

EVALUATING THE IMPACT OF FAMILY SAFEGUARDING ON CHILDREN’S SOCIAL CARE OUTCOMES IN ENGLAND

Evaluation protocol

Intervention developer	The Centre for Family Safeguarding Practice
Delivery organisations	Local authorities
Evaluator	Verian Group UK
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Methodology	Quasi-experimental design: staggered Difference-in-Differences
Age or status of participants	Children aged 0–17 who have been referred to children’s social care
Number of participating local authorities	Treatment cohort: 14 local authorities (LAs) that introduced the Family Safeguarding Model between 2015 and 2022 Comparison cohort: 128 LAs not implementing Family Safeguarding



Number of children referred to children's social care, excluding re-referrals¹	Family Safeguarding local authorities: 563,000 Comparison local authorities: 4,341,000 Total: 4,905,000 Note: Figures are estimates based on the assumptions used in the minimum detectable effect size (MDES) calculations.
Primary outcome(s)	Likelihood of a child becoming looked after within 18 months of the initial referral to children's social care
Secondary outcome(s)	<ul style="list-style-type: none">• Likelihood of a child returning to statutory services following a closed Child Protection Plan (CPP), within 36 months of the first referral start date• Likelihood of a child being placed on a CPP within 36 months of the first referral start date• Number of days a child has been on CPPs within 36 months of the first referral start date• Likelihood of a child being re-referred to CSC within 18 months of the first referral start date.
Contextual factors	Local authorities (LAs) have adopted the Family Safeguarding Model at different times since 2015, accessing funding through different routes, namely the Children's Social Care Innovation Programme (CSCIP); Strengthening Families, Protecting Children programme (SFPC); Sector-Led Improvement Partners (SLIP); and LA self-funding. Implementation fidelity varies across LAs, depending on the level and type of support received.

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**Funded by
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¹ Figures were derived from Table C1 Referrals and re-referrals to children's social care services (DfE, 2025a) by taking the total number of children referred between 2013 and 2024 and adjusting for (subtracting) the average annual re-referral rate of 22.74% observed in England during the same period.



Summary

Background

In 2015, on behalf of Hertfordshire County Council, its then Assistant Director of Children's Services Sue Williams successfully secured initial funding to design and implement the Family Safeguarding Model through the Department for Education's (DfE's) Children's Social Care Innovation Programme (CSCIP). The Family Safeguarding approach is strengths-based and whole-family focused. It brings together multidisciplinary teams and relies on motivational interviewing to help families and children build collaborative relationships with social workers and specialist practitioners.

As of 2025, 23 local authorities (LAs) had adopted the Family Safeguarding Model, making it the most widely implemented of the three CSCIP models.

Early evidence of the approach suggests positive outcomes. However, there has been no robust evaluation of the long-term impacts to date. This creates a need for a quasi-experimental study to inform future implementation and policy decisions.

Aims and methods

This evaluation will consist of an impact evaluation (IE), an implementation and process evaluation (IPE), and a cost evaluation (CE). The IE will measure the programme's impact by comparing outcomes between areas that adopted the model and those that have not. It uses a staggered Difference-in-Differences (DiD) framework to estimate the causal effect of Family Safeguarding on the likelihood that a child will be looked after within 18 months of the first referral to children's social care.² The IE will also estimate the model's impact on several secondary outcomes. The analysis will use linked DfE administrative data.

From 2015 to November 2025, 23 LAs have implemented the Family Safeguarding Model. The staggered DiD analysis compares changes in outcomes for 14 LAs with sufficient data over the years of implementation, against changes in outcomes over the same period in LAs that have not implemented the model.

The IPE will investigate the delivery methods employed by LAs, as well as the barriers and enablers of the programme's success. This strand will include immersion interviews, a qualitative proforma to be completed by both implementing and non-implementing LAs, and case study analysis of various LAs that have adopted the Family Safeguarding Model.

The CE will estimate the value of the costs and savings of the programme. It will assess costs using data collected from LAs through a cost template. The programme's potential cost savings will be estimated by combining the results from the IE with estimated changes in LA's costs arising from variations in the likelihood of children becoming looked after, as well as estimated changes in costs

² A sensitivity analysis will explore the impact on all referrals.



associated with adverse outcomes for looked-after children. These findings will be used to understand the costs of Family Safeguarding on children's services for LAs in the short and medium term, and the short-, medium-, and long-term savings that the approach can deliver to LAs and partner agencies.

Timeline

This evaluation's design and planning began in July 2025. The Evaluation Protocol will be published on the Foundations – the national What Works Centre for Children & Families and Open Science Framework (OSF) websites; it is expected to be available by March 2026.

An internal interim evaluation progress report will be produced in March 2026, and the final evaluation report in March 2027 for publication thereafter. The IE analysis code will be available on the Foundations' data archive and on the OSF project website after the project completion date.



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Background

The Family Safeguarding Model

The Family Safeguarding Model is a multidisciplinary model of children's social care, developed in 2015 by Sue Williams. It is strengths-based and focuses on the entire family, combining multi-disciplinary teams and motivational interviewing to help families and children build collaborative relationships with social workers and specialist practitioners. The model includes five core elements: multi-disciplinary teams, motivational interviewing, a Family Safeguarding workbook, a Family Safeguarding programme and Family Safeguarding supervision. Its goal is to tackle the underlying causes of harm (including, as noted, abuse and violence within parental relationships, parental substance misuse, and poor mental health), so more children can remain safely at home with their families, reducing the need for children to enter care or be placed on Child Protection Plans (CPPs).

By 2025, 23 LAs had adopted the Family Safeguarding Model, making it the most widely implemented of the three CSCIP models.

The Family Safeguarding Model continues to yield positive interim outcomes. A pilot evaluation of it in Cambridgeshire by What Works for Children's Social Care (WWCSC, which merged with the Early Intervention Foundation in 2023 to become Foundations – the What Works Centre for Children & Families) reported that the number of children in Family Safeguarding teams who were subject to CPPs decreased from 519 in 2019 to 239 in 2020 (WWCSC, 2021).

Further information about the model is presented in the [Intervention Protocol](#).

Rationale for evaluation

Limited evidence remains on how the Family Safeguarding Model functions across all implementing LAs, or on how delivery affects long-term impacts, particularly for different subgroups, including minoritised ethnic families. Although the model has been implemented since 2015, only two relatively small-scale evaluations without any counterfactual analysis have been conducted to date. The DfE's Family Safeguarding Evaluation (2020) covered five LAs and, without a comparison group, focused primarily on early outcomes, providing limited insight into long-term impact. The WWCSC Pilot Evaluation (2021) examined implementation in Cambridgeshire, assessing the feasibility and readiness for a randomised trial rather than outcomes or impacts. This pilot subsequently informed further evaluations of the model. An evaluation of five LAs led by Foundations includes an IPE to examine fidelity, reach, adaptation, mechanisms and outcomes.



A large-scale quasi-experimental design IE, which integrates an IPE and a cost evaluation, is therefore required to:

- More thoroughly evaluate the model’s effectiveness in improving outcomes of children referred to children’s social care services (see the [Outcome measures](#) section)³
- Generate richer insights into variation in delivery, contextual factors, and equity considerations
- Assess the programme’s cost-effectiveness.

The findings from this evaluation will support Foundations, The Centre for Family Safeguarding Practice, the Evaluation Task Force (a joint unit of HM Treasury and the Cabinet Office, established to ensure that evaluation evidence is central to government decisions), the DfE, and other stakeholders in making informed, evidence-based decisions about the future development, costing, funding, implementation, and evaluation of the model.

Intervention and Theory of Change

The Family Safeguarding Model and its accompanying Theory of Change are presented in full in the [Intervention Protocol](#). A summary of the model using the Template for Intervention Description and Replication (TIDieR) framework is included in the table on the next page.

³ Recent developments in quasi-experimental methodologies to measure the impact of interventions with staggered implementation have enabled this and allow us to estimate potential heterogeneity across implementing LAs.



Intervention description

Why?	To keep more children safe at home with their families and reducing the need for children to enter care or be placed on child protection plans.
For whom? (recipients)	The target group of the Family Safeguarding Model is families with children aged from pre-birth to 17 who are likely to suffer significant harm or impairment due to parental factors, such as substance misuse, mental health issues, and domestic abuse.
What? (activities)	The five core components of the model are: multi-disciplinary teams, Family Safeguarding supervision, Motivational Interviewing, Family Safeguarding workbook, and the Family Safeguarding programme.
What? (materials)	Workforce training, Family Safeguarding workbook, and Quality Assurance Framework.
Who? (provider)	Family Safeguarding is delivered by a multi-disciplinary, multi-agency, and co-located team that brings together children's social care and adult specialist workers.
How?	Family Safeguarding is delivered primarily through face-to-face engagement with families in their homes and community settings.
When and how much?	Family Safeguarding teams start working with a family following a referral and initial assessment to children's services. The programme operates as an ongoing model of practice and all families in the local authority who meet the criteria will receive support aligned with the Family Safeguarding Model for the duration of support.
Tailoring	The Family Safeguarding Model's five core components should be present. However, as the model's aim is intrinsically to be tailored to each family's needs, it allows for specific variations within each component to meet children and families' needs and constraints whilst maintaining fidelity to the core approach.



Impact evaluation

Impact evaluation questions

Consistent with the aim of the Family Safeguarding Model to “keep more children safely in their families in line with the vision of the Children Act 1989 and Working Together 2023” (Centre for Family Safeguarding, 2024:3), the primary evaluation question for the IE is:

EQ1: What is the impact of Family Safeguarding on the likelihood of children becoming looked after within 18 months of the first referral to children’s social care, compared to children in business-as-usual LAs?

The secondary IE questions listed below align with the outcomes measured in previous evaluations, as the evaluator, Verian, seeks to scale-up Foundation’s evaluation of the Family Safeguarding Model:

EQ2: What is the impact of Family Safeguarding on the likelihood of children returning to statutory service, i.e. begin a children in need (CiN) plan, start a CPP, become Child Looked After (CLA), following a closed CPP, within 36 months of the first referral to children’s social care, compared to children in business-as-usual LAs?

EQ3: What is the impact of Family Safeguarding on the likelihood of having a CPP issued within 36 months of the first referral to children’s social care, compared to children in business-as-usual LAs?

EQ4: What is the impact of Family Safeguarding on the duration (days) of all CPPs within 36 months of the first referral to children’s social care, compared to children in business-as-usual LAs?

EQ5: What is the impact of Family Safeguarding on the likelihood of children being re-referred within 18 months of the first referral to children’s social care, compared to children in business-as-usual LAs?

The timeframes for each evaluation question align with the follow-up periods set out in Foundations’ stepped-wedge trial protocol and are informed by CiN and CLA journey statistics, supporting the expectation that the outcomes can be observed within the specified window. In this analysis, business-as-usual LAs employ a range of practices to support vulnerable children and families, without adopting the Family Safeguarding Model.

Evidence standards

The IE has been designed to align, where possible, with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) and Risk of Bias in Non-Randomised Studies of Interventions (ROBINS-I) standards. These frameworks provide internationally recognised guidance for ensuring transparency, reproducibility, and rigour in non-randomised evaluations.



Following these standards enhances the credibility of findings by promoting consistent reporting, supporting peer review and replication and enabling comparison with other quasi-experimental evaluations in children's social care and related policy areas.

Design

The IE will use Callaway and Sant'Anna's (2021a) staggered DiD quasi-experimental design. This method is well-suited to the phased rollout of the Family Safeguarding Model across LAs, as it enables comparisons between LAs that adopted the model at different times and those that have never implemented it. It captures how outcomes evolve over time and estimates treatment effects for each adoption period, while addressing the biases inherent in traditional two-way fixed-effects models. In addition, it allows for statistical adjustment for differences between areas arising from time-invariant characteristics. Note that we view the Callaway and Sant'Anna (2021a) approach as one of a small set of broadly similar modern DiD estimators (alongside Borusyak, Jaravel, and Spiess, 2024; de Chaisemartin and D'Haultfœuille, 2020; and Sun and Abraham, 2021). Our choice is, therefore, driven more by interpretability and implementation convenience than by any strong methodological advantage. For example, the 'did' package (Callaway and Sant'Anna, 2021b) implements their 2021a DiD method in a way that is transparent, well-tested, and straightforward to reproduce, which we judged helpful for an applied policy evaluation.

We will estimate the average effect of the Family Safeguarding Model over time using the stacked regression estimator and event-study approach described in Callaway and Sant'Anna (2021a). Specifically, we will estimate the average treatment effect on the treated (ATT) for the following outcomes:

- Likelihood of a child becoming looked after within 18 months of the first referral to CSC
- Likelihood of a child with a closed CPP returning to statutory services (i.e. beginning a new CPP or CiN plan or becoming looked after) within 36 months of the first referral to CSC
- Likelihood of a child having a CPP issued within 36 months of the first referral to CSC
- Days on CPPs: the total number of days a child has been on any/all CPP(s) within 36 months of the first referral to CSC
- Likelihood of a child being re-referred to CSC within 18 months of the first referral.

We plan to include 128 LAs that have not implemented the Family Safeguarding Model in the comparison group. Accordingly, Liverpool, Halton, and Reading are included, as their scheduled implementation in 2025 and 2026 falls outside the evaluation timeframe. Provisionally, we propose to exclude the Isles of Scilly and the City of London from the comparison LAs, as their average number of children referred to CSC annually is less than 3% of the national average. These LAs are likely to be systematically different from the remaining LAs. We will also exclude Luton and Cambridgeshire, since they have discontinued the implementation of the Family Safeguarding Model after two and five years respectively.

Under the primary analysis, we will test the parallel trends assumption using these 128 LAs in the comparison group. This exercise will involve examining historical trends in outcome measures to assess whether pre-funding trends among the LAs adopting the Family Safeguarding Model are



comparable to those in the comparison group. Under the parallel trends assumption, we expect that the difference in outcomes between treatment and comparison areas before the model's implementation is statistically indistinguishable from zero, as determined using the 'did' package's test of conditional pre-trends.

Retaining as many LAs as possible will increase statistical power, allowing us to detect smaller effects than if we excluded more areas. In addition, to increase comparability between Family Safeguarding and comparison LAs, and thereby make the parallel trends assumption more plausible, we will condition our DiD models on relevant individual- and area-level covariates (to be agreed with Foundations, our academic experts, and The Centre for Family Safeguarding Practice; we have included a [provisional list of covariates](#) below).

We will estimate group-time ATT using the Callaway and Sant'Anna (2021a) staggered DiD estimator (see the [Analysis Plan](#) section) with a doubly robust implementation (as in the did R package; see Callaway and Sant'Anna, 2021b). In practice, this involves estimating a propensity score for membership of each Family Safeguarding Model adoption cohort versus never-adopted comparison LAs (i.e. the conditional probability of belonging to a cohort given covariates), and fitting an outcome regression model using the same covariates to model the conditional expectation of the comparison group's outcome evolution (i.e. change in outcomes over time). The doubly robust estimator combines these two approaches so that it is consistent if either the propensity score model or the outcome regression model is correctly specified (i.e. it remains consistent even if one of the two models is misspecified). Propensity scores will be estimated using logistic regression, and the outcome model will use regression adjustment with the same covariates, following the package defaults. This helps improve balance on observed characteristics between adopting and never-adopted LAs and reduces the risk that changes in the profile of referred children between LAs spuriously affect outcome trends in those LAs.

We recognise that some potential comparison LAs will have been part of other programmes, such as the Families First for Children Pathfinder (FFCP). We recommend including these areas in the comparison pool of LAs for the primary analysis because such programmes are part of standard practice outside the treated LAs, and their inclusion therefore offers a fair counterfactual. Nonetheless, sensitivity analyses will re-estimate the impacts, excluding these areas to assess whether the findings are sensitive to this decision.

Participants

Local authorities have adopted the Family Safeguarding Model at various points since 2015, accessing funding through a range of routes:

- CSCIP: LAs were invited to apply for funding under this programme, which aimed to test and share effective approaches to supporting vulnerable children and young people receiving help from children's social care services (Department for Education, 2020). In round 1 (2014-2016), the Family Safeguarding Hertfordshire (FSH) innovation project was funded through CSCIP. In round 2 (2016-2020), FSH's whole system approach was scaled across Luton, Peterborough, Bracknell Forest, and West Berkshire.



- Strengthening Families, Protecting Children (SFPC) programme: Launched in 2020, SFPC aimed to support up to 20 LAs in improving their work with families to reduce the number of children entering care. LAs were eligible to join the programme if they had: a) an Ofsted rating of ‘requires improvement to be good’ and b) high (or rising) rates of looked-after children over the preceding three years. Eligible LAs were selected following assessments of need, suitability, and commitment to whole system change (Department for Education, 2019b). LAs were supported to roll out one of three models. The six LAs that have been implementing Hertfordshire’s Family Safeguarding Model through SFPC are: Cambridgeshire, Walsall, Lancashire, Telford and Wrekin, Wandsworth, and Swindon.
- Sector-Led Improvement Programme (SLIP): This programme aims to improve the overall performance of children’s social care by using the strongest-performing LAs to provide peer support to LAs working to improve their services. LAs rated ‘requires improvement’ or ‘inadequate’ are eligible, and support can also be accessed by LAs rated as ‘good’ where there is significant evidence of a decline in performance (Department for Education, 2022). The Centre for Family Safeguarding Practice (CFSP) in Hertfordshire has been the improvement partner for 14 LAs since 2021: Surrey, Portsmouth, West Sussex, Bury, Dudley, Blackpool, Rochdale, Southampton, Wigan, Liverpool, Halton, Reading, Peterborough, and Oxfordshire.
- Self-funding: The CFSP in Hertfordshire has also supported two self-funded LAs (Oxfordshire and Somerset) to adopt the Family Safeguarding Model.

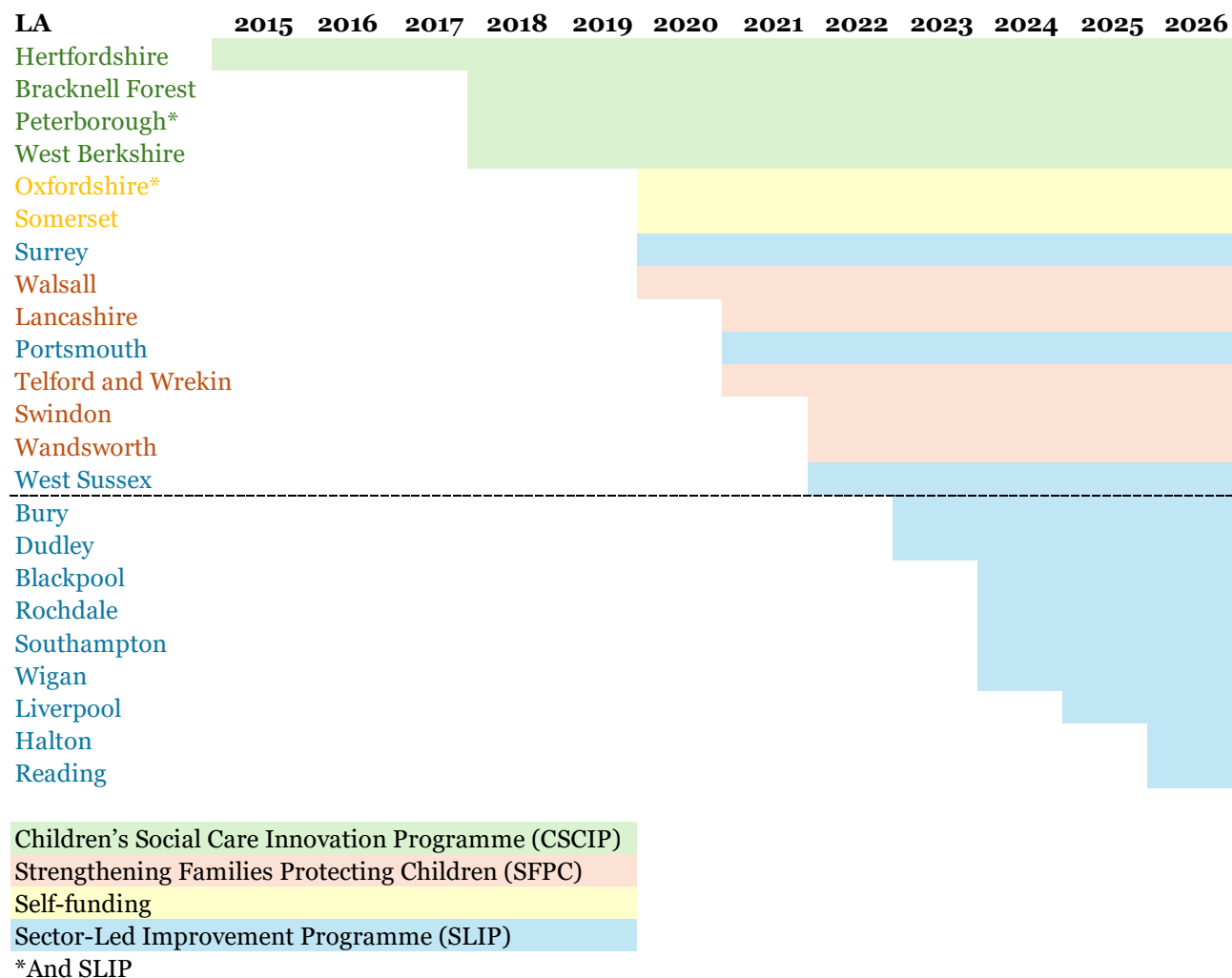
Figure 1 shows the implementation timeline of the Family Safeguarding Model across all LAs that have implemented it continuously, along with their respective funding sources. The Centre for Family Safeguarding Practice provided this information. Given the time required for outcomes to materialise, only the 14 LAs above the dashed line will be included in the impact analysis.

Liverpool, Halton and Reading are part of the comparison group, as the implementation of Family Safeguarding in these areas falls outside the period covered by the available data and this evaluation. We excluded Bury, Dudley, Blackpool, Rochdale, Southampton, and Wigan from the sample because their treatment start dates do not allow sufficient time for the primary outcome (18 months post-referral) to be observed, given that data collection ends in March 2025. Lastly, although the CFSP conducted scoping work in Bromley, the model was never implemented there, so Bromley is included in the comparison group.

Luton and Cambridgeshire implemented the model, but discontinued implementation in 2019 and 2024, respectively. These LAs are excluded from the primary and secondary analyses because including areas where the intervention was later withdrawn could dilute the model’s estimated impact of the model. As a robustness check, we will run a sensitivity analysis that includes these two LAs to assess whether the results are sensitive to this decision (see the [Discontinued implementation](#) subsection of the [Sensitivity analyses](#) section).



Figure 1. Family Safeguarding implementation – local authority timelines



The LAs that are to be included within the IE are assigned into ‘implementation cohorts’ based on the year that they started implementing. Under this approach, LAs that began implementation at different points within the same year are assigned to the same cohort, which may introduce heterogeneity in exposure timing. As part of the IPE, we are requesting more granular start dates from implementing LAs to mitigate this issue. As a placeholder, we group LAs into cohorts by year of implementation. We will be able to update the list of cohorts once more granular start date data from the IPE has been collected. Table 1 shows the number of LAs, the average number of children referred to CSC annually by LA in each implementation cohort, and the average rate of re-referrals within 12 months of a referral. The figures are derived from Table C1 Referrals and re-referrals to children’s social care services by local authority 2013-2024 (DfE, 2025a).



Table 1. Family Safeguarding implementation cohorts for analysis

Implementation cohort	Year that Family Safeguarding implementation started	LAs in the cohort	Average number of children referred to CSC annually by LA per cohort	Average rate of re-referrals within 12 months of first referral
Cohort 1	2015	Hertfordshire	5,930	16.2%
Cohort 2	2018	Bracknell Forest, Peterborough, West Berkshire	1,798	23.3%
Cohort 3	2020	Oxfordshire, Somerset, Surrey, Walsall	5,725	23.9%
Cohort 4	2021	Lancashire, Portsmouth, Telford and Wrekin	4,654	22.7%
Cohort 5	2022	Swindon, Wandsworth, West Sussex	4,190	23.7%

The analytical sample will be constructed as follows:

- **The treatment group** includes the first referral to children’s social services in our evaluation timeframe (provisionally 2009-2022), for children in each implementation LA:
 - If a child in the treatment group has multiple referrals in our dataset, only the first referral is included in the sample (we plan to identify subsequent referrals using a pupil matching reference for school-age children, and with an area child ID for children aged 0–4). We exclude subsequent referrals because we expect the intervention to reduce the likelihood of re-referral.
 - Children whose first referral falls within 18 or 36 months before introducing the Family Safeguarding Model (depending on the outcome) are excluded from the sample. This ensures we exclude potential “bridging cases” in which a referral happens before implementation, but the outcome’s follow-up overlaps with the intervention. If we use these baseline cases that have partially benefited from the Family Safeguarding Model, we risk underestimating the intervention’s impact.
 - The treatment group includes LAs that introduced the Family Safeguarding Model up to 2022, as this will allow sufficient time to observe the primary outcome using data available up to March 2025.



- **The comparison group** includes the first referral to children’s social services in our evaluation timeframe (provisionally 2009–22), for children in non-implementing LAs (or, if applicable, for a sensitivity check, in implementing LAs before the Family Safeguarding Model was introduced). We will exclude subsequent referrals (identified with PMR of area child ID as above) to be consistent with the treatment sample definition.

A key identifying assumption for estimating the impact of the Family Safeguarding Model is that it doesn’t affect the likelihood of referral.

Figures 2 and 3 show the trends in the average number of children referred to CSC each year by LA across each implementation cohort, using publicly available CiN data (C1 referrals and re-referrals to children’s social care services by local authority). The dotted line marks the year when the LAs in each cohort began implementing the Family Safeguarding Model. We will examine this assumption further using event study plots that compare referrals in each cohort with those in the comparison areas.

Note that the CFSP has provided the year that LAs began implementing the model. For our analytical approach, ideally, the month/quarter of implementation would be known. To improve the analysis’s accuracy, we will aim to collect this data through the proforma within the IPE strand.

Figure 2. Average number of children referred to children’s social care annually by area by cohort

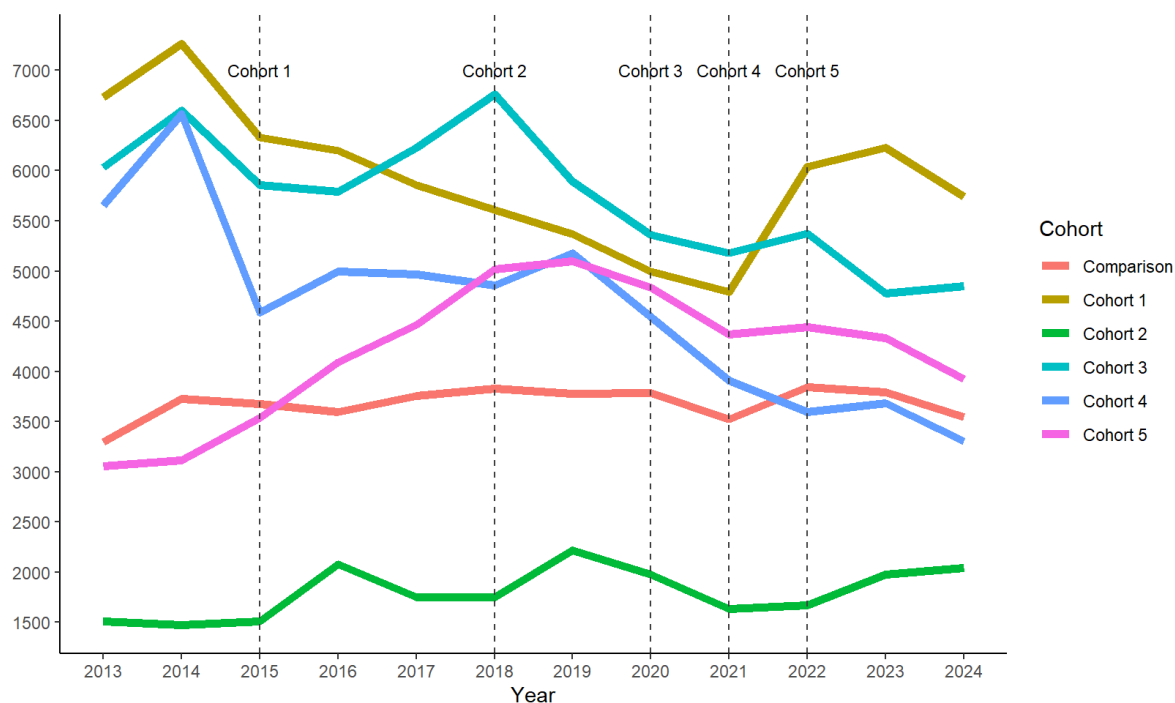
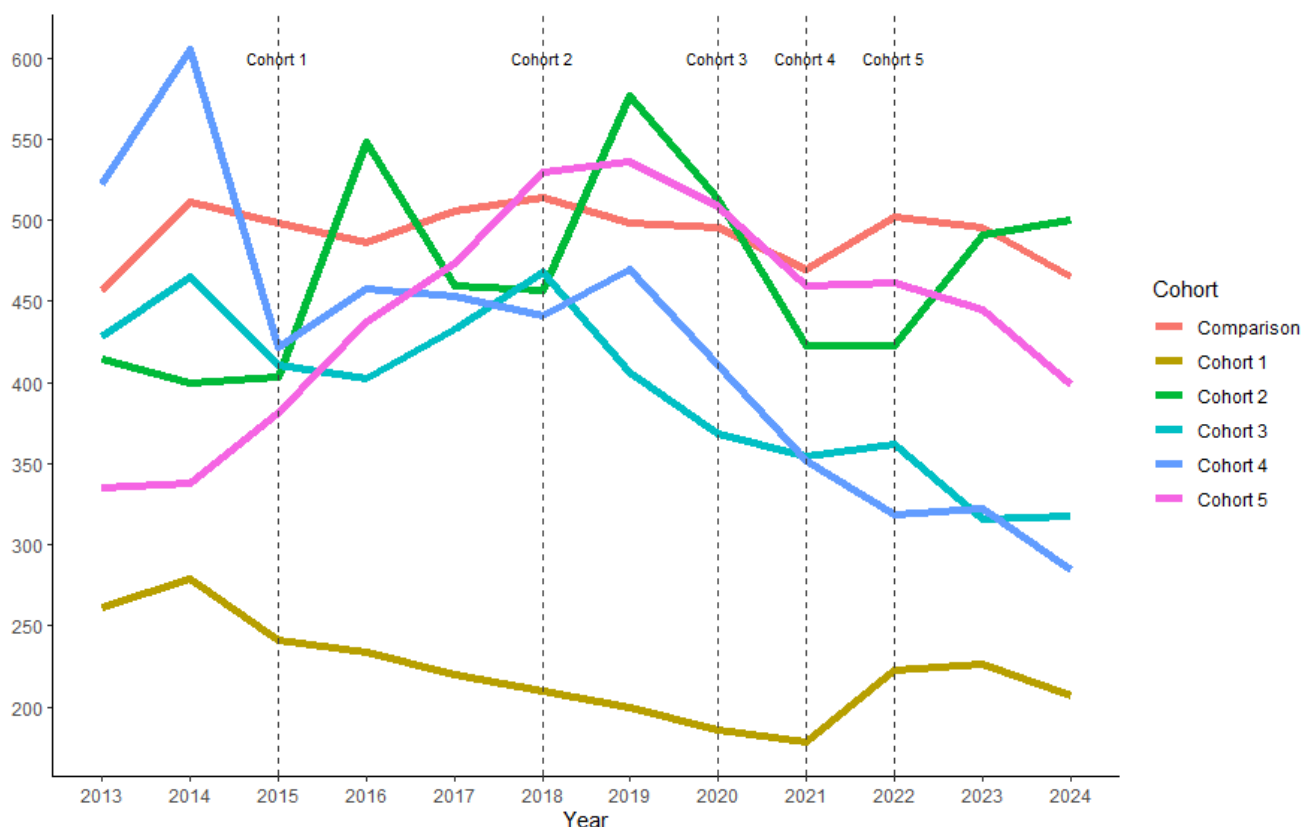




Figure 3. Average number of children referred to children’s social care each year per 10,000 children aged 0–17 years⁴



Outcome measures

We will evaluate one primary and four secondary outcome measures. Table 2 provides detailed definitions and derivations for each outcome measure. The first referral is defined as the first recorded referral to CSC occurring in our evaluation timeframe. This may not correspond to the child’s first-ever referral to CSC, as we cannot link records for children below school age with those who later enter the school system and are assigned a PMR.⁵ Subsequent referrals following the first referral will be excluded from the analytical sample, since an effective Family Safeguarding Model is expected to influence the likelihood of re-referrals.

⁴ Source of population estimates: ONS mid-year population estimates from the Children in Need data (Department for Education, 2025b)

⁵ At the point of writing (21/12/2025), the feasibility of this is still being explored.



Table 2. Definition of outcome measures

Outcome	Measure definition
<p>Primary (EQ1): Likelihood of a child becoming looked after within 18 months of the first referral to CSC</p>	<p>Binary variable indicating whether a child referred to CSC becomes looked after within 18 months of their first referral (1 = yes, 0 = no).</p>
<p>Secondary (EQ2): Likelihood of a child with a closed CPP returning to statutory services (i.e. beginning a new CPP, CiN plan, or becoming looked after) within 36 months of the first referral to CSC</p>	<p>Binary variable indicating whether a child with a closed CPP returns to statutory services (i.e. begins a new CPP, CiN plan, or becomes looked after) within 36 months of the first referral (1 = yes, 0 = no). Only children that started a CPP within 12 months of the first referral are included in the sample. Children whose CPP remains open at the end of the 36-month follow-up are coded as non-returners (0), as they have not exited and therefore were not at risk of returning within the observation timeframe. This treatment of ongoing CPPs avoids conditioning on post-treatment status (which would occur if they were excluded) but means the outcome may also capture changes in case allocation between CiN plans and CPPs under Family Safeguarding. Thus, results should be interpreted with caution.</p>
<p>Secondary (EQ3): Likelihood of a child having a CPP issued within 36 months of the first referral to CSC</p>	<p>Discrete variable indicating whether a child has a CPP issued within 36 months of the first referral, observed for up to 24 months from the CPP start date (values capped at 24 months).</p> <p>This outcome uses only the first CPP following the first referral; subsequent referrals/CPPs are excluded from the analysis. Only children with a CPP issued within 12 months of the first referral are included in the analysis.</p>
<p>Secondary (EQ4): Number of days that a child has been on CPPs within 36 months of the first referral to CSC</p>	<p>Discrete variable measuring the total number of days a child spent on CPPs that started within 36 months of the first referral. Multiple CPPs within the period are summed and values capped at 36 months. Children who were not on a CPP during this period are coded as 0. Excluding them would condition on post-treatment CPP involvement and could bias the estimates, so they are retained in the analytical sample.</p>
<p>Secondary (EQ5): Likelihood of a child being re-referred to CSC within 18 months of the first referral</p>	<p>A binary variable for whether a child that has previously been referred to CSC, has been re-referred within 18 months of the first referral (1 = yes, 0 = no).</p>



We will use administrative data from the CLA (SSDA903) dataset, the CiN dataset and the School Census Pupil-Level dataset. These data are available in the National Pupil Database and will be requested as ‘Direct Supply’ through the DfE Data Sharing Service (DSS). Provisionally, we expect to use administrative data from 2008/09. This will allow us to examine pre-treatment trends for all LAs that implemented Family Safeguarding, including Hertfordshire.

To ensure sufficient baseline information, we require a minimum of five years of pre-intervention data preceding the introduction of Family Safeguarding in 2015, as we will exclude all cases with a referral occurring within 18 or 36 months of the Family Safeguarding Model’s implementation (depending on the outcome). Assuming data is available up to March 2025, Table 3 presents the number of implementation cohorts for each outcome according to their respective follow-up period.

Table 3. Estimated sample size according to outcomes timeframes

Outcome	Latest referral date included	Implementation cohorts included
Likelihood of a child becoming looked after within 18 months of the first referral to CSC	September 2023	1 to 5, assuming cohort 5 started implementing in April 2022
Likelihood of a child with a closed CPP returning to statutory services (i.e. beginning a new CPP, CiN plan, or becoming looked after) within 36 months of the first referral to CSC	March 2022	1 to 4, assuming cohort 4 started implementing in April 2021
Likelihood of a child having a CPP issued within 36 months of the first referral to CSC	March 2022	1 to 4, assuming cohort 4 started implementing in April 2021
Number of days that a child has been on CPPs within 36 months of the first referral to CSC	March 2022	1 to 4, assuming cohort 4 started implementing in April 2021
Likelihood of a child being re-referred to CSC within 18 months of the first referral	September 2023	1 to 5, assuming cohort 5 started implementing in April 2022



MDES calculations

This study is powered to detect a standardised minimum detectable effect size (MDES) between 0.017 and 0.026 standard deviations (see Table 4), depending on whether the data are structured monthly or quarterly. Interpreted on the primary outcome scale (the probability that a child becomes looked after), this corresponds to roughly one fewer child becoming looked after per local authority per month, on average. For an effect equal to the MDES in a given specification, the study has 80% power to detect a statistically significant impact; for larger true effects, power exceeds 80%.

We used the R Shiny dashboard developed by Schochet (2022) to calculate the MDES. The dashboard is formulated to account for variation in treatment timing and other key features of the DiD design to be used in the analysis.

Assumptions for MDES calculation in scenario A:

- 200 time periods (months from July 2008 to March 2025)
- Four treatment timing groups ($t=118, 142, 154, 166$), assuming Family Safeguarding Model implementation begins in April for each adoption year. Although there are five treatment cohorts in total, the power calculation does not permit a cohort to contain a single LA. Therefore, for power calculation purposes, we combine Hertfordshire (Cohort 1) with the subsequent cohort.
- 14 treatment clusters (LAs)
- Number of clusters (LAs) in each timing group: 4,4,3,3
- 126 comparison clusters (LAs)⁶
- Matched comparison clusters: 36,36,27,27 (treatment areas in each cluster $\times 9$)
- Number of children referred per cluster per month: 241. This figure is based on the average annual number of children referred per LA between 2013 and 2024 (3,743, from publicly available CiN data), minus the average annual re-referral rate of 22.74% observed in England during the same period, divided by 12.
- Intra-class correlation: 0.00722, as reported on page 11 of Family Safeguarding Model – Evaluation – What Works for Children's Social Care evaluation protocol
- An autocorrelation of cluster-level errors over time of 0.3
- No design effect from weighting and no precision gain from covariate adjustment. Weighting can reduce precision (increasing the MDES), while covariate adjustment can improve precision (reducing the MDES). We ignore both in scenario A to provide a simple baseline, and we assess sensitivity to a plausible weighting design effect in scenario B. To be conservative, we assume no precision gains from covariate adjustment in any scenario.

⁶ While the comparison pool comprised 128 local LAs, power calculations were based on 126 LAs to achieve a total divisible by 14 (the number of treated LAs), enabling evenly sized comparison clusters.



Assumptions for MDES calculation in scenario B:

- A design effect from weighting (matching) of 1.5
- All other assumptions are as in scenario A.

Assumptions for MDES calculation in scenario C:

- An autocorrelation of clustered errors over time of 0.5
- All other assumptions are as in scenario A.

Assumptions for MDES calculation in scenario D:

- 67 time periods (quarters from July 2008 to March 2025).
- Four treatment timing cohorts (t=40, 48, 52, 56), assuming Family Safeguarding Model implementation begins in April for each adoption year.
- Number of children referred per cluster each quarter: 723. This number is based on the average annual number of children referred per LA between 2013 and 2024 (3,743, from publicly available CiN data), minus the average annual re-referral rate of 22.74% observed in England during the same period, divided by four.
- Other assumptions are the same as those in Scenario A.



Table 4. Power calculations

		Scenario A	Scenario B	Scenario C	Scenario D
MDES		0.017	0.02	0.02	0.026
Intra cluster correlations (ICCs)	Local authority	0.00722	0.00722	0.00722	0.00722
Autocorrelation of clustered errors		0.3	0.3	0.5	0.3
Design effect from weighting		1	1.5	1	1
Alpha		0.05	0.05	0.05	0.05
Power		0.8	0.8	0.8	0.8
One-sided or two-sided?		Two-sided	Two-sided	Two-sided	Two-sided
Level of intervention clustering		Local authority	Local authority	Local authority	Local authority
Number of clusters		14	14	14	14
Average cluster size (children referred per local authority per time period)		241	241	241	723
Number of time periods		200	200	200	67
Number of treatment timing groups		4	4	4	4
	Treatment	563,000	563,000	563,000	563,000
	Comparison	4,341,000	4,341,000	4,341,000	4,341,000
	Total	4,905,000	4,905,000	4,905,000	4,905,000



Analysis plan

Additional matching and balance sensitivity analysis

If our analysis of pre-treatment trends indicates that the parallel trends assumption may not be met,⁷ the 14 LAs that implement Family Safeguarding will be matched to a pool of comparison LAs that did not implement the model during this period. Matching can lower the risk of parallel trends not holding, but it does not account for differences between treatment cohorts. It can also reduce power. Consequently, if we meet the parallel trends assumption across all LAs, we will use matching to sensitivity-check the primary analysis conclusions. Specifically, this sensitivity analysis will allow us to assess whether the conclusions of the primary analysis are robust to potential differences across areas regarding the LA-level variables used in the matching.

The matching will be based on demographic and socioeconomic indicators that may influence the probability of a child becoming looked after (see Table 5). For example, the Official Census and Labour Market Statistics show that in 2014 (before Family Safeguarding started in Hertfordshire), the LAs implementing Family Safeguarding had higher mean counts of under-18s per 10,000 people than the remaining LAs (Office for National Statistics, n.d.) This suggests that, on average, LAs that implement Family Safeguarding may be slightly different from those that do not. We will agree on other variables to consider for matching in consultation with Foundations, our academic experts, and The Centre for Family Safeguarding Practice. This consultation process is ongoing, and indicators to be included in the matching variables will be updated in the protocol when agreed.

Table 5. Potential variables for matching

Variable	Source
Share of population under 18 years old	ONS mid-year population estimates
LA children's social care services overall effectiveness Ofsted rating	Ofsted's local authority inspection outcomes
Rates of looked-after children	Children Looked After data
Deprivation rate – mean LA rank	English IMD 2025

⁷ As assessed using event study plots and, if computationally feasible given the dataset's size, conditional moments pre-test (see Callaway and Sant'Anna, 2018). The conditional moments pre-test pools all the pre-period group-time ATTs and applies a single Cramér von Mises test. A small p-value (e.g. $p < 0.05$) indicates that at least one of the cohorts in at least one time period the conditional parallel trends assumption may be at risk of not being met. Note, inference in relation to the parallel trends' assumption being met will be based on both event study plots on the conditional moments' pre-test.



Provisionally, we propose using Coarsened Exact Matching (CEM) to select LAs for the analysis, choosing only areas with similar characteristics agreed upon to ensure strong comparability between treated and untreated LAs.

As mentioned above, this form of matching will reduce power, as we will discard dissimilar LAs from the comparison group. However, given the large number of observations in the sample, the impact of a slight reduction in power will be minimal. If CEM proves infeasible, alternative matching methods could be employed to select LAs.

Primary analysis (impact EQ1)

Quasi-experimental design

The outcome associated with EQ1 is the likelihood that a child will become looked after within 18 months of the initial referral to CSC. The primary analysis sample will include children from LAs in cohorts 1 to 5, with the latest referral date of September 2023 (assuming data are available until March 2025). Referrals occurring within 18 months before the programme's start in each implementation LA will be excluded. The purpose of the 'washout' period is to reduce the risk of underestimating the treatment effect by including cases in which referrals were made before the intervention, with outcome measurement overlapping with the intervention period.

For the primary outcome analysis, we will estimate the effect of the Family Safeguarding Model using Callaway and Sant'Anna's (2021a) DiD approach. This approach is designed to handle staggered treatment starts, effectively comparing cohorts of LAs that introduced the Family Safeguarding Model at different times with a set of LAs that have not yet implemented the Family Safeguarding Model.

DiD with multiple time periods

Potential outcomes framework

Let $Y_{i,t}(0)$ denote unit i 's untreated potential outcome at time t if they remain untreated through the time period T (i.e. if they were not to receive treatment at any point). Let $Y_{i,t}(g)$ denote the potential outcome that unit i would experience at time t if they were to first become treated in period g . The observed and potential outcomes for each treatment unit i are related through:

$$Y_{i,t} = Y_{i,t}(0) + \sum_{g=2}^T (Y_{i,t}(g) - Y_{i,t}(0)) \cdot G_{i,g}$$

Where $G_{i,g}$ is a binary variable that equals 1 if the unit i is first treated in the period g , and 0 otherwise. Note that, implicitly, if $t < g$, there is no treatment effect. Specifically, $Y_{i,t}(g) - Y_{i,t}(0) = 0$.

Under the 'staggered treatment' assumption, for all units that eventually participate in the treatment, G defines which 'group' they belong to – in the context of this study, the groups are the implementation cohorts.



In other words, we only observe one potential outcome path for each unit. For those who do not participate in the treatment at any point, observed outcomes are untreated potential outcomes in all periods. For treated units, observed outcomes are the unit-specific potential outcomes corresponding to the time when that unit adopts the treatment, starting from the adoption period onward.

The group-time average treatment effect

Callaway and Sant’Anna (2021a) introduced a generalisation of the traditional ATT estimator suitable for setups with multiple treatment groups and time periods. This estimator computes the average treatment effect for units that first receive the treatment in a particular period g (the ‘group’) at a particular time t , denoted by:

$$ATT(g, t) = E[Y_{i,t}(g) - Y_{i,t}(0) | G_i = g]$$

Where:

- $Y_{i,t}(g)$ is the potential outcome for the unit i at time t if they first receive treatment in period g
- $Y_{i,t}(0)$ is the potential outcome for the unit i at time t if they never receive treatment
- $G_i = g$ indicates that the unit i first receives treatment in the period g .

Once the $ATT(g, t)$ is obtained for different treatment groups g and time periods t , these estimates can be combined into a single overall treatment effect parameter. This will represent the average effect of participating in the treatment experienced by all units that ever participated in the treatment, denoted as:

$$\theta_{sel}^0 = \sum_{g \in G} \theta_{sel}(g) P(G = g | G \leq \mathcal{T}),$$

where θ_{sel}^0 first averages each cohort’s post-treatment effects to get $\theta_{sel}(g)$ then averages these across cohorts using the cohort shares among ever-treated units. The subscript ‘sel’ follows Callaway and Sant’Anna (2021a) and indicates the selection-weighted aggregation of cohort-specific treatment effects on the treated.

To incorporate the ‘washout’ period in the analysis, we will use C&S’s built-in ‘anticipation’ feature by specifying an anticipation window of length δ (in months or quarters) before each LA’s start of implementation period g . Conceptually, this treats the δ periods immediately before implementation as potentially contaminated by transitional activity and therefore excludes them from serving as ‘clean’ pre-treatment comparisons. For this analysis, we will specify δ as 18 or 36 months, based on the planned washout period for each outcome.

Operationally, for each implementation cohort G , this will a) shift the pre-treatment baseline back to the last period not subject to anticipation, $g - \delta - 1$, and b) estimate cohort-time average treatment effects only for periods $t \geq g - \delta$, thereby avoiding the use of the washout period as pre-treatment. Throughout, the implementation cohorts will be compared to a never-treated comparison group at the same calendar times t (and relative to the same baseline $g - \delta - 1$), ensuring that identification relies on comparisons that are aligned in time and not contaminated by



‘anticipation effects’. We note that allowing for anticipation ($\delta > 0$) implies stronger conditional parallel-trends requirements, because the parallel-trends assumption must hold over a longer set of pre-intervention periods.

We will report the **overall average treatment effect of the Family Safeguarding Model** (i.e. the weighted average of all group-time average treatment effects) and the equivalent standardised effect size (Glass’s δ), denoted by:

$$\text{Glass's } \delta = \frac{\theta_{sel}^0}{\sigma_{comparison}}$$

where $\sigma_{comparison}$ is the standard deviation of the comparison group’s outcome.

We will report uncertainty for each estimate with 95% bootstrapped confidence intervals. Standard errors will be clustered at the LA-level.

Identification strategy

Our identification strategy is built on comparing changes in outcomes over time between LAs that implement Family Safeguarding and those that do not. In the primary analysis, only ‘never treated’ will serve as comparison LAs (i.e. LAs that have not implemented Family Safeguarding). This staggered adoption allows us to isolate the model’s effect of by comparing the change in outcomes in each treatment LA with the change in outcomes in comparison LAs during the same period.

The Callaway and Sant’Anna’s (2021a) framework uses the pre-treatment periods of treated LAs to construct DiD contrasts and allows flexibility in choosing the comparison group. In our primary specification, we use only never-treated LAs as the comparison group. This avoids potential contamination from anticipation effects among future adopters (e.g. changes in practice before formal implementation, although we do not expect this to be a major issue). It yields a stable comparison group that simplifies diagnostics, such as parallel trends checks and provides a clear interpretation (i.e. relative to LAs that never implemented Family Safeguarding). We acknowledge potential downsides to using never-treated LAs as the comparison group. LAs that eventually adopt the Family Safeguarding Model may be more similar to early adopters than LAs that never adopt, because underlying factors may drive the decision to implement, even if adoption occurs a few years later. This may induce selection into the comparison group (never-treated LAs) by excluding later adopters that may look more like treated LAs before implementation. To assess sensitivity to this choice, we will re-estimate effects using ‘not-yet-treated’ LAs as the comparison group.

To ensure the validity of this comparison, we will:

- Check for pre-treatment parallel trends between treated and comparison LAs after conditioning on covariates. This check will be conducted using event study plots and, if computationally feasible given the dataset’s size, conditional moments pre-test (see Callaway & Sant’Anna, 2018 and footnote 19). Thus, inference regarding whether the parallel trends’ assumption is met will be based on both event study plots and the conditional moments’ pre-test.



- Use a ‘doubly robust’ method using both regression adjustment and propensity score adjustment to improve balance between areas.
- Use rich pre-treatment data to verify similarity in outcome trajectories before Family Safeguarding was introduced.
- Use matching as a sensitivity check, unless the pre-treatment data fail the parallel-trends test, in which case matching becomes the primary analytic approach.

Aligned with Callaway and Sant’Anna’s (2021a) identifying assumption that units do not ‘forget’ about the treatment experience, we will assume that once an LA starts implementing the Family Safeguarding Model, it continues to implement it, even if the funding or implementation support is withdrawn. Consequently, Luton and Cambridgeshire will be removed from the treatment group as they stopped implementation in 2019 and 2024, respectively. However, we will conduct a sensitivity analysis that includes these two LAs in the treatment group. This approach is closer to an intention-to-treat estimation, as including these LAs that stopped adopting the model helps to reduce the potential selection effect of excluding them.

Covariates

Provisionally, and drawing on evidence from previous evaluations, we plan to include the individual-level variables in Table 6 as covariates. These variables will be taken from the point of referral. Similarly, we will include the area-level characteristics in Table 7 as covariates in the model. For area-level variables, we will use the most recent measure available before implementation for LAs. This is done to prevent the model’s adoption from influencing the covariates included in it. For comparison LAs, we will take the value of area-level covariates from the most recently available measure preceding 2015, when the model’s adoption began.

Table 6. Individual-level covariates

Variable	Measure
Gender	Gender as recorded in the CiN/school census. Recorded as 0=Not recorded or unborn, 1=Male, 2=Female, 3=Indeterminate
Ethnicity at referral	Ethnicity as recorded in the CiN/school census. Recorded with the standard DfE classification of 20 categories (A1-E4)
Age at referral	Calculated with the date of birth recorded in the CiN/school census
Disability status	Disability flag as recorded in the CiN/school census. Recorded as 0 = Does not have a disability and 1 = Has a disability



Variable	Measure
Eligibility for free school meals (FSM)	FSM as recorded in the school census. Recorded as 2 if the pupil has ever been recorded as eligible for FSM, 1 if not ever FSM, and 0 if the information is not available. FSM is only recorded in the school census, so it will be missing for all children under school age (0 to 4 years old).
Number of previous CPPs	As recorded in the CiN data.
The main need for which a child started to receive services for the initial referral	As recorded in the CiN data for each episode (which for the evaluation will be the initial referral, if applicable). Categories included are abuse or neglect, disability, parental disability/illness, family acute stress, family dysfunction, socially unacceptable behaviour, low income, absent parenting, cases other than children in need, and not stated.

Table 7. Area-level covariates

Variable	Measure
Proportion of FSM children in the sample	Continuous variable calculated as the number of Ever FSM pupils divided by the number of children referred to CSC in the area, derived from individual-level CiN data
Proportion of white British children in the sample	Continuous variable calculated as the number of white British children divided by the number of children referred to CSC in the area, derived from individual-level CiN data
Presence of other innovation programmes	Each innovation programme to be included as a binary flag

Secondary analyses

For the analysis of the secondary outcomes, we will estimate the effect of the Family Safeguarding Model using Callaway and Sant’Anna’s (2021a) DiD approach, employing the built-in event study plots and, if computationally feasible, conducting the conditional parallel trends pre-test. Following the Foundations Evaluation Guidance (2025), and given that we have four secondary outcomes, we will use Hochberg multiple-comparison adjustments to reduce the risk of false positives.



Secondary analysis: EQ2

The outcome linked to EQ2 is the likelihood that a child with a closed CPP will return to statutory services within 36 months of the initial referral. This outcome will be analysed using the same staggered DiD model as the primary outcome. The sample will include children from LAs in Cohorts 1 to 4, with the latest referral date being March 2022. Referrals occurring within 36 months before the programme's start in each LA will be excluded.

Secondary analysis: EQ3

The outcome linked to EQ3 is the number of days that a child has been on a single CPP (issued within 12 months of the initial referral to CSC). For ease of interpretation, this outcome will be analysed using the same staggered DiD model as the primary outcome – the impact estimate will show the reduction (or increase) in the average number of days children are on a CPP due to the Family Safeguarding Model's adoption. The sample will include children from LAs in cohorts 1 to 4, with the latest referral date being March 2022. Referrals occurring within 36 months before the programme's start in each LA will be excluded.

Secondary analysis: EQ4

The outcome linked to EQ4 is the number of days that a child has been on CPPs within 36 months of the initial referral to CSC. The sample will include children from LAs in cohorts 1 to 5, with the latest referral date being September 2023. Referrals made within 18 months of the programme start in each LA will be excluded.

Secondary analysis: EQ5

The outcome linked to EQ5 is the likelihood that a child will be re-referred to CSC within 18 months of the initial referral. This outcome will be analysed using the same staggered DiD model as the primary outcome. The sample will include children from LAs in cohorts 1 to 5, with the latest referral date being September 2023. Referrals made within 18 months of the programme's start in each LA will be excluded.

Subgroup analyses

Equality, Diversity, Inclusion and Equity (EDIE)

Following EDIE considerations, we will examine whether the effectiveness of Family Safeguarding varies by special educational needs (SEN) status and ethnicity. Specifically, we use the same staggered DiD specification of the primary and secondary analysis on a subsample of a) children from ethnic minority backgrounds, b) children with SEN. The latter analysis will be restricted to school-age children (aged 4–5 years or older) because SEN provision is collected consistently only in the school census. The large number of cases in the administrative data reduces the risk of low statistical power to detect differences between sub-groups.



Likelihood of re-referral for subsample of children

We will estimate the likelihood of re-referral to CSC within 18 months of an initial referral (mirroring EQ5), but with a sample restricted to children whose first referral progressed to an assessment, and whose assessment identified parental substance misuse, domestic violence or parental mental health issues as factors. We will use the same staggered DiD specification of the primary analysis, where the outcome is a binary variable for whether a child who has previously been referred to CSC for parental substance misuse, domestic violence or parental mental health issues, has been re-referred within 18 months of the first referral (1 = yes, 0 = no). The sample will include children from LAs in cohorts 1 to 5, with the latest referral date being September 2023. Referrals made within 18 months of the programme's start in each LA will be excluded. If data on assessment factors are only available from 2014/15, we will also exclude cohort 1, as we won't have sufficient pre-intervention data.

Likelihood of becoming looked after due to abuse or neglect

Following discussions with a stakeholder from the CFSP, we will estimate the likelihood that children whose primary need at first assessment is recorded as 'abuse or neglect' will become looked after within 18 months of the first referral to children's social care. By focusing on children referred due to abuse or neglect, we aim to assess whether the Family Safeguarding Model is particularly relevant to, and more consistently delivered within, this group.

Sensitivity analyses

Age group

Our main analysis includes all children aged 0–17 to reflect the full age range targeted by the Family Safeguarding Model.⁸ However, aligned with previous evaluations (Foundations – What Works Centre for Children & Families, n.d.), we will conduct a sensitivity analysis on the 0–12 age group. The reason is that adolescents (13–17) may be referred to CSC for extra-familial harm and become the subject of child protection processes or enter care due to these harms. Specialist adolescent teams, rather than Family Safeguarding teams, will then support them. In addition, as the Family Safeguarding Model focuses on working with parents to reduce their harmful behaviour, the implementation could have a greater effect on younger children.

Comparison group composition

We will conduct a sensitivity analysis excluding Bromley and Liverpool from the comparison group. Although the Family Safeguarding Model was never implemented in Bromley, we understand that the CFSP carried out initial groundwork there. In Liverpool, implementation began in May 2025, likely preceded by preparatory activity. If anticipation effects are a risk in

⁸ Whilst the model is intended to support families with children from pre-birth to 17, outcomes can only be measured for children aged 0-17. This results in a slight discrepancy between the model's target age range and the age range used in the analysis.



either area, including them in the comparison group could lead to an underestimation of the programme's impact. Likewise, we will estimate the Callaway and Sant'Anna (2021a) model, including 'not-yet-treated' LAs in the comparison group, as an additional check for possible anticipation effects.

Additionally, we will conduct the primary analysis, including all referrals over the study period. Under this specification, estimates can be interpreted as the average effect in period t on outcomes among referrals during the Family Safeguarding intervention period in treated LAs, relative to outcomes among referrals across all periods in never-treated LAs.

Discontinued implementation

We will carry out a sensitivity analysis, including the two LAs that discontinued implementation of the model after two years (Luton) and five years (Cambridgeshire), as treated LAs. This analysis may attenuate the estimated treatment effect if impacts diminish following discontinuation of the Family Safeguarding Model.

All referrals

We will conduct a sensitivity analysis that includes all referrals for a child, rather than only the first post-intervention referral. This is because we do not know when, in the CIN referral process, LAs begin targeting families, so the timing of the Family Safeguarding support may vary across areas. If LAs target families both before and after the first referral, our primary analysis, restricted to first referrals, may dilute the estimated treatment effect. In the most extreme scenario, if LAs only target families after the first referral, our primary analysis would fail to detect any impact. In contrast, an analysis including all referrals would align better with the timing and delivery of the intervention, although the resulting estimate would still be diluted. We will therefore examine the primary outcome across all referrals, and we will further explore the timing of the Family Safeguarding support through the IPE.

Missing data

As the analysis is based on cross-sectional administrative data, we do not anticipate missing outcomes data, since each record represents a complete case for a given period. Covariates with more than 10% missingness will be excluded from the primary analysis. For covariates with lower levels of missingness, we will preserve the sample size by creating a missing category for categorical variables and applying null imputation with a missingness indicator for numerical variables. Sensitivity analysis will test the robustness of the primary analysis estimates to the inclusion or exclusion of the observations with missing data.

Analysis of harms

After further developments to the theory of change have been made, we will return to the analysis of harms section to understand if and what the likely risks of harm are.



Exploratory analysis

Dynamic effects

As an additional analysis, we will explore how effects vary based on the length of time LAs have been implementing Family Safeguarding. Based on the findings of Rodger et al. (2020), it is reasonable to expect that effects may appear larger in earlier-adopter LAs because they have completed the ramp-up period (i.e. started full implementation) than in areas where the programme is more recent. Therefore, stronger treatment effects among early adopters may reflect the time needed to reach full implementation rather than a steadily increasing impact. We will estimate the effect by quarters since the Family Safeguarding launch to examine the set-up period, when the programme is fully implemented, and any possible fade-out later on.

From early evidence across initial interviews and discussions with The Centre for Family Safeguarding Practice, there were clear differences in the speed at which LAs implemented the Family Safeguarding Model. LAs that initially implemented through SFPC had a set of criteria based on staff numbers to meet before they implemented, while subsequent implementations did not. Other LAs engaged in a ‘soft launch’ to accommodate delays in recruiting specialist roles. This heterogeneity in how long it took LAs to be fully up and running with the model indicates a potential post-implementation lag in the timing of the model’s impact. This will be considered when interpreting the model’s dynamic effects. As discussed, there is no existing data on when LAs began implementation within the year they started, which could also impact how short-term effects should be interpreted. More precise implementation dates will be explored in the IPE.

These dynamic treatment effects will be presented using event-study plots, which show the DiD between Family Safeguarding LAs and comparison LAs at each time point (i.e. how outcomes change before and after the introduction of Family Safeguarding in each treated LA).

Contextual factors analysis

Group effects

We will report the cohort-specific treatment effects produced by the Callaway and Sant’Anna’s (2021b) ‘did’ package. This will be the average effect of implementing Family Safeguarding for LAs in each implementation cohort, averaged across all periods after that cohort becomes treated. For each estimate, we will also provide the corresponding standardised effect size (Glass’s δ) and 95% confidence intervals.

Funding source

We will group LAs by their funding or implementation route, namely: the CSCIP, SFPC, and SLIP programmes, and self-funded LAs. Subject to sufficient sample size, this categorisation will allow us to examine whether the effectiveness of the Family Safeguarding Model varies across programmes that provide different types and levels of implementation support. We note that sample sizes may be small in some implementation routes, which may limit power to detect differences.



Implementation and process evaluation

Aims

The implementation and process evaluation's (IPE's) aim is to explore how the Family Safeguarding Model is implemented across LAs, to what extent delivery varies, and identify key facilitators and barriers to implementation.

As well as examining operational factors, the IPE will capture the perceptions and experiences of those directly involved in delivering the model, including strategic and programme leads, operational managers, frontline practitioners and delivery partners. Understanding how these stakeholders view the model's feasibility, integration, and impact on practice will give policymakers critical insight into real-world implementation. The IPE is designed to complement the IE by providing a nuanced understanding of the delivery context and practical differences in implementation. This approach enables the evaluation to go beyond measuring outcomes, offering insights into why and how the intervention works (or does not work) in different settings. The IPE will also help identify implementation models associated with positive outcomes, thereby informing future practice and policy.

IPE questions

The IPE will address the following evaluation questions:

1. How was Family Safeguarding implemented, and to what extent does delivery vary across LAs? (Implementation, variation, equity of delivery)

What are the individual steps/processes involved in each of the five key elements of the FS programme? Does this vary in any way across LAs/families?

- a. How did local contextual factors shape delivery?
- b. How are families with SEN and from ethnic minority backgrounds targeted and supported within the Family Safeguarding Model?

2. What levels of reach and dosage were achieved during programme delivery, and what factors influenced these levels? (Programme reach, dosage)

- a. Who is the intended target audience for the Family Safeguarding programme? How are they identified? How are they referred to the programme?
- b. What proportion of referred families are allocated to Family Safeguarding? Are there any families who choose not to participate or drop out of the programme? Why?

3. How does the Family Safeguarding Model differ from business as usual? (Programme additionality)

- a. What, if any, additional activities or measures does it introduce compared with business as usual?



4. **What were the key facilitators and barriers to the implementation of Family Safeguarding? (Delivery experience)**
 - a. How do stakeholders perceive the experience of delivery of Family Safeguarding? What were the barriers and enablers to delivery? Were they anticipated or not?
5. **What are the perceived outcomes for families receiving support through the Family Safeguarding Model? (Perceived outcomes)**
 - a. How, if at all, do outcomes vary across LAs and family sub-groups?
 - b. Were any other support/interventions being offered to participating families at the same time as the Family Safeguarding Model? What implications, if any, did this have on the perceived outcomes achieved?
 - c. What do stakeholders identify as the key factors/mechanisms that shape families' experience of FS and outcomes?

Evidence standards

The IPE has been designed to comply with the Standards for Reporting Qualitative Research (SRQR) standards (O'Brien et al., 2014), providing a comprehensive, transparent framework for reporting qualitative research and ensuring rigour, credibility, and reproducibility.

SRQR includes clear guidelines on study design, data collection, analysis, researcher reflexivity, and ethical considerations, ensuring transparency and methodological rigour. This consistency enables readers and reviewers to assess quality, compare findings across studies, and build cumulative evidence in qualitative research in children's social care and related policy domains.

Research design and methods

To answer the evaluation questions above, the IPE has four key strands of work:

Initial immersion interviews. A series of in-depth interviews with programme leads across three different local authorities that have implemented the programme with fidelity. Through these interviews, we aim to understand what a mature version of the programme looks like, and to develop specific indicators of 'good practice' in delivery. This will also inform the development of research materials in the subsequent strands of work.

Local authority proforma. A structured proforma circulated among LAs delivering the model, those who previously implemented it and stopped, and LAs that have never implemented the model. The aim is to establish a broad understanding of how Family Safeguarding is being delivered across LAs and identify variation. LAs in this work strand include those that are implementing the model, used to implement the model and stopped, and that have never implemented it.

Theory of Change (ToC) development session. We will conduct a collaborative session with the Foundations team to review the current ToC and incorporate insights from the initial immersion interviews and the proforma response analysis.



Typology development. We will cluster LAs into typology groups based on information gathered from the proforma submissions to develop typologies that demonstrate the drivers and factors influencing the outcomes of the model’s delivery.

Case study analysis. The case study analysis will be performed in two waves across eight LAs, using a mix of qualitative focus groups with strategic, operational and frontline stakeholders and delivery partners. The case studies’ aim is to understand in greater depth the different delivery approaches of the Family Safeguarding Model in the context of any emerging outcomes of interest drawn from the initial immersion interviews, proforma data, and the ToC development workshop. Wave 1, in particular, focuses on how different LAs are implementing Family Safeguarding.

Table 8 Error! No sequence specified.. **IPE evaluation questions and methods used**

Evaluation question	Method
<p>EQ1. How was Family Safeguarding implemented and to what extent does delivery vary across LAs?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis Typology development Theory of Change development</p>
<p>EQ1a. What are the individual steps/processes involved in each of the five key elements of the FS programme? Does this vary in any way across LAs/ families?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>
<p>EQ1b. How did local contextual factors shape delivery?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis Typology development</p>
<p>EQ1c. How are families with SEN and from minoritised ethnic backgrounds targeted and supported within the Family Safeguarding Model?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>



Evaluation question	Method
<p>EQ2. What levels of reach and dosage were achieved during programme delivery, and what factors influenced these levels?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>
<p>EQ2a. Who is the intended target audience for the Family Safeguarding programme? How are they identified? How are they referred into the programme?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>
<p>EQ2b. What proportion of referred families are allocated to Family Safeguarding? Are there families who choose not to take part in or drop out of the programme? Why?</p>	<p>Case study analysis</p>
<p>EQ3. How does the Family Safeguarding Model differ from business as usual?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>
<p>EQ3a. What, if any, additional activities or measures does it introduce compared with business as usual?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>
<p>EQ4. What were the key facilitators and barriers to the implementation of Family Safeguarding?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis Theory of Change development</p>
<p>EQ4a. How do stakeholders perceive the experience of Family Safeguarding delivery?</p>	<p>Initial immersion interviews Local authority proforma Case study analysis</p>



Evaluation question	Method
EQ5. What are the perceived outcomes for families receiving support through the Family Safeguarding Model?	Initial immersion interviews Local authority proforma Case study analysis Theory of Change development
EQ5a. How, if at all, do outcomes vary across LAs and family sub-groups?	Initial immersion interviews Local authority proforma Case study analysis
EQ5b. Were any other support/interventions being offered to participating families at the same time as the Family Safeguarding Model? What implications, if any, did this have on the perceived outcomes achieved?	Initial immersion interviews Local authority proforma Case study analysis
EQ5c. What do stakeholders identify as the key factors/mechanisms that shape families' experience of FS and outcomes?	Initial immersion interviews Local authority proforma Case study analysis Theory of Change development

Initial immersion interviews

We conducted three in-depth interviews with programme leads across three LAs as part of the initial immersion phase. The LAs were selected in partnership with The Centre for Family Safeguarding Practice, focusing on those that have implemented and embedded the programme with fidelity (Surrey, Walsall, and Wigan). Selection also prioritised including at least two LAs with mature models of Family Safeguarding (Surrey and Walsall, both began implementation in 2020).

Timing: October 2025

Local authority proforma

Building on insights from the initial immersion interviews, we have developed a structured proforma for LAs to complete. Three versions of the proforma were distributed to the following three groups of LAs:

- 23 LAs currently implementing the Family Safeguarding Model (including those in the initial stages of implementation)



- Two LAs that initiated delivery of the Family Safeguarding Model but have since stopped implementing it
- At least 10 LAs not implementing the Family Safeguarding Model.

Before distributing the proformas, we sent them to the LAs we interviewed in the initial immersion interviews to ask for feedback on their accessibility, inclusivity, and clarity.

Responses from LAs currently implementing the model and those who have implemented it in the past will establish an understanding of how Family Safeguarding is being delivered in different areas, the variations in place and the barriers and enablers to delivery. Responses from LAs not implementing the model will help us distinguish the factors, practices, and outcomes specific to Family Safeguarding, versus those that reflect broader system trends or standard practice across children's social care. By collecting data from non-implementing LAs, the evaluation can deliver a robust assessment of the distinct contribution and added value of the Family Safeguarding Model, ensuring findings are meaningful and policy relevant.

The proforma comprised a mix of open and closed-ended questions. We drew lessons from multiple projects delivered by Verian, where a similar approach was used, capturing them in a Word document for easier response. It was expected to take approximately 30 minutes to complete. The proforma aimed to capture:

- Implementation dates, status and fidelity to core model components
- Staffing structures and resource allocation
- Local adaptations and contextual factors
- Reflections on facilitators and barriers.

Collecting data from non-implementing LAs will provide a benchmark for identifying which factors are specific to Family Safeguarding and which reflect wider system trends. This will help assess the programme's distinct contribution.

For LAs implementing the model, the proforma was distributed to programme leads responsible for implementing the Family Safeguarding Model within their LAs. The Centre for Family Safeguarding Practice facilitated the distribution of the proforma by sharing it with key contacts across these LAs.

For LAs not currently implementing the Family Safeguarding Model, and those that delivered it but are doing so no longer, the proforma was shared with directors for children's services within the individual LAs. Verian obtained these contact details for these directors from the Association of Directors of Children's Services directory and shared them with Foundations (ADCS, n.d.). Foundations established contact with these directors and children's services and facilitated the proforma's distribution.

All LAs will send filled-in proforma responses to the Verian team.

Responses will allow for comparative analysis and typology development.

Timing: October–December 2025



Theory of Change development session

Following discussions with Foundations, who expressed an interest in developing an up-to-date Theory of Change (ToC) to support the evaluation, the original learning session scheduled for October 2025 has been repurposed as a ToC development session. The session initially intended to draw on relevant evaluations (particularly FFCP/FNP) and explore whether and how key learnings from these programmes might inform this evaluation.

Instead, we will use this session to develop a ToC for January 2026, following an analysis of the proforma responses and incorporating insights from the initial immersion interviews. We will also draw on any existing ToC documentation, intervention materials, relevant grey literature, and documents produced by The Centre for Family Safeguarding Practice. These will be integrated within the intervention protocol to ensure coherence and alignment across levels.

We envisage an audience similar to that originally planned: the Verian team, the Foundations team (including practice- and policy-focused colleagues), The Centre for Family Safeguarding Practice, and potentially other relevant stakeholders, such as our academic partners. During the session, we will present and discuss the reviewed materials and collaboratively develop the ToC step by step.

Following this session, we will produce a refined ToC, which will be incorporated as a key section within the intervention protocol and interim report, to be drafted in February 2026.

Timing: January 2026

Typology development

Drawing on insights from the initial immersion interviews and responses to the proforma, we will cluster LAs into typology groups. The clustering will be conducted primarily based on the delivery model characteristics adopted by LAs and the programme's delivery length by LAs. Other contextual characteristics such as rurality, Ofsted children's social care inspections and outcomes data, deprivation levels, ethnic make-up, and the number of children with SEN will also be considered.

A collaborative approach will be adopted, and we will develop an initial hypothesis on LA grouping, followed by a collaborative session with Foundations and the CFSP to agree the final grouping.

The developed grouping/typologies will be used to interpret variation in outcomes to explore how these key factors shape them. They will also inform case study areas' selection to add depth of understanding to any emerging outcomes or typologies of interest.

Timing: January 2026

Case study analysis

To deliver a deeper understanding of programme delivery approaches, we perform a two-wave case study analysis across a sample of eight LAs, as captured below. Through these case studies, we will explore in depth the different delivery approaches of the Family Safeguarding Model in the context



of any interest drawn from the initial immersion interviews, proforma data, and the ToC development workshop.

- **Wave 1 (February to May 2026):** To explore implementation processes and delivery models.
- **Wave 2 (June to September 2026):** To explore experiences in LAs showing the most positive and least positive outcome trends.

Foundations and CFSP will arrange engagement with the selected case study LAs. As part of the typology development exercise described in the previous section, a longlist of 12 to 15 case study LAs will be developed. Foundations/CFSP teams will then reach out to the first eight LAs to introduce the evaluation and gauge their interest in participating in the case study analysis. For those who volunteer to participate, contact details will be shared with Verian (subject to consent) for further engagement and recruitment. In case there are LAs who are unable or unwilling to participate, other LAs from the longlist will be considered.

Wave 1 case study research will be carried out in four LAs and include:

- **Four online focus groups (each lasting approximately 1 to 1.5 hours) with stakeholders at different levels (February to May 2026).**⁹ We will cover a broad range of stakeholder groups across strategic, operational and frontline teams to explore different dimensions of the delivery experience. Additionally, perspectives from partner agencies (e.g. health, education, and the police) will also be captured in this work strand. We anticipate focus groups to be conducted for:
 - Strategic and programme leads (e.g. heads of service for Family Safeguarding)
 - Operational managers
 - Frontline practitioners e.g. specialist adult workers with expertise in domestic abuse, substance misuse, and mental health within social work teams
 - Stakeholders from delivery partner organisations who are involved in/facilitate delivery of the Family Safeguarding Model
 - Partner agencies involved in supporting Family Safeguarding teams (e.g. health, education, the police).
- **A review of LAs' documentation relevant to the design and delivery of the model (e.g. training materials, supervision records, implementation plans) (February to May 2026).** This review will help build further understanding of LAs' implementation approach, their adherence to the Family Safeguarding Model and whether and how the model differs from business as usual. Where possible, we will review templates used for the Family Safeguarding workbook and any other materials core to delivery.

⁹ Once we have engaged programme leads in each LA, we will further explore with them the ideal composition of each group, considering organisational hierarchies and topic sensitivity. Each group will aim to include six to eight participants and be facilitated by trained Verian researchers. Topic guides will be produced for the focus groups, covering general questions around delivery and role-specific questions to understand how different stakeholders played a role in the model's delivery.



Wave 2 case studies will be carried out in a different set of four LAs and include:

- **Four online semi-structured interviews and focus groups (each lasting approximately 1 to 1.5 hours) with stakeholders at different levels (June to September 2026).** LAs in this second round of case study analysis will be chosen in collaboration with Foundations, and we propose selecting four case studies based on available information about outcomes, specifically using findings from the IE to identify LAs with strong positive and negative trends across the IE outcomes. This approach to case study selection enables us to focus on areas where we are most likely to gain insight into the programme's effects. Similar to Wave 1, we will hold groups with strategic and programme leads, operational managers, frontline practitioners and delivery partners. Group composition will be carefully considered to account for organisational hierarchies and topic sensitivity. The focus groups in Wave 2 – consisting of a mix of stakeholders (strategic and programme leads, operational managers, frontline practitioners, delivery partner organisations, partner agencies) – will focus on understanding what went well and the challenges, the barriers and enablers of success, learnings and their perspective on the programme outcomes observed. The ToC will serve as a key reference point in developing the topic guides and analysing qualitative data, ensuring we systematically investigate the programme's intended mechanisms and outcomes. We will also explore, through these case studies, how Family Safeguarding delivery may interact with other programmes and interventions with overlapping aims, for example, Families First Partnership, Supporting Families, Family Hubs, and Start for Life.

Interviews will be conducted via Microsoft Teams or Zoom. While our focus for the IPE is on establishing an understanding of the delivery approach to the Family Safeguarding Model and barriers and enablers experienced by delivery teams, this is also an opportunity to further supplement the IE by qualitatively understanding the effects on families and children. As has been mentioned in this section, we will explore with LA stakeholders and delivery partners their perceived outcomes on families and children.

Sample and sampling approach

The IPE will include all 23 LAs implementing the Family Safeguarding Model, alongside two that used to implement the model but have since stopped, and at least 10 that aren't implementing the Family Safeguarding Model to provide a comparison group.

Purposive sampling will be used as part of the case study design to ensure that the selected LAs reflect diversity in size, geography, deprivation levels, demographic profiles, and effectiveness.¹⁰ Particular attention will be paid to including LAs with higher proportions of residents from ethnic minority backgrounds and higher proportions of children with SEN, in line with EDIE considerations. The targeting of LAs with higher proportions of residents from minoritised ethnic backgrounds will show whether minoritised ethnic populations are considered in the model's

¹⁰ LAs' children's social services Ofsted rating.



targeting and whether they are receiving support from the model, relative to White British populations in their local area.

Participants for interviews and focus groups will be chosen through purposive sampling to ensure a diverse range of perspectives relevant to the evaluation objectives. Within each selected LA, we will work with local programme leads and The Centre for Family Safeguarding Practice to identify stakeholders at different levels, including strategic and programme leads, operational managers, principal social workers, frontline practitioners, delivery partners, and partner agencies.

We will aim to include diverse stakeholders in role, experience, and, where possible, ethnic background. We will ask LAs to support us in setting up focus groups with a mix of staff from minoritised ethnic backgrounds and White British backgrounds, where possible. We recognise that structural factors may limit the representation of available participants from diverse backgrounds. Where this occurs, we will document these limitations and discuss their implications for the findings. Invitations will be sent directly to identified individuals, and participation will be voluntary.

Our topic guides will include questions that specifically explore the experiences of staff from ethnic minority backgrounds and those with SEN, as well as EDIE's impact on practice. We will also ensure accessible and inclusive participation. Additional support will be provided for participants with SEND and English as a second language (ESOL) needs, including adapting question wording and using plain English. Verian will also be mindful of religious holidays and caring responsibilities when scheduling activities to support participation.

Table 9 summarises the methods, participant groups, recruitment and consent procedures, and the timing for the different data collection activities in this evaluation.



Table 9. Overview of evaluation methods, participants, recruitment, and timing

Method	Participants	Recruitment and consent	Timing
Immersion interviews	Three programme leads in LAs that have implemented and embedded the model with fidelity (Surrey, Walsall, and Wigan)	<p>Participants were identified via The Centre for Family Safeguarding Practice.</p> <p>A participant information sheet and Data Processing Agreement (DPA) were shared ahead of any interviews being conducted to ensure informed consent.</p> <p>Interviews were recorded and transcribed with consent.</p>	October 2025
Local authority proforma	All 23 Family Safeguarding-implementing LAs, two Family Safeguarding LAs that used to implement the model and stopped implementation, and at least 10 non-Family Safeguarding LAs (programme leads or equivalent)	<p>Contacts for LAs implementing the model were provided by The Centre for Family Safeguarding Practice.</p> <p>Contacts for the LAs who used to implement the model and have stopped implementation and non-implementing LAs were provided to Foundations by Verian through the publicly available directory of the Association of Directors of Children’s Services.</p> <p>The proforma for LAs implementing the model were distributed electronically via email by The Centre for Family Safeguarding Practice.</p> <p>Foundations distributed the proforma for LAs who have stopped implementing the model and non-implementing LAs electronically via email.</p> <p>Participant information concerning data protection/GDPR were provided as part of the proforma.</p>	October 2025 to January 2025



Method	Participants	Recruitment and consent	Timing
Case study research	Two waves of qualitative research will be conducted in eight LAs (four per wave).	Participants will be identified via Foundations' LA contacts and The Centre for Family Safeguarding Practice's LA contacts.	February to May 2026 (Wave 1)
	Each case study involves up to four interviews/group discussions with programme leads, operational leads, frontline staff and partner agencies.	Interviews/groups will be scheduled flexibly based on participants' availability. Informed consent will be obtained through a participant information sheet before participation and reconfirmed verbally at the start of each interview/focus group. Interviews and focus groups will be recorded and transcribed with consent.	June to September 2026 (Wave 2)

Adaptations and risk management

Table 10 provides an initial risk assessment for the IPE based on data collected from other similar projects (e.g. the Evaluation of the Centre for Homelessness Impact's 'support for care leavers at risk of homelessness and rough sleeping' programme). We set out the main risks to delivery and the proposed steps to mitigate them.

Each risk is assessed based on its likelihood of occurrence (low, medium, high) and potential impact (low, medium, high).



Table 10. Initial risk assessment

Risk/Area	Description	Likelihood	Impact	Mitigation/adaptation measures
Proforma design and accessibility	Risk that the proforma tools are unclear, not inclusive, or difficult for LAs to complete.	Low	High	Proformas were piloted with LAs involved in the immersion phase to assess accessibility, inclusivity, and clarity. Foundations and The Centre for Family Safeguarding Practice has also provided feedback. Tools were refined based on all feedback before full rollout.
Participation and engagement	Risk of limited participation due to frontline staff availability or competing priorities within LAs.	Low	High	<p>We are skilled at engaging with frontline staff based on previous experience and evaluations. To mitigate this risk, we will offer flexible scheduling, multiple time options, and remote participation formats to maximise accessibility and engagement. Additionally, The Safeguarding Practice’s existing relationships with LAs will support us in ensuring uptake in all our strands of work.</p> <p>For LAs not delivering the model currently, we will leverage Foundation’s current relationships, where possible. In addition, Foundations will establish contact initially to introduce the evaluation – an approach that we have found effective on other similar evaluations.</p>



Risk/Area	Description	Likelihood	Impact	Mitigation/adaptation measures
Equality, Diversity, Inclusion and Equity (EDIE)	Risk of insufficient diversity or unequal participation across LAs and participant groups.	High	High	<p>We will request local authorities to support us in setting up focus groups with a mix of staff from minoritised ethnic backgrounds and White British backgrounds, where possible. However, we recognise that structural factors and staff availability may limit the range of representation of participants; where this occurs, we will document these limitations and discuss their implications for the findings.</p> <p>We will ensure accessible and inclusive participation. Additional support will be provided for participants with SEND and ESOL needs, including adapting question wording and using plain English. Verian will also be mindful of religious holidays and caring responsibilities when scheduling activities to support participation.</p>
Data confidentiality and anonymity	Risk of participant identification, especially within smaller LAs or teams.	Low	High	<p>We will implement strict anonymisation procedures and data handling protocols following Verian and Foundations requirements. Aggregate reporting to minimise identifiability.</p>



Risk/Area	Description	Likelihood	Impact	Mitigation/adaptation measures
Operational or logistical challenges	Risk of low response rates, scheduling conflicts, or changes in LA availability.	Low	Medium	We will implement contingency plans including follow-up prompts, use of alternative participants, or supplementary data sources as needed.
Safeguarding and whistleblowing	Potential safeguarding or whistleblowing disclosures during data collection.	Medium	High	Follow Verian’s established safeguarding and whistleblowing procedures aligned with Foundations guidance. Ensure staff are trained and supported in handling disclosures appropriately.
Ongoing monitoring and adaptation	Risk that unforeseen challenges affect data quality or participant well-being.	Low	High	Maintain continuous monitoring of risks and adaptations throughout fieldwork to ensure responsiveness to participant needs and organisational contexts, supporting high-quality, ethical data collection.

Analysis

Qualitative data management and analysis

Interviews and focus groups

All interviews and focus group discussions will be transcribed verbatim. A sample file containing participant details will be stored in a secure, encrypted location, with each participant assigned a unique respondent ID. Analysis will be conducted referencing these IDs to maintain confidentiality throughout.



Interviews and focus group data will be analysed thematically using a framework. The analysis will combine both deductive and inductive methods. Initially, a deductive coding framework will be developed based on the IPE evaluation questions, the ToC, and key areas of interest identified in the protocol. This framework will guide the initial coding process. At the same time, the analysis will remain open to inductive coding, allowing new themes and insights to emerge from the data. Coding frameworks will be iteratively refined as analysis progresses, ensuring the capture of anticipated and unanticipated findings.

Analysis will happen after each work strand is completed and before the delivery of key deliverables (e.g. interim and final reports). The interim report will include an overarching analysis of all strands of work completed to that point. Multiple researchers will be involved in coding to ensure consistency, triangulation, and reliability. Regular team meetings will be held to discuss emerging findings, resolve discrepancies, and validate interpretations. These meetings are open and collaborative, allowing researchers at all levels within the team to discuss. The research team predominantly consists of women and includes five researchers from ethnic minority backgrounds. This diversity enhances research rigour by reducing interpretive bias, fostering greater cultural competence, improving data quality, promoting reflexive practice through richer discussions about positionality, and supporting ethically and contextually grounded methodologies. Anonymised participant quotes will be included in reports and deliverables to illustrate key findings. Identification will be limited to stakeholder type or role (e.g. programme lead, operational manager, frontline practitioner) to protect confidentiality.

Proforma data

Proforma returns will be managed and stored securely, with each response assigned a unique identifier to maintain confidentiality. The proforma includes both closed-answer (e.g. tick-box or multiple-choice) and open-ended questions. Closed-answer responses will be summarised descriptively to provide an overview of implementation characteristics and contextual factors across LAs. Open-ended responses will be analysed thematically, using the same combined deductive and inductive framework approach as for interview and focus group data, to ensure comparability and the integration of findings. Coding of open-text responses will be conducted by multiple researchers to enhance reliability, and team discussions will be held regularly to review coding and interpretation.



Cost evaluation

Cost evaluation (CE) questions

The CE will address three cost-evaluation questions:

1. What are the costs of delivering Family Safeguarding for LAs and, if reliably reported by LAs, partner agencies in the short- and medium-term over and above business as usual?
2. What are the short-term (1 year) and medium-term (2–3 years) cost-savings accruing from changes in the likelihood of children becoming looked after within 18 months of the first referral to children’s social care, compared to children in business-as-usual LAs?
3. What long-term public-sector cost savings (compared to the counterfactual rather than a reduction in absolute spend) for LAs and partner agencies (e.g. healthcare services for anxiety and depression, substance misuse services, criminal justice/policing, and homelessness services) are suggested by the estimated impacts of Family Safeguarding on key outcomes, compared with business-as-usual LAs?

The analysis will support and help LAs and stakeholders understand the financial implications of implementing Family Safeguarding and inform future decisions on sustainability and scaling. We will distinguish between one-off implementation costs (e.g. set-up/project management and initial motivational interview training) and ongoing delivery costs (e.g. adult specialist roles), where possible (for details, please see the ‘Costing approach’ and ‘Cost data collection’ sections).

Evidence standards

The CE has been designed to align with the CHEERS 2022 (Consolidated Health Economic Evaluation Reporting Standards) and HM Treasury’s Green Book principles for economic appraisal and evaluation, as far as feasible, given that a full economic evaluation is outside this project’s scope. These standards provide internationally and nationally recognised guidance for ensuring transparency, consistency, and methodological rigour in economic evaluation.

Specifically, the CHEERS framework guides the evaluation perspective reporting process, cost identification and valuation methods, price base, discounting, and treatment of uncertainty. The Green Book complements this by defining best practices for valuing costs and benefits to the public sector on an economic basis, and by guiding the application of discount rates and scenario analysis.

Aligning the CE, as far as feasible, with these standards ensures comparable, reproducible, and policy-relevant findings, supporting decision-makers in assessing the value-for-money and long-term fiscal implications of the Family Safeguarding Model.

Costing approach

For the first CE question (What are the costs of delivering Family Safeguarding for LAs and, if reliably reported by LAs, partner agencies in the short and medium term, over and above business as usual?), we will take a bottom-up approach to build up delivery costs for Family Safeguarding.



The analysis will focus on identifying and valuing the main components of programme expenditure, including:

- Costs for LA-employed staff (both additional staff time allocated to Family Safeguarding activities, and salaries of newly recruited staff)
- Costs for co-location of teams
- Training and ongoing skills development (e.g. for the motivational interviewing framework)
- Development and maintenance of the electronic assessment workbook
- Costs for any outside referrals to related support services (e.g. alcohol and drug misuse services).

Costs for social worker time will be reported separately from other staff costs to ensure LAs can easily interpret estimates. We will report both the nature of costs (e.g. staff time, costs paid to training providers, other contractors and delivery partners, and the monetary values. Although some LAs initially received external funding to support implementation, costs will be estimated as if the model were delivered without subsidy, representing the total economic cost to the LA.

Costs will be summarised as the total implementation cost and the cost per child referred to CSC, from the LA's perspective.

Where LAs identify expected changes to delivery costs in future years, these will be captured qualitatively through the cost template.

Cost data collection

Data on implementation costs will be collected through a short cost template completed by treatment and comparison LAs. The template will be distributed via email and will request information on the cost categories listed in the 'Costing approach' subsection. The template will first be piloted with a small number of LAs to ensure it is usable, understandable, and not too burdensome. The pilot will also help to confirm that we are not missing any cost categories. Feedback from the pilot will inform any necessary revisions before full rollout. No other primary data collection is planned.

Note that the Family Safeguarding Model involves multidisciplinary teams that include both LA-employed staff (e.g. social workers, family practitioners) and adult specialist workers employed by partner agencies (e.g. clinical psychologists and mental health practitioners). As the cost template will only be distributed to LAs, we will request that LAs provide available information on the funding arrangements and the approximate costs of partner-employed staff where known (e.g. through partnership agreements). Where such information is unavailable, we will note this explicitly and treat partner agency costs qualitatively when interpreting total programme costs.

Estimating potential short- and medium-term cost savings

For the second CE question (What are the short- and medium-term cost-savings accruing from changes in the likelihood of children becoming looked after within 18 months of the first referral to children's social care, compared to children in business-as-usual LAs), we will draw on existing estimates of the average annual spend by LAs on children looked after reported by the National



Audit Office (2025). The report estimated the average spend by LAs on children looked after by provision type:

- Foster care
- In children's homes
- In secure children's homes
- In supported accommodation.

We will estimate indicative LAs' savings over the short-term (1 year) and medium-term (2-3 years) by combining the unit cost estimates from the report values with the IE findings regarding the effects of the Family Safeguarding Model on the likelihood of children becoming looked after.

We will produce illustrative cost-saving ranges, based on the confidence intervals reported in the IE (sampling uncertainty). In addition, consistent with CHEERS, we will undertake a small set of sensitivity analyses by varying the distribution of child placement outcomes. These will be implemented using low, central-, and high-cost scenarios. This will test the robustness of the estimated cost savings and help quantify the potential magnitude of avoided costs associated with the Family Safeguarding Model.

Estimating potential long-term cost savings

For the third CE question (What long-term public-sector cost savings for LAs and partner agencies are implied by the estimated impacts of Family Safeguarding on key outcomes, compared with non-implementing LAs?), we will draw on existing evidence from the Independent Review of Children's Social Care (2021). This review provides comprehensive estimates of the social costs of adverse outcomes for looked-after children and those needing a social worker. The review estimated values for costs associated with being in care due to increased use of public services related to:

- Healthcare services (including GP care, residential care, and inpatient care) for anxiety and depression
- Alcohol and drug misuse (including healthcare costs, costs to the criminal justice system, costs for enforcement and prevention, and for treatment)
- Conduct disorder and anti-social behaviour
- Offending (including costs for police, courts, offender management teams, and custody)
- Homelessness (including costs for LA-delivered homelessness services, healthcare, and interaction with the criminal justice system).

We will estimate indicative public sector savings by combining these unit cost estimates from the report values (accounting for inflation by uprating to 2024/25 prices) with the IE findings regarding the effects of the Family Safeguarding Model on the likelihood of children becoming looked after and time spent on CPPs.

We will produce illustrative cost-saving ranges, based on the confidence intervals reported in the IE (sampling uncertainty). Additionally, consistent with CHEERS, we will undertake a small set of sensitivity analyses on key cost drivers (e.g. staff time assumptions; see the 'Costing approach' section). These analyses will be implemented using low-, central-, high-cost scenarios (e.g.



interquartile range, subject to the number of responses). This will test the robustness of the estimated cost savings and help quantify the potential magnitude of avoided costs associated with the Family Safeguarding Model.

Price base and discounting

Family Safeguarding has been implemented in phases since 2015, with varying funding sources across LAs. To ensure comparability, all costs will be reported in 2024/25 prices, uprated where necessary using the HM Treasury GDP deflator (HM Treasury, 2025). Where longer-term cost savings are modelled, values will be discounted using the Green Book rate of 3.5% (HM Treasury, 2020).

Study triangulation and quality assurance

Findings from all data sources across the IE, IPE and CE will be cross-checked and triangulated to enhance the evaluation's robustness. The Verian evaluation team will lead the interpretation of findings, using a collaborative approach that involves multiple researchers in coding, analysis, and synthesis to ensure consistency, triangulation, and reliability. Regular internal team meetings will be held to discuss emerging findings, resolve discrepancies, and validate interpretations. Quality assurance processes will include peer review of findings in internal team meetings, review of all deliverables by The Centre for Family Safeguarding Practice and Foundations, and through bi-weekly discussions with Foundations. However, the primary responsibility for interpretation and reporting will remain with the independent evaluation team at Verian, ensuring both rigour and independence in the evaluation's conclusions. Detailed audit trails will be maintained to document analytic decisions, ensuring transparency, rigour, and accountability throughout the evaluation process.

Ethics and participation

Verian's internal ethics review concluded that robust measures are in place to support participants and researchers throughout the evaluation. These include clear information about the study, voluntary participation, and mechanisms for participants to raise any concerns during IPE interviews or focus groups. Additional support is in place for those with specific needs or requirements, particularly for those with special educational needs (SEN) and those with ESOL. For those with SEN needs, data collection methods will be adapted to consider language and the questions' ease. For individuals with ESOL, data collection methods will use plain English. To ensure accessibility to participation, Verian will consider religious holidays and caring responsibilities to ensure participants are available and able to participate. All disclosures related to safeguarding are managed to established organisational procedures, and researchers are trained to respond appropriately.

The ethics committee highlighted an additional consideration regarding **whistleblowing**. While participants may disclose safeguarding concerns, they may also report incidents of poor practice or concerns about organisational processes. Each LA and delivery partner is assumed to have its own whistleblowing procedures. We will consult with Foundations to understand current approaches in



other work areas and align our handling of such disclosures accordingly. Any issues flagged by participants that fall under whistleblowing will be reported **anonymously** to the relevant organisations, with researchers providing support where appropriate, but not directly intervening in whistleblowing cases.

Registration

This evaluation will be registered on the [Open Science Framework](#) (OSF)¹¹ registry and uploaded to the Foundations website.

Data protection

Verian is registered with the Information Commissioner's Office for all our research, evaluation, and other activities, and holds ISO27001 accreditation, which certifies the legal, physical, and technical controls in our information risk management process. We also hold the Cyber Essentials Certificate, abide by the Data Protection Act 2018 and UK GDPR and embed data protection by design in all our work. We have a GDPR champion and Quality and Information Security team that we consult on all data privacy issues.

Data will be processed in line with the Data Protection Principles (Article 5 UK GDPR and Part 3 DPA 2018) and all other relevant data protection legislation, including setting out plans to prevent unauthorised/unlawful processing and accidental loss/destruction of personal data and securely transfer and receive personal data (in accordance with Article 32 GDPR), and keeping a record of processing activities (in accordance with Article 30 GDPR).

Personal data collected during this study will not be shared with any other body outside the members of the evaluation consortium. Participant data will be linked using a pseudonymous ID number. Except where necessary to collect IPE data, Verian researchers will not have access to participant contact details. All outputs using data collected through the IPE will be anonymised, with no identifying information being used when reporting.

The research is planned to end by March 2027, and Verian will retain personal data for no longer than 12 months after the project's conclusion.

The legal basis for processing personal information is legitimate interests, as the processing is necessary to conduct the analysis required to support evidence-based policymaking and improve service delivery. The processing is carried out in accordance with Article 6(1)(f) of the UK GDPR, which permits processing where it is necessary for the purposes of legitimate interests pursued by the controller or a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject.

¹¹ See: <https://osf.io/yeqxs/overview>



The legal basis for processing special category data is Article 9(2)(g) of the UK GDPR – that processing is necessary for reasons of substantial public interest – and paragraph 6 of Schedule 1 of the Data Protection Act (DPA) 2018. Special category data that will be processed will include ethnicity and disability – this data will be processed to ensure the evaluation findings can understand how and if the model’s impacts differ across different groups of children.

Personnel

Staff	Affiliation	Role
Evaluation team		
Michael Ratajczak	Verian	PI, responsible for study design, Impact and Cost Evaluation Lead
Peter Matthews	Verian	Impact and cost evaluation, quality assurance
Alex Hurrell	Verian	Quality assurance
Henry Faulkner-Ellis	Verian	Project Manager, impact evaluation data cleaning and analysis, cost evaluation analysis
Maria Galvis	Verian	Impact evaluation data cleaning and analysis, cost evaluation analysis
Priya Menon	Verian	Process and implementation, quality assurance
Beatriz Amaral	Verian	Process and implementation evaluation lead
Mariam Dunseath	Verian	Process and implementation evaluation support
Kesia Reeve	Sheffield Hallam University (SHU)	Academic Adviser
Jean Harris-Evans	SHU	Academic Adviser
Delivery team		
Angela Clarke	The Centre for Family Safeguarding Practice (CFSP)	Programme Director at CFSP – Intervention Adviser



Timeline

Dates	Strand	Activity	Staff responsible/ Leading
July 2025 to September 2025	Project Management	Set-up activities	Henry Faulkner-Ellis
September 2025 to March 2027		Ongoing project management	Henry Faulkner-Ellis, Michael Ratajczak
July 2025 to March 2026	Impact evaluation	Data scoping, application and cleaning	Maria Galvis, Henry Faulkner-Ellis
March 2026 to July 2026		Impact analysis	Maria Galvis, Henry Faulkner-Ellis, Michael Ratajczak, Peter Matthews
September 2025 to October 2025	Implementation and process evaluation	Initial immersion interviews	Beatriz Amaral, Mariam Dunseath
October 2025 to January 2026		Qualitative proforma	Priya Menon, Beatriz Amaral, Mariam Dunseath
January 2026 to September 2026		Case studies	Priya Menon, Beatriz Amaral, Mariam Dunseath
November 2025 to March 2026	Cost evaluation	Cost data collection	Henry Faulkner-Ellis, Maria Galvis, Michael Ratajczak, Peter Matthews
March 2026 to July 2026		Economic analysis	Henry Faulkner-Ellis, Maria Galvis, Michael Ratajczak, Peter Matthews
January 2026 to March 2026	Reporting	Interim update report	Full evaluation team
August 2026 to March 2027		Final evaluation report	Full evaluation team



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