ORIGINAL ARTICLE

CHILD & FAMILY SOCIAL WORK   WILEY

Staff experience of a new approach to family safeguarding in Oxfordshire Children's Social Care Services

Dr Ruta Buivydaite[1] | Mia Morgan[1] | Dulcie Irving[1] | James Carter[2] |
Hannah Farncombe[2] | Prof Charles Vincent[1]

[1]Department of Experimental Psychology, University of Oxford, Radcliffe House, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK

[2]Oxfordshire Children Social Care Services, County Hall, New Road, Oxford OX1 1ND, UK

Correspondence
Dr. Ruta Buivydaite, Department of Experimental Psychology, University of Oxford, Radcliffe House, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK.
Email: ruta.buivydaite@psy.ox.ac.uk

Abstract

This paper presents the findings from a qualitative study that sought to understand the experiences of frontline staff working in Oxfordshire County Council (OCC) Children's Social Care Services and their views on a new family safeguarding model (Family Solutions Plus). Focus group interviews were conducted with 20 frontline staff and managers in different teams across OCC Children's Social Care Services using video conferencing software. Thematic analysis identified three overarching themes: Preparation for the implementation of Family Solutions Plus, staff views on the implemented model, and challenges to its implementation. Staff voiced strong support for the new model, which places a much greater emphasis than previous practice on supporting the whole family, developing parenting skills and keeping children safe with their families. The challenges associated with the transition to a new model were considerable in the short term, partly due to the COVID-19 pandemic, but there was optimism that the new model could be sustained and stabilized over time.

KEYWORDS
child protection, family safeguarding, qualitative research, social work, staff experience, thematic analysis

1 | INTRODUCTION

Family Safeguarding Services in the United Kingdom (UK) have a statutory responsibility to intervene in situations where a child is at risk of serious emotional or physical harm, also known as child protective services in other parts of the world. In the UK, some estimates suggest around 25% of children and adolescents have experienced some form of severe abuse or neglect during their childhood (Radford et al., 2011). The safeguarding response varies depending on the level of risk, but, in serious cases, it may be necessary for a child to be removed from their home and cared for by others temporarily or permanently.

The primary objective of placing a child in care is to protect children from potential or continuing harm at home. Placing a child in care in the short-term can provide the family with some respite, allowing parents a period of time to focus on improving their own health and employment prospects (Maluccio, 2002; Narey & Owers, 2018). Children placed in care often appreciate the additional attention they receive from foster parents, feel safe and feel part of the family (Maluccio, 2002; Narey & Owers, 2018; Wood & Selwyn, 2017). However, removing a child from their own family, even for short periods, may have significant adverse effects on their well-being in the longer-term (i.e., increase in behavioural problems, psychiatric

disorders compared with children growing at home) (Ford et al., 2007; Lawrence et al., 2006; Schneider et al., 2009; Simkiss et al., 2013; Tarren-Sweeney, 2021). Schneider et al. (2009) found that if a child spends longer than 6 weeks in foster care, their mental health is likely to be negatively affected with a potential increase in conduct problems, inattention/hyperactivity, and attachment difficulties. Social services therefore face a dilemma: The need to protect a child from harm in their home, while simultaneously recognizing the detrimental effect that removing a child from their family can have.

1.1 | Child safeguarding developments in England

In the past 40 years, child safeguarding has seen major shifts and changes in the UK. 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.

In 1996, the "refocusing programme" of children services aimed to support children in need by working in partnership with families rather than simply focusing on the level of harm and risk to the child (Hayes, 2006; Parton, 2011; Parton & Williams, 2017). The programme aimed to build on the strengths of the family and work collaboratively with them while still protecting the child. Children's social care in general placed a greater emphasis on early intervention and prevention, particularly in the most deprived areas, providing nonstatutory early interventions such as Early Help and Sure Start Centres.

The tragic death of Victoria Climbie in 2003, and subsequent inquiry, prompted a shift in statutory services towards a broader multiagency approach and the sharing of information between agencies such as police, mental health services, and social care (Hayes, 2006; Parton, 2011). The primary focus became identifying and monitoring risk to the child, with less attention given to support for the whole family. This trend was exacerbated after the death of Baby Peter Connolly in 2007, which was given huge media coverage and in turn led to substantial criticism of child protection services. The Munro (2011) review addressed the problem of how to manage and resource the increasing number of cases being referred into child protection agencies. The provision of public services at that time for children taken into care was assessed at £70,900 per year compared with £26,900 for children who remained at home and were supported by a social worker (MacAlister, 2022). In spite of these costs, the principal government position was to widen the use of adoption as a means of protecting children.

The recent review by MacAlister (2022) has urged 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. The review drew on the experience of a number of different programmes, which had developed more family-oriented approaches to child protection and child services. These included "Signs of Safety" and programmes developed by Camden, Leeds and Hertfordshire social services.

The UK's four nations—England, Scotland, Wales, and Northern Ireland—each have their own child protection system and laws to help protect children from abuse and neglect. There are differences in statutory timelines, legislation frameworks, and multiagency collaborations working to protect children (NSPCC, 2022).

1.2 | Child safeguarding in Oxfordshire

In England, social services are organized regionally by county councils. The safeguarding programme under discussion here was developed by the county council in Oxfordshire; an English region with an estimated population of 696,880 (Office for National Statistics, 2021). Between 2011 and 2019, Oxfordshire saw an 80% rise in the number of children placed in care (Oxfordshire County Council, 2020) a trend also seen in other areas of the country. In response, Oxfordshire County Council (OCC) decided that a new approach to family safeguarding was necessary.

After reviewing models of national best practice, OCC developed a new approach to child safeguarding: Family Solutions Plus (FSP), launched in November 2020. This new approach was based on the Family Safeguarding Model implemented by Hertfordshire County Council, which is now in its fifth year. Through this model, they were able to reduce the number of children taken into care in Hertfordshire by as much as 30% (per 10,000) and reduce the number of children on child protection plans by 46% (Forrester et al., 2017). The Hertfordshire model was considered very effective in an independent evaluation, received praise from Ofsted,[1] and is currently being replicated by at least 12 other English local authorities (Forrester et al., 2017). However, evaluations conducted so far have generally been limited in scope and primarily qualitative in nature (Forrester et al., 2017; Rodger et al., 2020; Sanders et al., 2019)

1.3 | FSP: A new approach

FSP aims to improve safeguarding practices, with a stronger focus on whole family support, so that more children may remain safely at home with their families and the number requiring foster care is reduced (Box 1).

The holistic approach seeks to build supportive relationships between families and social workers through motivational interviewing, a method of communication with families in which all staff are trained. Adult facing practitioners, now working directly within social care teams, provide parents with greater access to evidence-based interventions to meet their needs relating to mental health, domestic abuse, and substance misuse. Previous models of practice separated personnel between assessment and longer term support, meaning families had to repeat what is an intrusive process with two separate social workers. By integrating these roles so that families are in direct contact with one social worker throughout, the new model provides greater consistency and facilitates the building of trust and relationships between the family and social services. The multidisciplinary

---

> **BOX 1   Key components of the FSP model**
>
> *Motivational interviewing*: A strengths-based approach designed to aid the structure of conversations with families in order 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.
>
> *Group Supervision*: 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.
>
> *Workbook*: 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.

teams delivering the model are supported by locality services (police, health and schools) and collaborate closely with agencies working with the family (Appendix S1). Increased staffing as part of the model is another focus of change and will reduce caseloads for social workers and team managers, allowing them to spend more time working face-to-face with families.

1.4 | The present study

FSP represents a major shift in the approach to family safeguarding and services, presenting many challenges for staff as they implement the new model. This qualitative study is part of a wider evaluation on FSP in partnership with OCC, which uses a mixed methods approach to evaluate the effectiveness of this complex intervention. It triangulates evidence assessing the impact of the new model on the experience of children and families, the experience of staff, and on child outcomes. In this study, we aim to understand frontline staff working in OCC Children's Social Care Services views and experiences of the new model.

2 | METHOD

2.1 | Design

A qualitative approach was used to capture the perspectives of frontline staff on the implementation of a new family safeguarding model in Oxfordshire, as part of a larger mixed-methods evaluation of the model. Online focus groups, guided by semi-structured interviews, were conducted to explore their views and experiences of FSP.

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 UK Policy Framework for Health and Social Care Research (2017), which means that full ethics review was not required. The committee also advised that written consent forms were not required. However, we provided participants with full information about the study, responded to all questions, and obtained verbal consent at the point of recruitment to the study and again at the beginning of each focus group.

2.3 | Reflexivity statement

Within the context of the current study, it was important that the research team members interviewing study participants consider the ways in which their interactions with participants might be influenced by their own professional background, experiences and prior assumptions. The two interviewers (RB and MM) are both researchers without prior experience of social care work or social care research before the commencement of this study. The lead researcher had a long period of familiarization with council services and review of the FSP model as well as experiences reported by other local authorities that have implemented a similar model. The two interviewers independently analysed and coded the interviews and then compared their results through discussion, providing reassurance for the consistency of coding and interpretation. In addition, the results were shared with participants to assure that the findings reflected their opinion and experience.

2.4 | Sample

A purposeful recruitment strategy was employed. Information about the study was shared with the targeted teams via newsletters and emails, and we contacted those who expressed an interest in participating to arrange times for small group discussions. Twenty-six people expressed an interest in participating, but six were unable to take part due to scheduling difficulties, leaving a final sample of 20 participants across six focus groups, and between two and five people included in each group (Table 1). Participants were frontline staff, including both social workers and team managers, working in various teams across OCC Children's Social Care Services. We recruited staff with a wide variety of experience, ranging from newly qualified workers to those who had been working in social care for 20 years, as we wanted capture the range of expertise that typically appears in social care services. Participants were informed that the purpose of the study was to understand their experiences and views of the new model.

TABLE 1 Number of participants in each focus group.

Focus group no	Number of participants
Focus group 1	3
Focus group 2	5
Focus group 3	2
Focus group 4	4
Focus group 5	3
Focus group 6	3

2.5 | Data collection

The interview schedule was informed, in part, by the evaluation protocol (Buivydaite et al., 2022), which outlines a proposed programme of evaluation relating to child, family, and staff experience of FSP as well as its impact on services and child outcomes (Appendix S2). It was also guided by a pilot interview with social workers and informal discussions with heads of services and managers in the different teams. Successive versions were reviewed to ensure that the questions succinctly addressed the most critical issues. The interview covered a range of topics including the preparation and transition period, a review of different components of the model, workers experience, family experience, barriers related to implementing the model, and recommendations for improvement going forward. Social workers and managers reviewed the materials and study design. In addition, a Patient and Public Involvement (PPI) representative from the Oxfordshire Applied Research Centre, who has social care experiences and knowledgeable about the statutory services, reviewed the materials, and provided their independent feedback on the suitability of interview questions. The primary purpose of this review was to ensure that the language and phrasing of the questions were sensitively expressed and appropriate to the context.

The interview schedule was sent to participants ahead of focus group meetings, which took place using Microsoft Teams video conferencing software. Six focus group interviews were conducted by RB and MM between May and August 2021, each lasting an average of 52 min.

2.6 | Data saturation

The data saturation refers to a process when sufficient data are collected to answer research questions, and any further data will not provide any additional insights (Faulkner & Trotter, 2017). Data saturation was reached after the fifth focus group, at which point no new themes emerged and we were able to answer our research question. A sixth focus group was still held to allow those who had been unable to attend previous sessions the opportunity to participate and to check nothing new would emerge.

2.7 | Data analysis

Interviews were audio-recorded, transcribed verbatim by external professional transcription services, and anonymised using the agreed coding method. Each participant was assigned a combination of their focus group and participant numbers (e.g., [P1, F1] represented participant 1 in focus group 1). Field notes were also taken during focus group sessions, which recorded additional information on participants' body language, such as nodding in agreement. The audio recordings and notes were stored on password-protected university computers.

Transcripts were uploaded to Nvivo (v12, 2018) and analysed using Braun and Clarke's (2021) theoretical thematic analysis method. The research question guided the analysis and marked the parameters of interest. The researchers had an interest in analytically understanding the different aspects of the model through the experiences of staff and were therefore guided by the different parts of the model as a way of understanding the data. The emphasis was on the description of those experiences rather than an identification of meanings behind those experiences. Initial codes were generated through a review of the transcripts and grouped into subthemes, from which broader themes were identified and further reviewed and refined in successive iterations (Table 2). Additional notes taken during and after interviews assisted the identification of core themes. Data analysis was carried out by two authors (MM and RB) to ensure consistency of coding and interpretation. The two analysts had no prior connection with or knowledge of Children's Social Care Services in Oxfordshire or elsewhere, which limited any related biases that could have influenced data collection and analysis. Findings were presented in an evaluation committee consisting of managers, heads of services, and frontline staff, who provided their feedback and insight on what was found.

3 | RESULTS

The analysis has produced key themes that were organized into successes and challenges of the new model's implementation as well as staff experiences of individual components of FSP.

3.1 | Successes to the initial implementation of the new model

3.1.1 | Setting a successful start

The staff reflected on their experiences related to the preparation for the new model's implementation. They stated that the training delivered was comprehensive and laid out key principles of FSP. Participants highlighted that the emphasis placed on reflective thinking during the training enabled them to better understand their purpose when delivering the new model, which sought to bring the centre of focus back to the child. Understanding the model and its benefits for families meant that staff were looking forward to implementing the model and the opportunity to do this well.

TABLE 2 Matrix of themes and subthemes.

The theme	Subthemes	Nodes
Preparation for the implementation of FSP	What was done well	Importance of comprehensive training that laid out basic principles to prepare the team for the new model
	What was challenging	Time needs to be given to adjust to new roles
		Need to have time and the ability to practice the model before starting it
		Changing teams has to be a well thought out process
Staff views of the implemented model	Overall views of the model	The model is viewed positively as it makes work more meaningful and holistic
		There are challenges that impact staff's ability to fully implement the model
	Views of components of the model	Adult facing practitioners are a valuable asset and welcomed aspect of the model
		Group supervision is a joint effort to support families
		Time pressures mean staff cannot fully reflect on families in group supervision
		Benefits of one worker throughout
		MI is a helpful tool
	Importance of supportive management	Supportive management plays a crucial role during implementation of the new model
Challenges to the implementation of the new model	Workload and staff turnover	High workload and pressure
		Continuing workload from before implementation of new model
		Reduction in workforce
	Balancing immediate priorities and longer-term work	In conflict between working on short-term and long-term work
		Being constantly chased to complete work
	Meeting deadlines	Working overtime to meet deadlines
	Impact of COVID-19	Increase in cases due to COVID
		Hard to gain support from colleagues when working from home
		Hard to balance work and home life

The stuff that we did, particularly when we could still meet, and do physical training, that was really helpful, because they were talking through the model, and again it was quite reflective in thinking about, why we're doing it, bringing us back to the voice of the child, and really focusing on that, I think this model does focus on the child, and it offers us the opportunity to do that well. [P1, F3]

But, overall, I would say yeah well, it was a good experience those early days were good experiences. They got us, we got excited that the new model is being implemented. Let's see, what's in store, you know, we were just looking forward to see, what's in store, and making sure we got the model right, I would say. [P2, F6]

FSP makes work more meaningful and holistic

Almost all staff expressed that they believed in the model and the benefits it could have on the families. Some participants voiced that

the model made their work more meaningful and holistic, giving them greater job satisfaction.

I feel we are really able to offer a better, more holistic service to families, and that, that certainly makes my job satisfaction higher. [P2, F1]

The work that I'm doing feels more meaningful, than it has been. [P1, F6]

Many recognized benefits that the model could potentially provide and saw early signs of progress. They highlighted the benefit of working alongside families throughout their journey within the service. Meaningful work was being initiated and carried out faster, meaning that families could move more quickly through the system.

But journeying, with the family from the onset, it's quite rewarding, you know, you cannot, um, say okay, over there, now we're here. And I try to see the

progress, that you, that you are making, and to me that gives us a bit of satisfaction. [P2, F3]

And I get more of a sense of achievement, because you are seeing those families moving through the process a bit quicker. [P3, F2]

However, while enthusiastic in principle, the majority of staff cautioned that it was very difficult to fully implement the model as intended due to challenges that they faced in practice, such as limited staff resources and high caseloads as well as time constraints.

I mean I joined Oxfordshire, because of this model (laughs), I was sold on that, so I think it can work, but I think it's dependent on a stable workforce and manageable caseloads. [P4, F4]

There are glimmers of it, like I have seen some of the amazing pieces of work, and areas where I think, this is exactly the model, this is, you know, this is what we're aiming towards, but because there's so much else going on it's quite difficult to kind of maintain that integrity and that focus of the model. [P3, F4]

3.1.2 | The importance of supportive management

The staff also highlighted the value of having supportive managers when trying to implement the model, who acknowledged the challenges they face and how hard they are working, while also refraining from putting unrealistic expectations on them.

I think that perhaps this management's being more realistic about our work, how hard we're working, and, and what kind of, and how it is to get used to it, and the pressures that we'd be under. So, I think that's been good, yeah. [P1, F1]

I think we do have heads of services that acknowledge the effort, that we are putting in, and well I've got an excellent manager who tells all of us on regular intervals, that we all are doing a really good job, and really affirms us. [P2, F6]

3.2 | Staff experience of individual components of the model

3.2.1 | Adult facing practitioners (AFPs)—"I can work directly with young people"

All staff members had positive views regarding the integration of AFPs into social care teams, which facilitates a more holistic approach

to safeguarding practice. Their close collaboration with social workers and early involvement delivering meaningful interventions to parents allowed social workers the capacity to perform more direct work with the children.

I've noticed that because of the support of our adult-facing practitioners, our social workers and children's practitioners have more time and more capacity to just focus on the direct work with our young people. [P4, F2]

3.2.2 | Group supervision—Creating a plan of action for families

Staff also reflected on their experience of group supervision, which aims to enhance collaboration between different aspects of the service. They expressed the belief that the contribution of individual knowledge and expertise of those involved, coming together to create a plan of action for families, has fostered better outcomes. They noted that the model is excellent when implemented well, but work pressures mean that they often find themselves rushed and unable to fully reflect on families and how things could be done differently.

I'd also say in terms of the group supervision everyone, all these practitioners contributing during the group supervision has helped to create better outcomes for the children. I would say, because they are always bringing in their opinion, they intervene when speaking with the parents, or they have been working with the parents on a particular issue and come into group supervision. When we come up with actions, as to what needs to be done, at least everyone is coming from different perspectives, depending on their area of specialisation. Then we come up with good plans, I would say. [P2, F6]

3.2.3 | Benefit for the families of one worker throughout

Staff also shared their views on having a single social worker interacting with families from start to finish. They have already observed the benefits for the families, including a reduction in delays, more focused plans and building relationships with social workers.

I think for families and for children, having the same social worker right from the start is much better for them. I think they feel they can build a relationship. [P5, F2]

There is a lovely thread through where you can see how you know, from the initial coming into the team

that workers gonna be the one worker for that family consistently supporting them going forward, and that, and, and plans are more focused because of that definitely. [P4, F4]

Motivational interviewing—A tool to work elicit change

Staff voiced that MI was a helpful tool when meeting with resistance, promoting useful conversations, and eliciting change in families. They also said that it provided a good theoretical framework to base their work on and represent shared values.

It's [MI] not just based on, gut or doing something, but actually if we were working within like system, and the framework, and the theory ... that makes me feel a bit more grounded in what I'm doing, and as a worker I like having, having that basis, and knowing that, thats sort of being pulled from. [P1, F3]

Motivational interviewing, I think that's been really good in terms of shared values, shared understanding and language in terms of families. [P1, F2]

3.3 | Challenges to the implementation of the new model—What requires improvement?

We need more time.

While staff appreciated the thorough explanation of the new model, they felt that they needed more time to develop and practice the skills laid out in the training and to adjust to their new roles. Prior to the introduction of the new model, some staff had focussed primarily on assessment while others provided long-term support to families. The new model required all staff to have both sets of skills, which was challenging for many people. It was necessary to rapidly adapt to these new roles, which coincided with having less access to colleagues to consult as a consequence of the COVID-19 pandemic, making the transition more stressful.

They do not have the mental space. So, all the training that was rolled out, it's impossible to get people to prioritise that training, let alone reflect to learn or embedded it. [P1, F4]

I think there was misunderstanding of how people learn new ways of working, it isn't throwing them into a mix and seeing how it, it should really be. It is about buddying-up, and walking through ... the workers should've had a chance to do a child family assessment before that becomes half of their job, and I think it was the pacing and the understanding of what ... I don't think it was fully understood how much of the change of, of approach this would be. [P2, F4]

The staff stated that they were not given sufficient time to adjust and integrate into the new teams and that they found this process difficult. Staff also felt that they did not have time to process the loss of previous team members with whom they had built relationships.

I think the only thing that was particularly difficult around the preparation was we didn't find out what the teams would look like, and who would be in the teams, until quite later on in the process, and that was quite difficult. [P3, F2]

It was because it was so speedily done, that it doesn't give you a sense of processing loss. [P1, F2]

3.3.1 | Unrealistic workload—Constantly working in crisis mode

The staff stated that they were currently experiencing an increase in workload due to increasing demands on the service, direct and indirect effects of the COVID-19 pandemic and the transition to the new model. They expressed feeling that they have an unrealistic workload and that they are constantly working in "crisis mode," which is impacting their work with families.

Well yeah, sorry. I have but I agree with participant 3 in terms of like the um, we have had a lot of limitations now to our time which then reflects poorly in terms of how we're able ... Well about how much time we're able to spend with families, which is I believe the whole idea of this is model is the relationship-based social work. [P2, F5]

One reason for the increased workload is that staff continuing to support families that they had been involved with prior to implementing the new model, which has prevented them from having "a fresh start."

And working, we, we all came into [the new model] with a much too high caseload which just escalated. [P1, F6]

Another significant factor contributing to increased workload is high staff turnover since the implementation of FSP. Staff noted that their teams are not completely formed and some vacancies are filled with temporary agency staff. Therefore, they find themselves taking on new families to help manage the load.

The other challenge is having enough staff, having enough social workers to do, um, the amount of files coming in; and having those adult facing practitioner roles filled, on, on for all teams, not just some. [P3, F5]

3.3.2 | Relentlessly juggling the two: Balancing long and short term work

The staff expressed that it has been challenging to address both the immediate priorities of assessment (especially during duty week) and longer term work (such as developing plans for a child in need or care proceedings). They consistently find themselves in conflict between the two. Staff felt like they were constantly being chased without any realistic prospect of managing all demands.

> But then, on duty sometimes, I found myself feeling anxious the other day that a call was going to come in. Not because I'd be worried about how I handle that call, but because, what work is it going to create? And you've already got a lot of deadlines coming up. [P5, F2]

> Um, so it's, it's these conflicting priorities, and you know, we keep getting chased, and chased so we need to write up this assessment, we need to do that assessment ... you know fine, it's a, it's a NFA assessment. I'm never going to prioritize that, above the court case, above the report that I've got to write for court. [P2, F6]

3.3.3 | Pressured by constant deadlines

The staff also noted that there are constant deadlines that add to pressure and workload and that they find themselves working overtime, which they acknowledge is unsustainable and will lead to burnout.

> I felt guilty the other night that at nine o'clock I wasn't sitting down, because I have an assessment to write and a deadline to meet, where I shouldn't have to feel like I need to sit down at nine o'clock and do some work. But what I'm trying to say is the work is stimulating and interesting and enjoyable, but the life balance is quite challenging, I think, and that sense of deadline all the time. That, for me, I find it quite, I don't know. [P4, F2]

3.3.4 | Impact of COVID-19 on the work of social services

The COVID-19 pandemic, with the associated lockdowns and restrictions in the UK, increased pressures on both families and staff. Families were under increased strain as a result of being confined to the home, loss of work, children not at school, and having less access to professional help. Staff reported an increase in rates of domestic violence, impacting on both families and the staff attempting to help them.

COVID-19 also had a direct impact on the work of social services and, by extension, the implementation of FSP more specifically. Staff missed interactions with colleagues and the support it provided for both their regular work and challenges they faced implementing a new model. They also observed that working from home was particularly difficult because they struggled to manage both their work and home life.

> The fact it was all virtual, you just do not have that whole like, you know, bumping into people in the coffee room, and the cafeteria that, that we'd like very easily start to build relationships .... [P2, F6]

> You know, that kind of, um, the endings as well, like you know, the fact that we were dealing you know, with some of the most vulnerable families in Oxfordshire, during the Pandemic, and, and we've built-up the way we were not able to kind of support each other, and struggled to connect remotely. [P3, F4]

4 | DISCUSSION

The study findings demonstrate that the new FSP model in OCC Children's Social Care Services has been broadly welcomed by staff. Senior staff in OCC devoted considerable time to explaining the model and preparing staff for their new roles. This process of thorough explanation, engagement, and consultation allowed staff to fully explore, understand, and believe in the potential value of the new model. In addition, substantial training allowed them to learn about different components of the model and prepare staff for their implementation. Similar findings were reported by the staff when other family centre models like Camden and Signs of Safety were implemented in local authorities (Dugmore et al., 2018). However, many staff found it challenging to transition between teams and rapidly acquire the new skills they needed, particularly those who had previously only carried out assessments and were now required to engage in longer term supportive work. Giving more time early on for staff to adequately adjust to these new roles might have increased their confidence in delivering the new model. Overall however, staff appreciated the support they received from management, which enabled them to manage challenges that they faced. Strong managerial support has been reported as key for the successful implementation of new social care models (Dugmore et al., 2018; Munro et al., 2014).

All staff interviewed supported the increased emphasis on strengthening relationships within families and between families and professionals, which prior research has shown is critically important to social workers for progress (Vseteckova et al., 2022). Staff particularly supported the addition of a single social worker being assigned to the family throughout the process of assessment, support, and, if necessary, intervention. As a key change from the previous model of practice, it is encouraging that staff felt this would be an advantage to their work and expressed that it has provided a range of benefits to

families that are already being demonstrated. Similar views were reported during the implementation of other family centre models, with staff appreciating the renewed emphasis on developing strong relationships with the whole family and with the different professionals involved in supporting that family (Dugmore et al., 2018, Munro et al., 2014).

Staff valued motivational interviewing as an approach to communicate with families, as it provided the skills and underpinnings for a more therapeutic and supportive relationship between families and social services. This is promising, as the involvement of social services is intrusive for many families and they are often inevitably reluctant to engage with social workers (Dumbrill, 2006). This new strengths-based approach to communication aids social workers in developing collaborative, rather than directive, relationships with families and encourages parents to address challenges in their lives in order to foster more caring and responsible parenting.

The introduction of AFPs to address domestic abuse, substance misuse, and mental health problems in the parents was seen in a very positive light, as they were considered a support to social workers rather than a diminution of their role. This finding aligns with views expressed by staff in the evaluation of the safeguarding model implemented in the county of Hertfordshire, on which FSP in Oxfordshire is based, suggesting a level of consensus on this key element of the model (Forrester et al., 2017). Multiagency integrated service models are not an entirely new concept in child safeguarding in the UK, and neither is the co-location of these different services supporting families (Marsh et al., 2006). However, these principles have been brought back to the forefront of OCC Children's Social Care Services, as part of the new model, and AFPs now work directly within the multidisciplinary social care teams rather than simply alongside them. Together with group supervision, the integration of AFPs into social care teams allows for better information sharing and coordination of care for families in touch with social services, as was expressed by staff.

The staff interviewed were also clear that putting the new model into place posed considerable challenges and that current pressures had delayed its full implementation. It was considerably affected by the COVID-19 pandemic and a shift to home working but also by an increased workload and strain on both the staff and the families they were supporting. When the focus groups were being conducted, the new services were not fully staffed, which increased the pressures on remaining staff. Although thought to be optimal, managing assessments within each team led to major fluctuations in workload and required a level of adjustment.

Staff described several issues that needed to be addressed for the new model to be sustained and stabilized. They noted the importance of reducing caseloads and increasing a stable workforce to ensure appropriate time is given to practice the model, which has been exacerbated by the COVID-19 pandemic. These challenges are reflected across social care, which has historically been chronically overstretched and placed under even greater pressure amid the pandemic (Baginsky & Manthorpe, 2021). Indeed, a main objective of the new model is to increase the number of social workers and social care teams to reduce caseload pressures. Staff also highlighted the

challenges of carrying over old caseloads and trying to meet competing deadlines from both short and long-term work. These challenges have been noted in previous evaluations by Ofsted and need to be addressed at an early stage if the implementation of new model is to be successful (Stanley, 2019). These are important mitigating circumstances to bear in mind when evaluating the effectiveness of the model in these early stages of implementation, but has also highlighted where social care teams need additional help to ensure its successful delivery.

As stated above, this study is part of a wider programme of work to assess the impact of FSP in Oxfordshire. This includes analysis of administrative data held by OCC to examine the journey of each child through the system. We are about to begin on another study that will highlight families experience and help understand their views of the model. More information on the context and all the individual studies can be found in our evaluation protocol (Buivydaite et al., 2022).

4.1 | Practical implications

OCC heads of services are aware of the challenges described and are in the process of addressing them where possible. Firstly, to cope with the high demand of assessment work, additional agency teams are being established in some areas. In order to maintain the integrity of the model, permanent staff are working alongside these agency workers to ensure that families still have a single point of contact early in the assessment process, who remains with them throughout their involvement with services. This arrangement also allows permanent staff to close existing family work that they carried over from the previous operating system and manage their workload more reasonably. These additional resources will work towards alleviating workload pressures, with the longer-term aim of allowing social workers the capacity to carry out more intense and sustained work with fewer families. Secondly, OCC is actively working to increase the number of permanent staff by training and supporting newly qualified social workers in the council's Social Work Professional Development Centre. OCC provide protected caseloads to support newly qualified workers and help them develop confidence and knowledge of working in children social services, which aims to prevent burnout and reduce the incentive to move to agency work. Enhanced clinical supervision is an additional protection for new staff, particularly those new to the challenges of working in child safeguarding services. Finally, senior staff are taking an active role by visiting teams, observing their working dynamics, and providing feedback to continuously monitor the challenges that frontline workers might experience and troubleshoot when needed.

4.2 | Strengths and limitations

This research has provided critical insight into staff views of a new safeguarding model in OCC Children's Social Care Services, including the preparation and training they received as well as the realities of

implementing FSP in practice. It highlighted the observed benefits of FSP felt by staff and indicated areas for improvement, which is vital for its development. The focus group approach to data collection also allowed for a greater sense of consensus from staff on the new model rather than simply an individual's views used to reflect that of their colleagues.

The purpose of this study was to understand staff experience of the new model, as part of a wider evaluation of FSP. Therefore, it may be difficult to generalize these findings to staff experience of other safeguarding models used in different areas of the country or more widely. The purposeful sampling method used may limit the representativeness of these findings within OCC Children's Social Care Services, although the researchers endeavoured to mitigate this by providing staff with multiple interview time slots to suit individual availability and allow them to participate if they wished to.

4.3 | Conclusion

In summary, staff have voiced strong support for a new model of family safeguarding, which places much greater emphasis than before on supporting the whole family, developing parenting skills, and keeping children safe at home with their families. The challenges associated with the transition to this new model have been considerable in the short-term, partly due to the COVID-19 pandemic, but there is optimism that the new model can be sustained and stabilized over time. The present paper adds to current knowledge on the evolution of family safeguarding services and provides a much more detailed account of staff views and experiences than has previously been available. This study reflects an important perspective on a complex programme, which, as part of a wider evaluation of FSP, provides valuable insight into the effectiveness of the new model. 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.

CONFLICT OF INTEREST STATEMENT
None declared.

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

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 UK Policy Framework for Health and Social Care Research (2017). It requires neither sponsorship nor research ethics review.

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

ENDNOTE
[1] 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.

REFERENCES
Baginsky, M., & Manthorpe, J. (2021). The impact of COVID-19 on Children's Social Care in England. *Child Abuse & Neglect*, *116*, 104739. https://doi.org/10.1016/j.chiabu.2020.104739

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE.

Buivydaite, R., Tsiachristas, A., Thomas, S., Farncombe, H., Pereira-Salazar, R., Fitzpatrick, R., & Vincent, C. (2022). Understanding the impact of a new approach to the safeguarding of children at risk: An evaluation protocol. *International Journal of Integrated Care*, *22*, 9. https://doi.org/10.5334/ijic.5980

Dugmore, P., Partridge, K., & Sethi, I. (2018). Systemic supervision in statutory social work in the UK: Systemic rucksacks and bells that ring. *European Journal of Social Work*, *21*(3), 400–414. https://doi.org/10.1080/13691457.2018.1446914

Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, *30*(1), 27–37. https://doi.org/10.1016/j.chiabu.2005.08.012

Faulkner, S. L., & Trotter, S. P. (2017). Data saturation. In J. Matthes, C. S. Davis, & R. F. Potter (Eds.), *The international encyclopedia of communication research methods* (Vol. No. 1). Wiley. https://doi.org/10.1002/9781118901731.iecrm0060

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *The British Journal of Psychiatry*, *190*(4), 319–325. https://doi.org/10.1192/bjp.bp.106.025023

Forrester, D., Lynch, A., Bostock, L., Newlands, F., Preston, B., & Cary, A. (2017). *Family safeguarding Hertfordshire evaluation report* (Vol. 96). Department of Education.

Hayes, D. (2006). Rebalanced and refocused social work practice? *Child Care in Practice: Northern Ireland Journal of Multi-Disciplinary Child Care Practice*, *12*(2), 97–112. https://doi.org/10.1080/13575270600618356

Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, *18*(1), 57–76. https://doi.org/10.1017/S0954579406060044

MacAlister, J. (2022). The independent review of children's social care. Final report.

Maluccio, A. (2002). Supporting families through short-term foster care: An essay review. *Journal of Family Strengths*, *6*(2), 7.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, *28*, 1074–1087. https://doi.org/10.1016/j.childyouth.2005.10.012

Munro, E. (2011). *The Munro review of child protection: Final report: A child-centred system*. TSO.

Munro, E., Turnell, A., & Murphy, T. (2014). 'You Can't Grow Roses In Concrete' Organisational reform to support high quality Signs of Safety practice.

Narey, M., & Owers, M. (2018). *Foster care in England: A review for the Department for Education by Sir Martin Narey and Mark Owers*. Department for Education.

NSPCC. (2022). Child protection system in the UK. Retrieved 2022 October 10, 2022, from https://learning.nspcc.org.uk/child-protection-system

Office for National Statistics. (2021). Population Estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020.

Oxfordshire County Council. (2020). *The Children Safeguarding Report Oxfordshire 2019–2020*. Oxfordshire County Council.

Parton, N. (2011). Child protection and safeguarding in England: Changing and competing conceptions of risk and their implications for social work. *The British Journal of Social Work*, *41*(5), 854–875. https://doi.org/10.1093/bjsw/bcq119

Parton, N., & Williams, S. (2017). The contemporary refocusing of children's services in England. *Journal of children's Services*, *12*(2–3), 85–96. https://doi.org/10.1108/JCS-03-2017-0008

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today. Research into the prevalence of child maltreatment in the United Kingdom*. NSPCC.

Rodger, J., Allan, T., & Elliot, S. (2020). *Family safeguarding evaluation report*. Department for Education.

Sanders, M., Reid, L., & Collyer, H. (2019). Strengthening Families, Protecting Children Family Safeguarding Model: Pilot, What Works for Children's Social Care.

Schneider, R., Baumrind, N., Pavao, J., Stockdale, G., Castelli, P., Goodman, G. S., & Kimerling, R. (2009). What happens to youth removed from parental care?: Health and economic outcomes for women with a history of out-of-home placement. *Children and Youth Services Review*, *31*(4), 440–444. https://doi.org/10.1016/j.childyouth.2008.09.011

Simkiss, D. E., Stallard, N., & Thorogood, M. (2013). A systematic literature review of the risk factors associated with children entering public care. *Child: Care, Health and Development*, *39*(5), 628–642. https://doi.org/10.1111/cch.12010

Stanley, Y. (2019). *Social care commentary: using models of practice successfully*. Department of Education.

Tarren-Sweeney, M. (2021). A narrative review of mental and relational health interventions for children in family-based out-of-home care. *Journal of Family Therapy*, *43*(3), 376–391.

Vseteckova, J., Boyle, S., & Higgins, M. (2022). A systematic review of parenting interventions used by social workers to support vulnerable children. *Journal of Social Work*, *22*(4), 992–1030.

Wood, M., & Selwyn, J. (2017). Looked after children and young people's views on what matters to their subjective well-being. *Adoption and Fostering*, *41*(1), 20–34. https://doi.org/10.1177/0308575916686034

SUPPORTING INFORMATION

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