76)	6.1 (34)		
No. children in household, mean (SD)	2.17 (1.35)	3.22 (2.04)		
English deprivation index status (n = 999)				
20% most deprived	13.8 (63)	13.1 (71)		
20–40% most deprived	15.4 (70)	16.8 (91)		
40–60% most deprived	16.2 (74)	14.5 (79)		
60–80% most deprived	21.9 (100)	21.7 (118)		
20% least deprived	32.7 (149)	33.9 (184)		
Unaccompanied asylum seeker	1.1 (5)	1.1 (6)		
Risk factors reported at assessment	Mean (SD)	Mean (SD)	t-test (df)	p-value
Number of previous referrals (n = 1034)	1.72 (2.15)	1.5 (1.92)	1.67 (955.89)	0.1
Time since previous referral (n = 606) (days)	628.67 (786.31)	645.68 (786.6)	−0.27 (604)	0.79
Number of assessments (n = 735)	2.14 (1.38)	2.27 (1.41)	−1.08 (733)	0.28
Length of current assessment (days)	61.37 (60.58)	58.3 (33.54)	0.98 (709.56)	0.33
Number of risk factors	3.03 (2.79)	3.45 (2.2)	−2.69 (892.04)	0.004
	% (n)	% (n)	Chi-square	p-value
Domestic abuse	34 (161)	40.3 (226)	4.38	0.04
Mental health (child)	20.3 (96)	27.1 (152)	6.6	0.01
Mental health (family)	38.2 (181)	50.4 (283)	15.61	<0.001
Substance misuse	34 (161)	39.2 (220)	3.04	0.08
Learning disabilities	10.5 (50)	14.8 (83)	4.14	0.04
Neglect	19.2 (91)	19.3 (108)	0	0.98

Note: N = 1035.

Abbreviations: *df*, degrees of freedom; *SD*, standard deviation.

reported where appropriate as indicated by Levene's test for violations in equality of variances assumption. An alpha level of 0.05 was used to indicate statistical significance for analyses. Statistical analyses were carried out in Statistical Package for Social Sciences (v.28).

3 | RESULTS

3.1 | Differences in socio-economic characteristics and risk factors

Socio-economic characteristics and the risk factors recorded at assessment for the pre-implementation and post-implementation

groups are presented in Table 1. The post-implementation group had significantly more children in the household, $t(980.79) = -9.9$, $p < 0.001$. Otherwise, the groups were similar on all other socio-economic variables ($ps > 0.05$).

Significant differences between groups were observed in risk factors recorded at assessment. The post-implementation group was 1.31 times more likely to have domestic abuse ($OR = 1.31$, $p = 0.04$), 1.46 times more likely to have mental health issues themselves ($OR = 1.46$, $p = 0.01$), 1.47 times more likely to have mental health issues in their family ($OR = 1.47$, $p < 0.001$), or 1.47 times more likely to have a learning disability reported as assessment ($OR = 1.47$, $p = 0.04$). There were no significant differences between groups in the proportion of children having familial substance misuse or neglect reported.

3.2 | Child journey in services

3.2.1 | Number and level of care plans

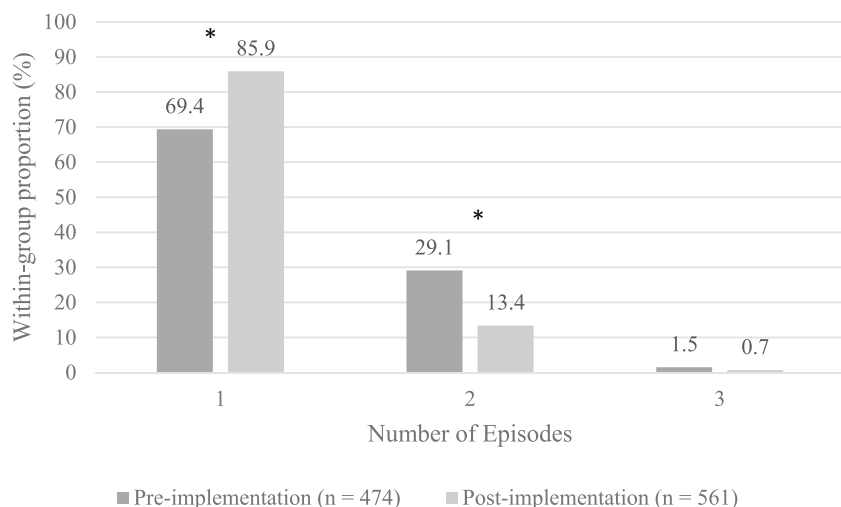
There was a significant difference observed for the number of episodes under care plans between the pre-implementation and post-implementation groups, $U = 111\,021$, $z = -6.41$, $p < 0.001$, $r = -0.2$. A higher proportion in the post-implementation group only had one episode before being discharged from FSP (Figure 2a).

A calculated OR indicated that the post-implementation group was more likely to have only experienced a child in need plan, the lowest level of involvement from social services, $\chi^2(1) = 19.26$, $p < 0.001$, OR = 1.81. The same group was also less likely to have been on a child protection plan as their highest level of involvement, $\chi^2(1) = 16.28$, $p < 0.001$, OR = 0.57. There were no significant differences between the pre-implementation and post-implementation groups in the number that were looked after outside the home, which reduced by 1.6%, $\chi^2(1) = 1.42$, $p = 0.23$ (Figure 2b).

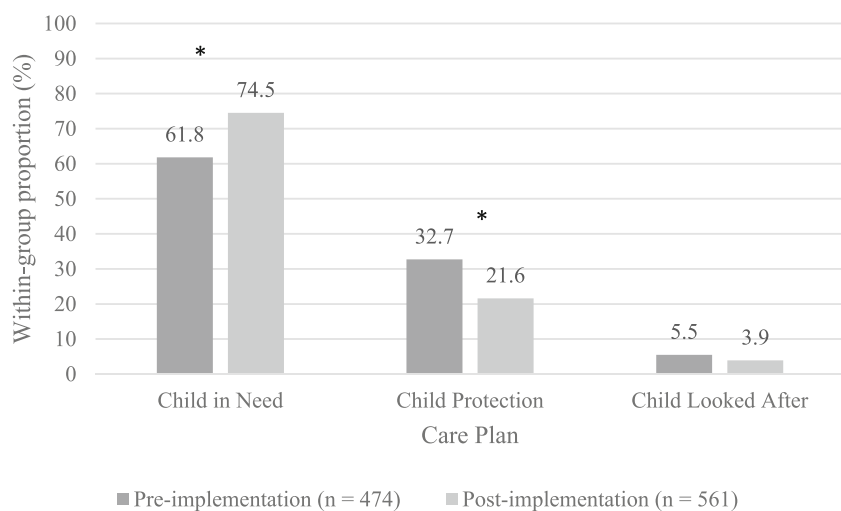
3.2.2 | Transition between episodes

After one episode, children in the post-implementation group were more likely to have their case closed to a statutory service after a child in need plan, $\chi^2(1) = 6.62$, $p = 0.01$, OR = 1.9, with a significantly smaller proportion stepping-up into a child protection plan in a second episode, $\chi^2(1) = 8$, $p = 0.005$, OR = 0.47. This group was also more likely to leave the service after a child protection plan in episode one, as opposed to stepping-down into a child in need plan, $\chi^2(1) = 24.61$, $p < 0.001$, OR = 4.13. There were no significant differences in the proportion of children in each group that stepped-up into looked after care following a child in need or child protection plan ($ps = 1$). For those that were looked after in episode one, similar proportions in each group stepped-down in plan or were closed to services.

Following a second episode of care plan, there were no significant differences between groups as to whether they stepped-up or stepped-down in care plan or left the service ($ps > 0.05$). All cases in



(A) Number of episodes under care plans for the period observed



(B) Highest level of care plan for the period observed

FIGURE 2 (a) Number of episodes under care plans for the period observed. (b) Highest level of care plan for the period observed.

TABLE 2 Length of time within care plans, episodes, and time overall from assessment to closure.

	Pre-implementation			Post-implementation			<i>t</i> (<i>df</i>)	<i>p</i>	95% CI
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>			
Child in need	437	141.95	86.7	493	144.12	86.45	−0.382 (928)	0.7	[−13.34, 8.98]
Child protection	162	155.57	85.28	127	174.79	85.65	−1.89 (287)	0.06	[−39.14, 0.72]
Child looked after	26	133.15	107.35	22	125.14	95.54	0.27 (46)	0.79	[−51.53, 67.57]
Episode 1	474	150.53	89.45	561	154.24	89.19	−0.67 (1033)	0.51	[−14.65, 7.21]
Episode 2	145	127.37	76.44	79	116.49	67.28	1.06 (222)	0.29	[−9.34, 31.09]
Episode 3	7	112.57	109.36	4	67.25	22.16	1.06 (6.82)	0.33	[−56.4, 147.05]
Total time	474	193.13	95.3	561	175.55	90.96	3.03 (1033)	0.003	[6.19, 28.96]

Note: Total time was calculated from assessment to closure.

Abbreviations: CI, confidence interval; *df*, degrees of freedom; *M*, mean; *SD*, standard deviation.

TABLE 3 Living arrangement outcome for children that have been looked after leaving care.

	Pre-implementation		Post-implementation		Chi-square	<i>p</i> -value	Odds ratio
	<i>n</i>	%	<i>n</i>	%			
Episode 1							
Home with parents	7	50	4	36.4		0.7	
Other arrangement	1	7.1	2	18.2		0.57	
Other reason	6	42.9	5	45.5		1	
Episode 2							
Home with parents	2	33.3	7	87.5		0.09	
Other arrangement	3	50	1	12.5		0.25	
Other reason	1	16.7	0	0		0.43	
Episode 3							
Home with parents	1	50	1	50			
Other arrangement	1	50	1	50			

Note: Fisher's exact test *p*-value reported where appropriate due to small cell sizes.

both groups were closed immediately following a third episode in each plan (see Data S1).

3.3 | Length of time

For children whose cases were closed within a year from assessment, the post-implementation group spent significantly less time involved with statutory services than the pre-implementation group over the observation period (Table 2). There were no significant time differences between groups for individual episode or care plan lengths across episodes.

3.4 | Living outcomes for those looked after

Reasons for leaving care for those looked after away from the home in each episode are presented in Table 3. There were no significant differences observed as to whether children in each group returned home to live with their parents, had another arrangement in place, or

their care ceased for other reasons. Numbers are small however and no firm conclusions can be drawn on this account in this early assessment of FSP.

4 | DISCUSSION

This study examined any differences that the introduction of a new approach to family safeguarding has had on the nature of child and family involvement with services and provided an initial assessment of the longer term outcomes for children, in particular whether they remained with the family at home or needed to be cared for elsewhere. Initial findings at this early stage of FSP's implementation were that children receiving the new model tended to require fewer care plans, which tended to be lower in intensity, and on average spent a shorter time in services overall. However, there were no significant differences in the number of children placed in care or immediate outcomes when leaving care. Numbers were small however and it is too early to make any meaningful assessment of longer term outcomes.

Most socio-economic characteristics were similar between the two groups, based on simple comparisons of key factors. It may be that results on risk factors relating to familial mental health and domestic abuse were due to an increase in reporting at assessment, now that parental support services could be more easily accessed and provided within the multidisciplinary social care teams. Even so, increased reporting in this instance might mean that families get access to the support they need and faster. The differences observed in risk factors could also well be explained by the COVID-19 pandemic which would have only affected the post-implementation group. A general increase in domestic abuse and mental health problems has been reported during this time and by staff in Oxfordshire specifically, which made cases more complex for families and the staff working with them (Buivydaite et al., 2023; Office for National Statistics, 2020; Pieh et al., 2021; Waite et al., 2021). The increase in family risk would have adversely impacted the post-implementation group which would mean that, if anything, these initial findings would underestimate the difference FSP itself may be making.

4.1 | Number of care plans

The post-implementation group had fewer episodes under care plans in services, with a majority in this group only experiencing one care plan before leaving the service. This finding corresponds to child transitions in services between episodes. More cases were closed in the post-implementation group following both a first episode child in need plan and first episode child protection plan. This suggests that after the introduction of FSP, services have been able to resolve issues and close more cases at an earlier stage, which has a knock-on effect on the amount of disruption to the child and family. However, re-entry data would need to be examined to confirm these conclusions.

4.2 | Level of care plans

Results showed that a greater proportion among those who received FSP only experienced the lowest level care plan (child in need) compared with those who had the previous model of practice, and so it follows that they were also less likely to have a child protection plan. This provides preliminary evidence that FSP may be more effective at early intervention and preventing the escalation to a higher intensity plan. This finding is again reflected in transitions in care plan between episodes one and two, which showed that a smaller proportion in the post-implementation group stepped-up from a child in need plan to a child protection plan. This corresponds to the similar model implemented in Hertfordshire which also saw a trend towards fewer child protection plans (Forrester et al., 2017).

Results relating to children looked after were not significantly different between those that did and did not receive FSP. This finding indicates that the new model's implementation has not, at present, resulted in a significant reduction in the number of children needing

to be placed in care away from their home, one of the model's principle aims. However, a 2017 evaluation of the Hertfordshire model exhibited a similar 2% nonsignificant reduction in the number entering care but showed a much greater reduction in a 2020 evaluation (Forrester et al., 2017; Rodger et al., 2020). This suggests more time will be needed for this change to be seen, particularly as only a small proportion of children within safeguarding services eventually requires foster care.

4.3 | Length of time

The post-implementation group spent significantly less time in services overall from assessment to closure. This suggests that those receiving FSP moved through the system and towards a safe resolution quicker, as fairly assumed through a review of each case by a social worker before its closure. This is a benefit to the child and family as having a shorter length of time with statutory involvement reduces the amount of intrusion and disruption in their lives. It is also positive for services from a cost-effectiveness perspective, as it frees limited resources which are then available to help other children and families in need of their support. There were no differences between groups in individual episode lengths or time spent in specific plans. The difference between these findings is likely explained by the fact that children in the post-implementation group generally had fewer episodes.

4.4 | Strengths and limitations

The main strength of this study was the way in which this dataset was designed and organized, which allowed us to observe individual-level data, tracking each child's journey through the system. This distinguishes it from other similar evaluations which are limited in breadth and depth having largely been constricted to local authority-level data and thus restricted to commenting on general trends (Burch et al., 2020; Rodger et al., 2020). The close collaboration between OCC and University of Oxford has enabled this study to make more nuanced findings due to its targeted design and individual-level data analysed.

This study also has some limitations. Given FSP had only been running for a short time at the point of the study, it was only feasible to allow a 1 year observation period for the reasons described. Future studies will be able to examine the impact of FSP over longer time periods and whether FSP can reduce the need for children to be taken into care. We also cannot know from the current data which components or combination of components is having an impact on the results shown, and investigating this would be a useful direction for future research to assess where FSP is most effective and for which families. For instance, staff implementing this model expressed in a related interview study that having adult facing practitioners integrated into social care teams and group supervision were particularly beneficial (Buivydaite et al., 2023).

4.4.1 | Influences on the data

The analyses were based on staff reported case-by-case data, meaning the resulting dataset was dependent on input and accuracy recorded in the system by each individual family social worker which could be variable.

These are initial findings reported from the early stages of implementation. The level of consistency of the practices across social care teams is not known during this early period, and staff experienced some challenges implementing the new model (Buivydaite et al., 2023). Given that this is a relatively short period to assess substantial change on these measures, it would be beneficial to replicate the study as time progresses. Qualitative research is currently being undertaken with parents as part of the wider evaluation, through which we may be able to better understand the specific nature of the support and interventions being received by families since the launch of FSP.

The impact of the COVID-19 pandemic and associated national lockdowns on services and families should also be taken into account, given that it would have only affected those in the post-implementation group. Although it has been suggested that day-to-day service delivery was generally maintained in England, the sector experienced a rise in caseloads and delays in court proceedings, which could have influenced the study findings (Baginsky & Manthorpe, 2021; Ofsted, 2022). Locally in Oxfordshire, the bottleneck in court proceedings causing these delays increased the time children were on plans. Consequently, social workers had higher workloads, meaning they had less time to dedicate to each family. Remote working also meant social workers could not work with families face-to-face when trying to implement the new strengths-based approach. However, results suggest that FSP achieved changes and improvements in service outcomes in spite of the additional burden and challenges imposed by COVID-19.

5 | CONCLUSIONS

FSP introduced a new approach to child safeguarding in Oxfordshire, which emphasized whole family support and a greater collaboration between agencies. Study results suggest that, in general, those receiving FSP had similar or better outcomes for number and level of care plans, as well as total length of time spent in services. This is despite a greater proportion of this group having key risk factors recorded at assessment. The present paper provides a greater insight into the child's journey within services through the analysis of individual-level data, allowing for a more nuanced comparison between groups. In partnership with other studies in a wider mixed methods evaluation of FSP, we may gain a thorough understanding on the difference this new model of practice is having on children's involvement with social services.

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CONFLICT OF INTEREST STATEMENT

None declared.

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DATA AVAILABILITY STATEMENT

Research data are not shared as permission was not granted by Oxfordshire County Council for this.

ETHICS STATEMENT

The study was registered with Oxfordshire County Council as a service evaluation and therefore was not subject to ethics approval procedures, as determined by Oxford University Research Ethics Committee. Oxfordshire County Council have their own general data collecting and processing agreements with families. We did not collect any additional data for research purposes and so did not approach individual participants for consent.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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