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# Parent's Experience of a New Approach to Family Safeguarding in Oxfordshire Children Social Care Services

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## ABSTRACT

The Family Safeguarding Practice (FSP) framework represents a major shift in the approach to family safeguarding and services, with a much greater emphasis on empowering and supporting the family to be able to care for their child safely and independently. The aim of the study was to understand the impact of the new model to family's experience with children social services and what parts of the model were helpful or challenging. We recruited parents ( $n = 20$ ) whose children are subject to statutory plans in Oxfordshire County Children Social Services. We used semi-structured interviews to understand their experiences and views of services following the introduction of the new model (which was implemented in 2021). The data were analysed using thematic analysis. Parents reported positive experiences with social services when communication was clear and concise, and they felt involved and listened to, which motivated them to make changes and address long-standing difficulties. Parents were especially positive about the involvement of adult-facing practitioners (AFPs), in many cases, describing them as life transforming. The findings highlight the importance of working with the whole family and not just the child. Parents appreciated the key elements of the FSP programme: continuity of care, AFPs, open communication and better coordination of services. Parents' experiences however were very variable and suggest that some elements of the FSP model such as motivational interviewing and having one social worker throughout were not consistently implemented.

## 1 | Introduction

In the past 40 years, child safeguarding has seen major shifts and changes in the United Kingdom. At times, the emphasis has been on child protection and the safeguarding of children, while at others, the emphasis has shifted towards giving more weight to working with the whole family (Hayes 2006; Parton 2010). Children social services must strike a balance between allocating resources to managing risk to children and allocating resources to supporting and empowering the family. With constraints on social care budgets and increasing numbers of child protection investigations and care proceedings, there is often a greater focus on protecting the child and limited

resource available for supporting the wider family (Bekaert et al. 2021). A recent review by MacAlister (2022) has encouraged a return to a more family focussed approach to child social services and child protection. The review recommended simplifying the current fragmented and complicated process of assessing, referring and monitoring families with the aim of developing a service that is more responsive, respectful and effective in helping families.

While government policy impacts the duties of local authorities, the way in which these duties are fulfilled varies. Local authorities use diverse ways of working to meet the needs of the children in their area. The recent review by Barker et al.

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(submitted for publication) demonstrated lack of evaluations of these new models or their effectiveness of delivering the change. They also showed that if evaluations are done, they primarily rely on routinely collected data and rarely request feedback from parents or children (Baginsky et al. 2020; Rodger, Allan, and Elliott 2020). Previous research with families shows that parents often feel powerless and afraid to be open in fear of their children being removed from their care (Burch, Allen, and Coombes 2020; Goddard, Montague, and Elander 2023; Mitchell and Porter 2016). Therefore, increasing trust and empowering change are important steps for children social services to address when trying to improve services and the relationship they have with parents. Family-centred models aim to equip services to build relationships, improve communications and elicit change (Bostock et al. 2017; Clay et al. 2017). It is critical to evaluate family-centred models from the perspectives of parents to understand whether these services changes make any difference to parents themselves. We aim to address this gap by exploring parents' experience after a new family-centred model is implemented in Oxfordshire County Children Social Services.

### 1.1 | A New Approach Implemented in Oxfordshire County Council (OCC)

One of the ways to meet the need is to develop and implement a whole system change. The Family Safeguarding Practice (FSP) framework represents a major shift in the approach to family safeguarding and services, with a much greater emphasis on empowering and supporting the family to be able to care for their child independently. The approach was derived from the Family Safeguarding Model, which was developed by Hertfordshire County Council and implemented there from 2015. An independent evaluation of this model in Hertfordshire reported a 30% reduction in the number of children in care (per 10000) and a 46% reduction in the number of children subject to child protection planning (Forrester et al. 2017). Overall, the evaluation reported the model to be very effective and it has also been praised by Ofsted.<sup>1</sup>The model has since been implemented in at least 12 other local authorities in England (Forrester et al. 2017). OCC was one of many different local authorities that introduced an adapted version of Hertfordshire model and sought to evaluate whether the positive outcomes reported in Hertfordshire could be replicated in Oxfordshire. FSP was launched in OCC in November 2020.

Informed by best practice nationally, OCC developed and implemented FSP model with the aim of improving outcomes for children and families. The aims of FSP are to improve children's social care through focussing on the provision of support to the whole family, to promote the safe care of children within their families and ultimately to reduce the number of children requiring foster placements. The key components of the model are described in Box 1. All staff are trained in motivational interviewing, an approach to communication designed to encourage change, and building positive working relationships between social workers and families. Practitioners work closely with parents to motivate them to take ownership of their support and the ensuing change (Holt et al. 2020; Rodger, Allan, and Elliott 2020). Specialist practitioners who support adults with mental health, domestic abuse and substance misuse needs are

#### BOX 1 | Key components of the FSP model.

*Motivational interviewing:* A strengths-based approach designed to aid the structure of conversations with families to better engage with parents and encourage readiness for change.

*Adult-facing practitioners:* Specialist practitioners working within multidisciplinary social care teams to provide support and treatment to parents for domestic abuse, substance misuse and mental health issues.

*Increased coordination of multidisciplinary teams and agencies:* Monthly supervision meetings held for each family to ensure coordination of care, in which the multidisciplinary teams review progress, discuss outcomes and agree next steps.

*Integrated method of reporting:* To improve information sharing and reduce bureaucratic demands to enable more direct work with families. The workbook also supports teams in making critical decisions, such as prediction of risk and harm.

*Continuity of care:* A single social worker for each family that cares assessment and proceeds to long-term work.

colocated within children's social care teams. The aim of this is to improve parents' access to the evidence-informed interventions provided by these practitioners. These multidisciplinary teams are supported by local partners, such as police, health and education and work closely with other agencies supporting families.

Prior to the introduction of FSP, families were allocated two separate social workers, one who completed the initial assessment and then another who provided longer term support. Now, families are allocated a single social worker throughout their involvement, integrating the assessment and long-term support roles. This increases consistency for families, facilitating trusting, supportive relationships. FSP also aims to increase staffing to reduce the number of children allocated to social workers and team managers, thus increasing their availability for direct contact with families.

### 1.2 | The Present Study

This qualitative study is part of a wider evaluation of FSP in partnership with OCC, which uses a mixed-methods approach to evaluate the effectiveness of this complex intervention. The evaluation triangulates evidence assessing the impact of the new model on the experience of children and families, the experience of staff and on outcomes for children. Our previous study explored staff experiences with the new model and found that despite some implementation challenges, staff valued the new way of working and saw many benefits of the Family Solutions Plus approach (Buivydaite et al. 2023). The aim of this paper is to explore how this new practice framework is experienced by

families on their journey through Oxfordshire Children Social Services (OCSS). The key research question is: How do family's experiences with OCSS change after the introduction of FSP? We aimed to find this by answering these objectives: (a) What is the impact of OCSS involvement on family's life? (b) What components of the model families found helpful and what components they found challenging?

## 2 | Methods

### 2.1 | Design

Telephone and face-to-face semi-structured interviews were conducted to explore parents' and carers' views and experiences of children's social care post the implementation of the FSP model in Oxfordshire. This study is part of a larger mixed-methods evaluation of the model (Buivydaite et al. 2022).

### 2.2 | Ethics

This project was reviewed by the Oxford University Research Ethics Committee and classed as a service evaluation. A service evaluation is not subject to the Department of Health's (2017) UK Policy Framework for Health and Social Care Research, which means that full ethics review was not required. The committee also advised that written consent forms were not required. Participants were provided with an information sheet about the study. The participants were informed about the study and the purpose of it. They were informed why they were contacted and that it is a none compulsory to take part. We told them what the interview is about, how long it takes and what will happen afterwards. They were also informed that data will be anonymised and only summary of the results will be presented to the OCC. They were also informed how to make a complaint or withdraw from the study. Verbal consent was acquired at the point of recruitment to the study and again at the beginning of each interview.

### 2.3 | Reflexivity Statement

Within the context of the current study, it was important that the research team members interviewing study participants considered the ways in which their interactions with participants might be influenced by their own professional background, experiences and prior assumptions. R.B. interviewed all the parents. R.B. has 3-year experience of working in research on children's social care and is also a qualified clinical psychologist. C.V. and R.B. had a long period of familiarisation with council services and the FSP model. The second reviewer (B.P.) is an experienced health services researcher with voluntary experience working with children in care. R.B. and B.P. had regular meetings with C.V. throughout the analysis process, to support with developing the themes. None of the core research team were trained social workers.

### 2.4 | Sample

Information about the study was shared with social workers and their team managers. We have given a presentation summarising

the study and the key information to share with the parents. Social workers than informed parents about the study and invited them to take part. In addition, we used a snowballing strategy and asked early study participants with positive experience if they knew any parents who had a less positive experience with social services and requested, they shared the study information with these parents ( $n=6$ ). Thirty-four people expressed an interest and were invited to take part. Twenty agreed to take part (response rate 58%). Fourteen did not take part because they did not meet the study criteria (be open to social services for the past 6 months and receive support under FSP model [ $n=6$ ]) or declined after the initial contact ( $n=8$ ). Table 1 describes the characteristics of the final sample ( $n=20$ ). Participants were primary carers of children, who were subject to different levels of statutory plans (e.g., child in need). Parents had different levels of experiences with social services: For some, it was a first-time experience, while for others, it was the second or third time their children has been subject to a plan. Domestic abuse was the most common risk factor, followed by neglect, mental health and substance abuse. Some parents ( $n=8$ ) had more than one risk factor.

### 2.5 | Development of Interview Schedule

The interview schedule was informed, in part, by the evaluation protocol (Buivydaite et al. 2022), which outlines a proposed

**TABLE 1** | Demographics of the sample.

| Variables                  | Frequency (N) |
|----------------------------|---------------|
| Gender of the parent       |               |
| Mother                     | 15 (75%)      |
| Father                     | 5 (25%)       |
| Children's age (years)     |               |
| 1                          | 3 (7%)        |
| 2–4                        | 8 (18%)       |
| 5–10                       | 16 (36%)      |
| 11–18                      | 17 (39%)      |
| Level of plan <sup>a</sup> |               |
| Child in need              | 7 (35%)       |
| Child protection           | 10 (50%)      |
| Children we care for       | 3 (15%)       |
| Risk factors               |               |
| Domestic abuse             | 11 (40%)      |
| Neglect                    | 6 (22%)       |
| Mental health              | 5 (19%)       |
| Substance misuse           | 5 (19%)       |

<sup>a</sup>*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*: mid-level care plan, where the child remains at home, but further involvement and support is required due to a significant risk of continuing harm. *Children we care for plan*: highest level care plan, where child has been removed from the family home and placed into the care of others (i.e., foster care).

programme of evaluation relating to child, family and staff experiences of FSP as well as its impact on services and child outcomes (Appendix S1). It was further refined after pilot interviews with five parents who provided feedback on the interview questions. The draft interview was piloted and further refined with a group of parents, three mothers and two fathers, whose children had previously been involved in a family safeguarding chosen. They were invited by OCC staff who identified parents who no longer needed support from OCC and would be able to reflect on their own experiences and provide objective assessment of the interviews. The families concerned had experienced a range of problems (domestic abuse, substance misuse and mental health). The parents were supportive of the content and approach of the interview. They suggested changes to the opening sections, allowing more time for introductory questions. They also drew attention to the need for sensitivity when discussing domestic abuse and that different approaches might be needed for mothers and fathers. Minor changes were also suggested to phrasing and language of other questions.

The research team also conducted informal discussions with heads of services and managers to help ensure the relevance and suitability of the interview questions. The primary purpose of the pilot interviews was to ensure that the language and phrasing of the questions were sensitively expressed and appropriate to the context. Following the pilot interviews, the interview guide was reviewed to ensure that the questions succinctly addressed the most critical issues.

## 2.6 | Interview Procedure

The interview covered a range of topics. Firstly, we discussed family history, what was happening in family's life before children social services got involved. Secondly, we asked about parents' experiences with the social worker. We reviewed communication, support received/or lack of it, relationship and development of trust and overall experiences with their social worker. Thirdly, we explored their experiences with social services including partner services. We talked their experiences with adult-facing practitioners (AFPs), communication and support received or lack of it, what could be improved. Fourthly, we discussed their view of the service as a whole, has their view about children social services changed and what contributed if anything to that change. Finally, we asked what advice they could give to other parents, social workers, managers of the services.

Where possible, the interview schedule was sent to participants ahead of the interviews to allow parents to think about the answers. Interviews were conducted over the phone or face to face. This depended on parents' availability and preference, some felt more comfortable doing the phone interview, and for others, it was more convenient. The interviews were conducted by R.B. between December 2022 and February 2023, each lasting an average of 35 min (the shortest 25 min and the longest 55 min).

The data saturation refers to a process when sufficient data are collected to answer the research questions and any further data will not provide any additional insights (Faulkner and

Trotter 2017). We were simultaneously recruiting, transcribing and analysing. We have reviewed incrementally the answers to the questions and we checked data saturation after first 10 interviews than after additional five (interviewed more fathers) and another five. After analysing 20 interviews and checking that all the questions had been fully answered, we concluded that data saturation had been reached.

## 2.7 | Data Analysis

Interviews were audio recorded, transcribed verbatim by external professional transcription services and anonymised. The transcription services adhere to GDPR policies to ensure the data transcribed are protected. Each participant was assigned a participant number. Field notes were also taken to capture the experience and observations of the interviewer. The audio recordings and notes were stored on password-protected university computers.

The reviewers independently analysed and coded the interviews and then compared their results through discussion, to reflect on the findings and explore underlying assumptions and interpretations of the data. In addition, the results were shared with participants to assure that the findings reflected their experiences. The findings were also presented to social workers to sense-check the findings.

Transcripts were uploaded to NVIVO (v14, 2023) and analysed using Braun and Clarke (2021) theoretical thematic analysis method. The research question guided the analysis and marked the parameters of interest. The researchers were interested in analytically understanding the different aspects of the model through the experiences of parents and were therefore guided by the components of the model as a way of understanding the data. The emphasis was on the description of parents' experiences rather than on identification of meanings behind those experiences. We took an inductive approach to analysing the data, following the six basic phases of analysis of Braun and Clarke (2012): (i) familiarisation with the data, (ii) generating initial codes, (iii) generating themes, (iv) reviewing potential themes, (v) defining and naming themes and (vi) producing the report. Data analysis was carried out by two authors (R.B. and B.P.). R.B. and B.P. independently analysed and coded the interviews and then compared their results through discussion, to reflect on the findings and explore underlying assumptions and interpretations of the data.

Of the two analysts, one had no prior connection with or knowledge of Children's Social Care Services in Oxfordshire or elsewhere, while the second coder had extensive knowledge about the service and the new model. Therefore, the independent coder was used to explore different interpretations of the data and sense-check assumptions. The analysis was discussed in meetings with a third author C.V. Findings were presented to an evaluation committee consisting of managers, heads of services and frontline staff, who provided their feedback and insight on the findings, which helped aid the interpretation of the data. Furthermore, the findings were shared with participants in a newsletter and parents were given the opportunity to feedback on the results.

The first theme explores parents' experiences of social services, the second looks at the impact of social service involvement on families and the third explores parents' feedback and suggestions

for improvement (see Table 2 for the full thematic structure). The discussion section will reflect on the implications of these findings for the FSP model.

**TABLE 2** | Themes and Subthemes.

| <b>Themes</b>                                       | <b>Subthemes</b>   | <b>Illustrative codes</b>   |
|---|--|---|
| Parents' experience with social services            | Communication and engagement   | Experience of clear and inclusive communication   |
|   |  | Having a shared understanding and plan forward  |
|   |  | Social worker is easy to access and does regular visits                                       |
|   |  | Experience of judgmental or biased views of social worker                                     |
|   |  | Experience of inconsistent communication or double standards of social worker                 |
|   | Continuity of care   | Social worker is formal and distant with the family   |
|   |  | Social worker ordering parents what to do   |
|   |  | One social worker allows to build trust and relationship                                      |
|   |  | One social worker gives consistency for the family  |
|   |  | One social worker makes it easy to engage, no repetition                                      |
| Parents experience with partner services            | Too many social workers is distressing and overwhelming for the family |   |
|   | Many social workers mean constantly changing plans                     |   |
|   | Parents feeling listened and supported                                 |   |
|   | Adult-facing practitioner is consistent in family's life               |   |
|   | Parents manage different appointments with different services          |   |
| Outcomes and impacts of social services on families | Impact on family   | Children social services as a coordinator of additional services                              |
|   |  | Children social services keep families together if possible                                   |
|   |  | Children social services involvement brought positive and meaningful change over time         |
|   |  | Children social services involvement empowered parent to make changes in their life           |
|   |  | Children social services provided support and resources for the parent                        |
|   | Impact on parent   | Adult-facing practitioners offered life transforming and informative interventions            |
|   |  | Lack of understanding on reasons of involvement/forced participation                          |
|   |  | Psychological impact fearing a child being removed when Children social services are involved |
|   |  | Psychological impact of being judged (stigma) when children social services are involved      |
|   |  | Important to improve consistency of service   |
| Feedback and suggestions                            | Suggestions to social services   | Frequent and clearer interactions with families   |
|   |  | Build relationships first   |
|   |  | Be honest and open with social services   |
|   | Suggestions to other parents   | Work with social services rather than against them  |
|   |  | Need to be advertised more in social services   |
|   | Suggestions to partner services  |   |

### 3 | Results

#### 3.1 | Parents' Experiences of Social Services

##### 3.1.1 | Communication and Engagement: Positive Experiences

Parents placed high importance on clear and inclusive communication. Parents felt it was important that social workers explained clearly what was expected of them and did not use jargon. They valued social workers really taking time to listen to them. Secondly, parents highlighted the importance of shared understanding and designing the plan forward together. Shared decision-making made parents feel empowered and motivated to work alongside children social services.

Um, yeah, I felt included. Um, at first, like I said, I didn't. I felt like it was, like, something that they were just telling me I had to do. Um, but after they took the time to explain why they wanted me to do this, and why it was important to do it, um, I just found that more helpful than, than, you know, the regular, like, well, you're not doing this right, and that's what you have to be doing. But if they take more time to explain why and, and, um, and the impact it has on the children and the impact it has on the family life and things like that, I find that really helpful.

P8

Parents stated in addition that they valued being able to access and communicate with their social worker regularly. Regular and open communication helped to reduce parental anxiety and meant families could clarify different processes, address issues and build a good relationship with their social worker.

##### 3.1.2 | Experiences of Lack of Communication and Engagement

Despite some parents having positive experiences, there was a group of parents whose experiences with social services were negatively impacted by a lack of communication and engagement. Some parents, who considered that their social worker was judgmental and jumped to conclusions, became closed and disengaged. Parents felt that some social workers choose sides and were not objective, making parents feel defeated and lose motivation to engage. In addition, they noted that some social workers were distant and formal in their engagement with families, which made parents become distant and closed off themselves. Furthermore, parents became frustrated if their social worker was inconsistent in their response when asked about the next steps, as this created more uncertainty and agitation for the parent. Some parents also felt that social workers were hypocritical, holding parents to standards of engagement or communication that they themselves were not adhering to, that is, cancelling last minute or missing appointments.

But then it's the hypocrisy, the hypocrisy of the situation. If I had to cancel any appointment I have, I'd get it in the neck. And I'd get told that I'm not being, I'm not committing, I'm making, I'm not doing this, I'm not doing that, but then it's okay for everybody else who has to rearrange. But if I have to rearrange because I've got a manic family life ... And something's come up with one of the kids being ill or I'm ill or something, and it's like, great.

P4

##### 3.1.3 | Continuity of Care

Parents highlighted the difficulty of having many different social workers through their journey with social services. They stated that when they had multiple social workers, they found it distressing and overwhelming because they had to repeat themselves and relive the past. In addition, it was difficult to build relationships and trust. In some cases, parents stopped engaging because they felt that constantly changing social workers meant that their family was not being prioritised or their needs were unimportant to social services. Constantly changing social workers was also seen as distressing for their children, especially neurodivergent children. Conversely, if the family had one social worker throughout, they were able to build a relationship, be open and honest with their social worker and trust that they have the best intentions for the children, even if they disagreed in the beginning.

Um, the social worker that I've got, that is with my family now, she was off for a while. And I think last year, she was off for an illness, and we got redirected, um, to about three different social workers. < ... > Um, which that's, that's the time I struggled, because the communication was lacking in ... Like, they wasn't communicating with each other. They were half, half, um, [toy ringing] you know, half stories of the family and stuff like that, and, um, and what to do. And they weren't communicating all together, as it should be.

P8

##### 3.1.4 | Parents' Experience With Partner Services

Parents stated that the involvement of AFPs (e.g., domestic abuse workers) has been one of the most positive experiences for their family, even if their engagement or communication with social workers and services was poor. All parents noted that AFPs were supportive and listened to parents' difficulties and needs, which led to strong parental engagement and motivation for change.

I just felt completely listened to, supported, not judged. The suggestions that she [domestic abuse worker] gave with certain things were really, really helpful. It was a lot of things I could pass on to my daughter.

Things about, we worked a lot on confidence and, and being able to say no, and self-worth.

P15

Furthermore, families highlighted that AFPs have been a constant in their life and knew the family well. They found having AFPs in their life was a welcome change and allowed them to build strong relationships and trust. However, a few parents highlighted that it was challenging managing different appointments with AFPs especially if services were further from the family and required additional travel.

### 3.2 | Outcomes and Impacts of Social Services on Family

Parents noted that having social services involvement had brought meaningful change in their families' lives even if the outcome resulted in the child being temporarily removed. Many felt that without social services they would not have initiated change that made significant improvements in their child's or their own life, for example, leaving an abusive partner.

Well, if she [social worker] hadn't been involved I think I would still be with my ex-partner who is now in jail because of his actions, which I don't think I would've had the courage to do without help from, from her.

P15

Parents highlighted that having social services involved had positive impacts for their family. For example, they noted that involvement of social services sped up processes with different stakeholders that were involved in their child's care like Children and Adolescent Mental Health Services (CAMHS) or school. They stated that before the social service involvement, the family was put on the waiting list, or the needs of the child were not being addressed; however, the involvement of social services made other organisations prioritise and address problems sooner. Some parents felt that social services acted as a coordinator and manager of support for their children's well-being.

And as soon as social services got involved in chairing those meetings between the different professionals, keeping the professionals, bringing the professionals together, so school CAMHS, social services, um, everything started to work together. Uhhuh, you know, an awful lot better.

P10

Finally, some families reflected that their views of social services had changed over time. Many parents initially felt that social services were there to take their child away. The majority now felt that social services wanted to keep children with their parents if possible or within the wider family and not to 'snatch' their child away.

Whereas you feel terrified to do anything wrong. To admit that you are struggling. Because they would

swoop in. Uhm, and, yeah, I think now that they try, from what I, I'm understanding, and I hope this continues, that they do try and work with families to the best of, that they can. Or try and do everything in their power to keep the family together.

P3

#### 3.2.1 | Outcomes and Impacts of Social Services on Parent

When parents elaborated on the impact of social services on their lives, they highlighted that they felt empowered because of the interventions that they received to make those changes that they had been unable to make in the past. Reasons given for previously struggling to make changes were parents being required to access services on their own, long waiting lists, feeling demotivated or not receiving relevant support.

Well basically learning that before, one of the main issues with me was my anger. So that obviously they basically opened my eyes to the point where I could see that, how to basically combat it and the effect it had on my family, especially my kids.

P16

Well, uh, I've, I've, I've changed a lot as well, uh, because of them. I've, I've, I've learned how to express my feelings ... And, and now learnt how to be patient. And, uh, I've, I've learned as well with my mistakes. And, uh, we, we have, uh, like, good relationship [refers to his partner].

P2

Parents emphasised that interventions brought by AFPs were potentially life transforming and, in many cases, helped address long-standing difficulties. For example, long-standing problems relating to substance dependency management, learning to draw boundaries (after abusive relationship) and understanding the impact of their mental health difficulties on parenting.

So I think those courses there's no way to explain that they were really, really helpful. That's really given me a scope for change, we should say that. I mean, I won't be able to give you an example, but the more I can say is changes such as the way that we think, the way that we are, they way we should be. So because of that, I believe that the way that it was explained to me it was really, it was transformative.

P11

Parents also reported receiving useful practical support and resources from children social services, such as fitting locks, or financial interventions like vouchers for food or housing services. Some of this was provided by social workers and some by the AFPs. Many parents felt that social services had

supported the family in addressing their needs. For one parent, their experience inspired them to work with traumatised children.

Uhm ... What have I learned? Well <sought> actually it's encouraged me to, I would like to do something along those lines. I would like to be the person helping so. < ... > Yeah, I actually, I've applied for a job at a local school, which is with traumatized children, so.

P17

### 3.2.2 | Potentially Negative Impact of Social Services on Families

Parents also highlighted some negative aspects of children social service involvement. For some parents, they felt that they had a forced participation without really understanding the reasons of involvement, which made them compliant due to fear.

And I ended up at the beginning saying yes to things I didn't really agree with because I was very frightened that the limited access, I'd get to see my children would be taken away totally if I didn't agree with what they were saying that's how I felt.

P12

In addition, parents reported psychological impact of social services involvement that had negative implications on their experiences. In the beginning some parents worried that social service involvement would mean that their child would be removed, which created huge distress and anxiety. In other words, the uncertainty and fear that parents experienced initially when having social services involved had a negative psychological impact, particularly the fear of unannounced visits.

Yeah, I said look, my wife sometimes, felt like she had to stay in the house like, so she was getting food deliveries delivered to the house. She wasn't going out to get shopping you know; it was that kind of thing. She was like, oh I've got to do, I've got to go work. But then she'd rushed to get back to the house just in case someone turned up. Like [SW name2] said that we shouldn't have felt like that, but we did. We felt like we were basically couldn't leave our own house.

P16

Some parents stated also that due to wider societal attitudes to social services intervention they felt judged those around them. Parents reported stigma associated with social service involvement and feeling like a 'bad parent', they also felt shame of being identified by neighbours or relatives of having social service involvement.

But of course, the sooner, I know it sounds hard, but the sooner they're out of my life the better. So, I'm not feel like always under the spotlight. I know I'm not. But ... When you've not been involved ever in, that's like a situation like this before and then you're like, you walk down the street and you probably, I walk down the street when I first was involved, I walked down the street and think 'oh my god, everyone's looking at me'. Even though they wouldn't know. Whereas now I'm just like, you know what? I'm doing everything what I'm supposed to be doing. And I know that they will eventually be out of my life. Obviously, nothing against them, I just don't like having that in my life.

P20

## 3.3 | Feedback and Suggestions

### 3.3.1 | Feedback and Suggestions to Social Services

Parents were able to reflect on what could have been done to improve their experience and gave a list of suggestions for social services. They stated that social services still need to improve consistency by having one consistent social worker throughout and delivering plans that are similar among the social workers. Families felt that interactions with social workers ought to be more frequent and clearer. Finally, families advised that social workers needed to build relationships first and foremost before doing any interventions so they could get to know the family and design bespoke programmes.

And I think, like, meeting with the parents first a few times. And then meeting with the children. Then meeting together, so changing the dynamics. Uhm, you know, and take, if it's an older child, take them out for a cup of tea or something. Like, or a walk. Or going for a walk with a family. That's been quite useful in the past that a social worker suggested. Because I said to her it's quite difficult to sit and talk because they're, they're getting ready to go out, like, they're busy people. But if we go to the park, they can play and we can talk. You know?

P3

In addition, parents gave suggestions to AFPs to be more present and visible for parents. They noted that AFPs were not the first service offered and were not the first line of intervention for the family. They stated that AFPs should be offered to families at an earlier stage.

Just the timings and the fact that it needs to be an option to people at the beginning I think because it's not an option now. You don't get, I didn't have even known about it yet. Unless I hadn't been accused of domestic abuse right, I wouldn't have been even known about it. I think it needs to be marketed a

little bit better so people could have a choice to go on a course like that. But don't get me wrong, people are not going to jump at a, yeah, I'm going to go to that cause there'll be, whereas I wouldn't, like I said, I wouldn't have known about it unless they've done it.

P12

### 3.3.2 | Feedback and Suggestions for Other Families

Finally, the parents gave suggestions to parents who are starting their journey with social services and highlighted things they found helpful or what they could have done differently. Parents underlined the importance of openness and honesty with social services, stating that being distant created more problems and difficulties. In addition, they highlighted the importance of collaborating with social services rather than working against them. They said that collaborating is less mentally and emotionally draining than trying to resist or fight. That does not mean agreeing to everything but avoiding resisting social workers and services every step of the way.

**P18:** Just be open and honest, yeah.

**Interviewer:** Why, why that, why is that important do you think?

**P18:** Because they can help you. That I don't know, I can't speak for all social workers, but my one, if I'm open and honest with them, then they can actually offer me the support that I need.

You know, like, children get removed for a reason, and that's because the parents won't listen or take the social worker's advice. Just do what they're asking you to do. Do it the best you can, and doing it ... Do it as fast as you can do it. But do it right, yeah?

P5

## 4 | Discussion

This study explored parents' experiences of family safeguarding services following the introduction of the FSP model, a multicomponent intervention that places greater emphasis on the provision of support for the family. The key components of FSP are motivational interviewing, AFPs, increased coordination of multidisciplinary teams and agencies, integrated methods of reporting and improved continuity of care. In interviews conducted with parents following the implementation of the new model, parents reported positive experiences with social services when communication was clear and concise, and they felt involved and listened to, which motivated them to make changes and address long-standing difficulties. Parents were especially positive about the involvement of partner services, in many cases, describing them as life transforming. Most felt that social services were there to help families and keep them together where possible. However, for some parents, their experience with social services was less positive. They felt judged, disengaged and distant from their

social worker. Some reported a lack of communication and not feeling involved in decision-making. Parents experiences of social services were varied, but there were some clear examples of families transforming their lives as result of their interactions with social services.

Parents did not know about the service changes and therefore could not directly comment on the impact of the FSP model. However, through their experiences, we can understand what they valued about and reflect on the FSP model. It seems that parents appreciated the key elements of the programme: continuity of care, AFPs, open communication and better coordination of services. These were the elements that parents reported had a positive impact on their experiences with social services. Similar findings were reported by other FSP evaluations (Collyer et al. 2021; Forrester et al. 2017). They also highlighted the importance of these components to help them elicit change in their own and their family's life. They especially valued partner services (AFPs) which is consistent with findings from Rodger, Allan, and Elliott (2020) who describe the integration of specialist adult workers within social worker teams as the biggest success factor of the FSP model. Similarly in our previous study reporting on staff experiences of the FSP model, staff highlighted the importance of adult practitioners for improving outcomes for families (Buivydaite et al. 2023). Finally, parents highlighted the importance of having one social worker throughout which allowed them to form a relationship and trust which in turn impacted parents' ability to enact change. This was reported as a key finding from other social care models, stating that constant change between social workers impedes building trust and prolongs families' involvement with the services (Bostock et al. 2017; Kantar 2020; Sheehan et al. 2018; Whitley et al. 2020).

We found overall that family-centred model partially brought some important positive changes in parents' experiences with children social services. This highlights that existing issues for parents like of lack of trust, hostile attitude or resistance to change can be at least partially overcome within family-centred approach. These initial signs are encouraging and will hopefully be sustained as the programme matures.

### 4.1 | Challenges of Implementation

It is clear from parents' experiences that elements of the FSP model were not always being fully implemented: For example, many of the families reported having multiple different social workers, and others felt that social workers were judgemental and did not involve them in decisions, which goes against the aims of motivational interviewing. In our previous paper on staff experiences of the FSP model, we noted that despite being enthusiastic about the FSP, frontline workers struggled to fully use the model due to challenges that they face such as staff shortages, high caseloads or time constraints (Buivydaite et al. 2023). OCC Children Social Services tried to address these difficulties of implementation, but from parents' response, we can note that there are still room for further improvement on usage of FSP in service, such as motivational interviewing or one social worker throughout. These findings suggest that when the model was implemented effectively,

families were able to have a positive experience, as opposed to when the model was not fully implemented, their experiences were less positive.

## 4.2 | Implications for Safeguarding Services

Parents' experiences highlighted the importance of working with the whole family and not just the child. The current drive-in children social services is to move from a focus on safeguarding to a more holistic whole-family approach, to keep families together where possible and to reduce the number of children taken into care. In the interviews, most parents reported that they felt social services were trying to keep their family together. This is consistent with findings from Rodger, Allan, and Elliott (2020) that families felt social services had worked with them rather than acting unilaterally. Many of the parents and carers consulted for the evaluation said they had found the family safeguarding processes to be more participatory, supportive and empowering than their previous experiences of social services. Almost without exception, the parents and carers told the evaluators that their quality of life had improved because of the family safeguarding. This has wider implications for children's safeguarding practice and the current Phase 2 of FSP being undertaken to increase the application of motivational interviewing throughout Children Social Care. Also, to sustain having one social worker throughout when feasible.

## 5 | Limitations

One important limitation of our sample is that participants were recruited via social workers who may have chosen families who were more likely to report positive experiences. To help mitigate this, we used snowball sampling (Johnson 2014) where we asked early study participants with positive experience if they knew any parents who had a less positive experience with social services and requested that they share the study information with these parents. Some of those parents agreed to take part, which helped ensure we captured a balance of positive and negative experiences. Another important limitation is that the design of this study means it is not possible to compare the experiences of families before the implementation of the FSP model with after the implementation, so it is difficult to directly assess the effects of the services changes on families from this study alone.

## 6 | Future Research

In the future, we are planning to interview children to explore their experiences with social services and the FSP model and to identify the benefits and drawbacks of the model on children. We also plan to use child-level outcome data to quantify the benefits of the model and to better understand who benefits the most from FSP which will help to inform how best to allocate resources going forward. When services are under huge pressures, it is critical to identify which parts of the FSP model are bringing the biggest benefits and which families are most likely to benefit, so we can maximise the impact of scarce resources.

## 7 | Conclusions

This study provides an important perspective on a complex programme, which, as part of a wider evaluation of FSP, provides valuable insight into experiences of the new model. Parents valued the approach of the FSP model that focuses on supporting the whole family and not just the child. Parents especially valued support from AFPs and a more collaborative approach to working with social services. The findings from this study have already been presented to Oxfordshire heads of services, team managers, partner services and parents and used to further refine and enhance the FSP model by increasing training, reducing caseloads where possible and earlier introduction of AFPs. We hope that openly sharing these findings, both the successes and challenges, will be of value to other services working to keep children at home and keep families together.

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### Ethics Statement

This project has been reviewed by the Oxford University Research Ethics Committee. It was determined that the activity described is best understood as a service evaluation. As such, it is not subject to the Department of Health's (2017) UK Policy Framework for Health and Social Care Research. It requires neither sponsorship nor research ethics review.

### Consent

This research was classified as a service evaluation; therefore, we followed the typical protocols of such research, and participant consent was not required.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The transcripts and original interviews will not be shared, as permission from participants was not granted.

### Endnote

<sup>1</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills; a nonministerial department of the UK government responsible for inspecting and regulating services that provide care, education and skills to children and young people.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section.