



FAMILY SAFEGUARDING INTERVENTION PROTOCOL

Summary

Background	
Development, aims and policy context	Developed by Sue Williams, Assistant Director of Hertfordshire Children's Services (2015), funded initially through the DfE Children's Social Care Innovation Programme (CSCIP). The model aims to reduce the need for children to enter care or be placed on child protection plans by tackling the root causes of child welfare concerns.
Intervention description	
Why?	To keep more children safe at home with their families and reduce the need for children to enter care or be placed on child protection plans.
For whom? (recipients)	The Family Safeguarding Model's target group is families with children from pre-birth to 17 years old 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 in line 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 to be tailored to each family’s needs, it allows for specific variations within each component to meet children and families’ needs and constraints while maintaining fidelity to the core approach.
Context of implementation and rollout	
Roll out	The Family Safeguarding Model originated in Hertfordshire in 2015, before expanding significantly across England. There are currently 23 local authorities that have adopted it.
Scalability	England currently has 153 local authorities. Of these, 23 have adopted the model. The existing spread of adoption, the model’s adaptability across diverse local contexts, and the scale of national need all indicate that the Family Safeguarding Model has strong potential for further scalable growth across England
Business as usual (BAU)	Without Family Safeguarding, families with child welfare concerns would typically receive services through traditional children’s social care, adult social care, and health services.
Overview of existing evidence	
Impact, implementation and value for money evaluation	Several previous evaluations of Family Safeguarding have involved either a single LA or a small sample of LAs. Further evaluation involving the full sample of implementing LAs will allow for more robust and generalisable findings, due to the larger sample size and broader population.
Evaluation	
Evaluation partner	Verian
Evaluation protocol	https://foundations.org.uk/wp-content/uploads/2026/03/family-safeguarding_evaluation-protocol.pdf

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Contributors and preferred citation

Contributors

Angela Clarke (Centre for Family Safeguarding Practice)

Priya Menon, Beatriz Amaral, Mariam Dunseath, Michael Ratajczak, Henry Faulkner-Ellis, Maria Galvis, Peter Matthews (Verian)

Jean Harris-Evans (Sheffield Hallam University)

Maduran Sundaresan, Helen Burridge and Faye Green (Foundations)

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Background

Model development

The Family Safeguarding Model was developed in 2015 by the then Assistant Director of Hertfordshire's Children's Services, Sue Williams. On behalf of Hertfordshire County Council, she successfully secured initial funding to design and implement the Family Safeguarding model through the Department for Education's (DfE's) Children Social Care Innovation Programme (CSCIP).

The model was developed due to concerns that children's social workers, acting alone, lacked the expertise and resources to meaningfully identify and address issues around parental mental health, substance misuse and domestic abuse – the most commonly occurring factors for children needing to become looked after or being assessed as in need. Further information about the model is available in the Family Safeguarding guide (The Centre for Family Safeguarding Practice, 2024).

The model's aims

The Family Safeguarding Model aims to reduce the need for children to enter care or be placed on Child Protection Plans (CPPs) by tackling the root causes of child welfare concerns. Multi-disciplinary and multi-agency Family Safeguarding teams work collaboratively to support families facing challenges such as domestic abuse, substance misuse, and mental health difficulties. By addressing these issues, the intervention seeks to improve children's health and development and create lasting positive change.

The goal is to empower families and parents by fostering agency, self-esteem, and confidence to resolve the issues they face with assistance and support from Family Safeguarding teams. The intervention seeks to build a culture of mutual trust and understanding between these teams and families by being purposefully collaborative and using a strengths-based approach in practice. This involves recognising parents' expertise regarding their own families and ensuring Family Safeguarding team members communicate respectfully without blame or judgement.

The intervention's primary goal is to keep children safely within their families and prevent them from entering care. Achieving this can result in substantial cost avoidance associated with caring for children in the system. Additionally, the intervention seeks to deliver broader system-level benefits, including a reduction in police call-outs to domestic abuse incidents and reduced demand for acute mental health services.

Policy context

The Family Safeguarding Model aligns with the vision of the Children Act 1989 and the statutory guidance Working Together to Safeguard Children 2023, recognising the intrinsic value of families and the importance of keeping them together.

Children's safeguarding policy in England has increasingly emphasised prevention, early intervention and support for families to care safely for their children. A major shift towards a preventative early-intervention approach in children's safeguarding was signalled by the Children



Act 1989, which gave local authorities more authority to ‘safeguard and promote the wellbeing of children’, while requiring that the risk of ‘significant harm’ serves as the threshold for legal intervention in a child’s care. Policy and practice began to shift in the 1990s from a narrow focus on child protection and the need to identify ‘high risk’ cases towards a broader safeguarding approach for all Children in Need (CiN), which placed greater emphasis on family support and child welfare (Hayes, 2006; Parton, 2011). The Children Act 2004 furthered this agenda by reaffirming the duty of individuals and organisations to safeguard and promote the wellbeing of children, and highlighting, in particular, the importance of multi-agency collaboration across health, education, and social care. By recognising issues and intervening early, especially for children with identified risk factors, subsequent reforms aimed to prevent adverse short- and long-term outcomes for children (Parton, 2011).

The Ministry of Housing, Communities and Local Government (MHCLG) created the Troubled Families Programme in 2012 to provide targeted support for families facing multiple challenges. The programme focused on early intervention and a whole-family approach to reduce reliance on reactive public services, such as children’s social care interventions. The national evaluation found inconclusive evidence that the programme had an impact on key outcomes (Bewley et al, 2016). The programme was relaunched as the Supporting Families Programme and was implemented between 2022 and 2025. It placed greater emphasis on whole-family working, robust governance, and a mature data infrastructure to support early help for families. By March 2025, the DfE reported that the programme had achieved 858,179 successful family outcomes (defined as positive and sustainable changes in families) since April 2012, including 104,761 families supported to achieve a successful outcome between 2024 and 2025 (DfE, 2025a). Despite these improvements, it remains unclear which elements of the programme are driving impact, and there is inconsistency across LAs in how the approach is implemented (Stanford, 2023).

The Strengthening Families, Protecting Children (SFPC) programme aims to provide a more structured model of early intervention, focusing on working with families and building their resilience rather than working for them. Its primary goal is to reduce the number of children entering care by supporting eligible LAs to implement one of three CSCIP models: Family Valued, Family Safeguarding, and No Wrong Door.

The Independent Review of Children’s Social Care (MacAlister, 2022) drew heavily on the learnings from Hertfordshire’s Family Safeguarding model in understanding what was needed to change the system of help, support and protection for children and their families. Family safeguarding has influenced the Stable Homes Built on Love, and Keeping Children Safe Helping Families Thrive (DfE, 2024) strategies from the government, and key elements of the approach can be seen in the Families First Partnership Programme (DfE, 2025b). As a result of these policies and likely legislative changes, all local authorities and their safeguarding partnerships in England are expected to transform the way children’s services are delivered by 2027.



Intervention description

Why?

Research indicates that children in care and adults who are care experienced, often face poorer outcomes than children and adults in the general population, particularly in areas such as educational attainment and mental and physical (NSPCC, 2024).

The 2025 annual Children in Need statistics, produced by the DfE, showed 402,400 CiN in England (these figures exclude Children Looked After (CLA)). A small increase (0.7%) in the number of CiN in England occurred between the 2024 and 2025 reports. There has also been an increase of 3.4% since 2020. However, the number of children on Child Protection Plans (CPPs), a subcategory of these overall figures, has fallen for the last three consecutive years (DfE, 2025c). CLA statistics are reported separately to CiN. The latest DfE statistics report that there were 81,770 looked-after children in 2025, a slight decrease from 2024 (DfE, 2025d).

The Family Safeguarding intervention is designed to help more children remain safely at home with their families, leading to better long-term outcomes.

For whom? (recipients)

Target group

The Family Safeguarding intervention aims to support families with children aged pre-birth to 17 years where there are concerns about abuse and neglect of children, including addressing parental needs regarding domestic abuse, substance misuse, and mental health difficulties where they are impacting children's safety and wellbeing. The Family Safeguarding Model is designed to work with the whole family rather than just the child, focusing on keeping children safely within their families whenever possible.

The primary inclusion criteria for receiving support through the model are:

- Children aged pre-birth to 17 living in families where safeguarding concerns are primarily driven by one or more of the following parental factors:
 - Substance misuse (drugs and/or alcohol)
 - Mental health needs
 - Domestic abuse (as perpetrator and/or victim)
 - History of repeated statutory interventions or police call-outs related to these parental challenges.
- Families assessed under statutory frameworks, including:
 - Children in Need (Section 17, Children Act 1989)
 - Children who are the subject of CPPs (Section 47)
 - Families in pre-proceedings or care proceedings.

As the Family Safeguarding Model is embedded within local authorities' delivery of children's social care services, all families and children who meet the primary inclusion criteria will receive support through the Family Safeguarding service.



Referral process

The Family Safeguarding Model operates within existing statutory children's social care referral pathways rather than establishing separate referral mechanisms. The following routes are ways families can be referred into the service:

- **Professional referrals:** Through the 'front door' arrangements (which could include Multi-Agency Safeguarding Hubs (MASH)) for children's social care, predominantly from early years provision, schools, health professionals, police, early help teams, domestic abuse services, probation, substance misuse services, and family courts.
- **Self-referral:** Either by parents themselves, or someone in their family or community network, when parents/caregivers recognise they need support, through the 'front door' to children's services.
- **Internal transfer:** Movement of casework responsibility within LA teams as family needs change (sometimes described as 'stepping-up' or 'stepping down').
- **MASH:** A referral and triage point for needs that meet safeguarding thresholds.

What? (activities)

The Family Safeguarding Model aims to work with the whole family rather than just the child, focusing on keeping children safely within their families whenever possible and providing multidisciplinary support to parents and carers. This support includes adult specialist practitioners (in mental health, substance misuse, and domestic abuse) working alongside children's social workers to address complex family needs and reduce risks to children. The family's assessed needs will determine which team members will try to work with them.

Core components of the model

The Family Safeguarding Model encompasses five core components as outlined below.

- **Multi-disciplinary teams** where specialist adult practitioners in domestic abuse, mental health, and substance misuse are co-located with social workers under a unified management structure. This structure enables a multidisciplinary, whole-family response through direct assessment and support from specialist adult practitioners, as well as multi-professional group discussions and knowledge and skills sharing across disciplines. Family Safeguarding teams work with children from pre-birth to age 17 where abuse or neglect is a concern.
- **Family Safeguarding supervision** that involves all professionals working with a family in reflective discussions. The supervision sessions are recorded in the Family Safeguarding workbook and used for all families open to the team. The aim is to facilitate information sharing and joined-up support for family members, strengthening their ability to predict and prevent harm, and enabling shared decision-making and ownership of better outcomes for children and families.
- **Motivational Interviewing (MI)** is the practice framework. MI is an evidence-based method for increasing engagement and promoting change through strengthening people's motivation and commitment. MI provides practitioners with a shared language, concepts



and tools for working with families. Staff undergo training and participate in ongoing skills development workshops to sustain MI in practice.

- The **Family Safeguarding workbook** is a shared workspace where every multidisciplinary team member records their work. To reduce bureaucracy, one record is created per family rather than one record per child. The workbook serves as a single data tool for all professionals and links directly to the programme of work. This increases the ease of information sharing between professionals and reduces social workers' time spent recording and sharing information. Staff are supported to move away from process recording towards summary recording, focusing on the aims and outcomes of the work with the family.
- The **Family Safeguarding Programme** is an eight-module toolkit for assessment and direct work with adults and children. Modules aim to help identify families' strengths and needs and to motivate adults to bring about change in their behaviours to improve their children's welfare and protection. The goal is to enable ongoing reflection and continual analysis of the needs and support to enable change for children and positive outcomes. Children and families are encouraged to engage with the programme's modules, which will support practitioners' understanding of the family's needs. It includes:
 - *Parent(s)' attitude to the involvement.* Start to build a relationship with the family by exploring the reasons behind the need for an assessment and collection of relevant background information. In this module, consent should be explored and family rights explained.
 - *Parental and family history.* Create a profile of the parent(s), including their family culture, heritage, and any diverse characteristics and how they impact the family.
 - *Parents' understanding of their behaviours.* Gain insight into how parents understand the impact of their parenting and behaviour on their children.
 - *Direct work with children.* Complete a profile of the child(ren) to understand their experience in their family and the impact of any problematic adult behaviours.
 - *Parenting capacity: part 1.* Provide a balanced view on parenting capacity, highlighting both the positives and the areas of concern (covering basic care and health, ensuring safety, guidance and boundaries).
 - *Parenting capacity: part 2.* Provide a balanced view on parenting capacity, outlining the positives as well as the areas of concern (covering emotional warmth, stimulation and education, and stability).
 - *Analysis and recommendations.* Analysis of the previous six modules and formulation of recommendations for the family.
 - *Parents' comments and views.* Record parents' comments and views on the assessment/intervention.

The programme is designed to support longitudinal engagement, with assessments and decisions revisited through supervision and family reviews. It is collaborative, inclusive, responsive, and tailored to each family's specific needs.

How families are supported

Family Safeguarding seeks to support practitioners in engaging purposefully and helpfully with the family to create meaningful change. This approach will require practitioners to think about the purpose of any visit or meeting before the meeting and plan accordingly. These plans may need to



be adjusted based on what the family wants to talk about during the visit. The frequency of engagement will be determined by the family's needs and any statutory requirements regarding assessment timescales. Families receive individualised support, which includes:

- Specialist, tailored input from the relevant members of the multi-disciplinary team according to their identified needs. This input should consider the learning and communication needs of all family members.
- Engagement through Motivational Interviewing to ensure that the assessment clearly includes the perspective of all family members and builds confidence and autonomy.
- Empathic, strengths-based communication and purposeful planning with practitioners to address the challenges they face.

What? (materials)

To support the effective delivery of the Family Safeguarding Model, various resources, materials, and services are available to adopters.

Workforce training

The model's implementation includes a comprehensive training package for all staff involved in delivering Family Safeguarding. This core training includes sessions on:

- The legal framework for LAs' duties, including thresholds and family rights
- Embedding a Family Safeguarding culture
- Being a Family Safeguarding team manager
- Supporting Family Safeguarding supervision
- Case recording with the Family Safeguarding workbook
- The Family Programme, along with sessions tailored to specific roles (e.g. Child Protection Conference Chairs Independent Reviewing Officers, and adult specialist roles).

The model's implementers must ensure all multidisciplinary team members are upskilled to deliver Motivational Interviewing practices when engaging with families, as it is an essential component of the Family Safeguarding Model.

The Family Safeguarding workbook

The workbook is the primary tool for recording data in the Family Safeguarding Model, enabling multidisciplinary teams to collaborate effectively. The workbook was designed so workers could spend more time with families and less time on their computers or laptops.

The workbook is intended for meaningful recordings about families, rather than an extensive log of every interaction with families or other professionals. Workbook entries should include a professional's analysis and observations on family strengths and the impact on the children's needs identified in the family.

Quality assurance framework

All adopters of the Family Safeguarding Model should ensure that their quality assurance framework monitors the model's components. This step ensures they uphold the vision and values



in practice by making a positive difference for families, helping the right families with appropriate resources, seeking and responding to family feedback, and continuously improving service delivery.

The quality assurance framework should include both quantitative and qualitative measures of impact and outcomes, to monitor whether children are remaining safely in their family's care. Many of the established nationally collected data measures will support quantitative evaluation (e.g. the rate of child protection processes and entry to care), but other quantitative measures may need to be developed locally, e.g. the number of workbooks and Family Programmes open and completed.

Qualitative evaluation of Family Safeguarding practices will need to be built into existing quality assurance frameworks, with audit tools including measuring the intervention's effectiveness. The Centre for Family Safeguarding Practice provides guidance on quality assurance frameworks.

Support from The Centre for Family Safeguarding Practice

The Centre provides comprehensive implementation support for adopters, including:

- Strategic mentoring for senior leaders
- Governance structure setup
- Partner agency liaison and negotiation
- Programme and project management support
- Motivational Interviewing training advice
- Funding support and cost-benefit analysis
- Workforce design and recruitment guidance
- IT system development for the workbook
- Practice development and culture change workshops
- Communities of practice for peer support and shared learning across adopting authorities.

Additional resources may be made available depending on the source of funding. Further information is covered in the section on [tailoring and adaptations](#).

Who? (provider)

Family Safeguarding team

The Family Safeguarding team deliver the model in the implementing . They are a multidisciplinary, multi-agency and co-located team that brings together children's social care and adult specialist workers. The team's composition can include a combination of:

- **A team manager** who's responsible for the Family Safeguarding team, including line management duties, case allocation and incorporating the views of the multidisciplinary team.
- **Social workers** who are key relationship holders for the family and aim to understand the family's needs, work to support change, and develop and implement a multidisciplinary family plan.



- **Children's/family practitioners** work collaboratively with social workers to work directly with families, providing practical support and helping parents develop essential parenting skills to achieve family change.
- **Domestic abuse practitioners** who primarily support women and empower individuals to recognise and break cycles of abusive relationships through direct support, delivering specialist programmes, building self-esteem, and creating safety plans via individual and group sessions.
- **Domestic abuse officers** whose primary role is to support men and conduct specialist assessments of harm and risk. They also deliver group programmes for domestic abuse perpetrators, focusing on identifying controlling behaviour and supporting individuals to develop coping strategies for stress and anger.
- **Recovery workers** who support parents with problematic substance use by understanding their challenges and formulating collaborative recovery plans, delivering individual and group support programmes, and facilitating access to medical care if needed.
- **Mental health specialist adult workers** provide mental health assessments and evidence-based psychological interventions with parents/carers with mental health support needs.

A multidisciplinary family safeguarding team can combine:

- **Clinical psychologists** who can provide psychological assessments and evidence-based interventions for parents, addressing anxiety, depression, trauma and other mental health needs using approaches such as cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT), cognitive analytical therapy (CAT) and schema, while also offering consultation and training to the multidisciplinary team.
- **Mental health practitioners** provide timely mental health assessments and interventions for parents through individual and group work, drawing from diverse professional backgrounds including community mental health and forensic nursing, while liaising with specialist services and providing consultation to the team.
- **Business support officers** provide administrative support, including diary management, scheduling, minuting Family Safeguarding supervision sessions and organising meetings.

Arrangements about how, when, and which adult specialist practitioners are allocated to work with each family may vary locally, depending on need, capacity, and agreed management and allocation processes, as well as contextual factors, such as the local authority's size. For example, in a larger local authority area with many teams, there may be senior specialist roles with management and allocation responsibilities across the service area.

Governance arrangements

During the implementation stage, multi-agency governance arrangements are required to project-manage the implementation. This management usually includes a **Family Safeguarding Partnership Board** that has overall responsibility for programme decisions and comprises strategic decision-makers from all relevant partner agencies. Typically, the local authority's Director of Children's Services will chair it.

The Family Safeguarding Operational Board reports to the Partnership Board. It develops and implements the Family Safeguarding project plan and monitors progress. The Operational



Board receives highlight reports from the Family Safeguarding Project Manager, identifies risks and project delays, and reports these to the Partnership Board.

Workstream groups lead on specific elements of the project plan and report to the project manager, including progress updates, risks, and delays. These groups should include both partner agency representatives and LA leads.

Workstream groups typically include staff members from the following teams:

- Practice
- HR/learning and development
- Data analysis and performance
- Business systems and IT
- Communications.

Once the Family Safeguarding Model has been implemented successfully, governance arrangements usually sit with the local safeguarding children partnership, or according to local 'best fit' with other multi-agency arrangements.

How? (format)

Family Safeguarding is delivered primarily through face-to-face engagement with families in their homes and community settings. Social workers and child practitioners visit homes and work directly with children, young people and families. Specialist adult practitioners may engage with parents/carers on a one-to-one basis or through group sessions, depending on families' specific needs. One-to-one specialist adult work is carried out with parents/carers in their homes where appropriate and safe to do so, and group work may be facilitated in community settings. Specialist adult practitioners may also provide additional signposting and support parents/carers in accessing external services, such as detox programmes. Members of the multidisciplinary team may attend joint visits during the initial stages of family engagement and throughout the intervention, where needed.

When and how much?

Family Safeguarding teams start working with a family following a referral and an initial assessment that has identified that, without the provision of services, a child may suffer significant impairment to their health and wellbeing (Sec 17b Children Act 1989), or where it has been determined that they have suffered, or are likely to suffer, significant harm (Sec47 Children Act 1989). The point at which this decision is made may vary according to how services are arranged locally.

The family's needs are determined by an initial assessment, which may have recommended a further needs assessment, including the possible involvement of adult specialist workers to address the parents' specific needs where domestic abuse, poor mental health, and substance misuse are factors. The extent of these needs may not always be identified at initial assessment, but as the assessment continues in the Family Safeguarding team and any previously unknown needs emerge, the relevant adult specialist workers may subsequently join the team around the family. Multiple adult specialist workers may work with family members during the intervention, either offering



support concurrently or staggering specialist input based on need. During or at the conclusion of Family Safeguarding services, parents may be referred for additional mainstream support related to mental health, substance use, and abusive behaviour services, depending on their assessed level of need.

The programme operates as an ongoing model of practice, and all families in the local authority who meet the criteria (as outlined in the [Target group](#) section) will receive support in line with the Family Safeguarding Model for the duration of their involvement. The engagement's frequency and duration between the multidisciplinary team members and families is not rigidly set; instead, engagement depends on the families' needs and willingness to engage. The model aims to enable practitioners to spend more time working directly with families and provide more intensive, tailored support. This may mean families are involved with services for longer periods while issues are addressed. Families can continue to receive Family Safeguarding support for the duration of their involvement with children's social care, including periods during which children are under CiN or CPPs, as well as during the public law outline and care proceedings.

Some local authorities that have adopted Family Safeguarding, such as Hertfordshire, have extended the approach to provide intervention and support to parents after decisions have been made that children will remain in care for the time being, including when care orders have been made. Adult specialist roles may include supporting parents to address the behaviours that led to children entering care, to support a safe return home in the future. This outcome may be part of a support package for the whole family that encourages family relationships to continue and be strengthened, thereby supporting safe return home.

Tailoring

The Family Safeguarding Model has five core components that should be present. However, as the model's aim is inherently to be tailored to each family's needs, it allows for specific variations within each component to meet individual needs and constraints while maintaining fidelity to the core approach.

Since its inception in Hertfordshire and among early adopters, when Family Safeguarding practice was limited to teams working with families where abuse and neglect were already present, the Family Safeguarding approach has been extended in some areas to be a whole-system approach to meeting families' needs. In some areas, the practice vision, values and operating model can be found in early help services, the 'front door' to services (e.g. MASH), services for cared-for children (that support reunification where appropriate), and services that assure quality and review children's plans. Some safeguarding partnerships have extended learning and development relating to Motivational Interviewing across the partnership.

Some local authorities have chosen to use additional practice tools alongside Family Safeguarding where this is compatible, for example, systemic and restorative practice.

The core published Family Safeguarding guides do not explicitly outline SEND-specific or ethnicity-specific pathways or interventions. Where such adaptations occur, they tend to be locally determined additions to practice informed by broader safeguarding requirements and local authority frameworks.



Context of implementation and roll-out

Rolling out the model

Local authorities adopting Family Safeguarding

Since its development and initial implementation in Hertfordshire, the model has expanded widely across England, with 23 local authorities currently implementing it and two more setting it up. Adoption timelines vary by local authority; therefore, the model's operational time depends on when the LA began implementation. While most adopters have sustained delivery, Luton and Cambridgeshire discontinued implementation in 2019 and 2024, respectively.

- 2015: Hertfordshire
- 2018: Bracknell Forest, Luton (discontinued 2019), Peterborough, West Berkshire
- 2020: Cambridgeshire (discontinued 2024), Oxfordshire, Somerset, Surrey, Walsall
- 2021: Lancashire, Portsmouth, Telford and Wrekin
- 2022: Swindon, Wandsworth, West Sussex
- 2023: Bury, Dudley
- 2024: Blackpool, Rochdale, Southampton, Wigan
- 2025: Liverpool
- 2026: Halton (set-up), Reading (set-up)

The model continues to expand, with additional local authorities preparing to adopt it.

A small number of local authorities in England report having adopted Family Safeguarding elements based on publicly available learning from Hertfordshire. However, as neither The Centre for Family Safeguarding Practice nor Hertfordshire County Council has supported or overseen their implementation, the fidelity of these approaches to the core model cannot be assured.

Routes of expansion

The Centre for Family Safeguarding Practice in Hertfordshire was established in 2019 to support expansion. The Centre continues to provide ongoing support to new and existing adopters through strategic mentoring, programme management, training, and support with accessing funding. It also enables communities of practice to facilitate ongoing peer support and opportunities for further development and innovation of the approach. This infrastructure has been key to supporting the model's scaling, sustainability and continuous improvement across England.

Expansion has occurred through several funding routes, including:

- **CSCIP**, four local authorities: 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 (DfE, 2019). In round one (2014-16), the Family Safeguarding Hertfordshire (FSH) innovation project was funded through CSCIP. In round two (2016-20), Family Safeguarding's whole-system approach was scaled across Luton, Peterborough, Bracknell Forest, and West Berkshire.
- **SFPC programme**, six local authorities: Launched in 2020, SFPC aimed to support up to 20 LAs in improving 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 (DfE, 2019). 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)**, 12 local authorities: 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 that are 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.¹ The CFSP in Hertfordshire has been the improvement partner for 14 LAs: Surrey, Portsmouth, West Sussex, Bury, Dudley, Blackpool, Rochdale, Southampton, Wigan, Liverpool, Halton, Reading, Peterborough, and Oxfordshire.
- **Self-funding**, two local authorities: The CFSP in Hertfordshire has also supported two self-funded LAs (Oxfordshire and Somerset) to adopt the Family Safeguarding Model.

Current funding landscape

Currently, the only source of external financial support to implement the model comes from the DfE SLIPs, and is only available to local authorities that are eligible due to being judged as ‘inadequate’ or ‘requires improvement to be good’ following an Ofsted Local Authority Children’s Services (ILACS) inspection. This has meant that over the last five years, support has predominantly targeted those LAs to implement the model.

Scalability

Of the 153 LAs in England, 23 have adopted the model with support from The Centre for Family Safeguarding Practice over the past decade, although two have since discontinued implementation. The model has been successfully introduced in LAs of various sizes, contexts, and demographics – ranging from large county councils to small unitary authorities; from high-deprivation areas to those with comparatively low deprivation; and in both urban and rural settings. It has also been adopted in LAs with diverse ethnic populations and a wide range of Ofsted ratings. This breadth of implementation suggests that further expansion to additional LAs is feasible.

Strong evidence exists of a significant national need that the model is well-positioned to address. In 2025, more than 400,000 children in England were identified as CiN (DfE, 2025c), and over 80,000 children were looked after (DfE, 2025d). The Children’s Commissioner estimates that domestic abuse has affected around 830,000 children and young people nationally. The prevalence of children affected by domestic abuse is broadly similar across England, with LA rates typically ranging from approximately 5% to 10% (Children’s Commissioner for England, 2020), with higher rates generally observed in cities and lower rates in rural areas.

¹ See <https://www.gov.uk/government/publications/get-support-from-childrens-services-improvement-partners/get-support-from-childrens-social-care-sector-led-improvement-partners>



In addition, an estimated 478,000 children lived with a parent experiencing problem alcohol or drug use in 2019-20 (ibid.). In England, alcohol and drug treatment data indicate that around 80% of alcohol dependent parents and 60% of heroin dependent parents are not currently receiving treatment (Public Health England, 2021). This reflects a substantial level of unmet parental need that directly affects children's safety and wellbeing, and which Family Safeguarding's integrated, in-house specialist support is designed to address.

Taken together, the existing spread of adoption, the model's adaptability across diverse local contexts, and the scale of national need all indicate that the Family Safeguarding Model has strong potential for further scalable growth across England.

Business as usual

Local authorities' legal duties

Under the 1989 Children Act, local authorities have a legal duty to safeguard and promote the welfare of Children in Need within their areas and, so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs (as outlined in Section 17 of the Children Act 1989).

A child is defined as 'in need' if they are unlikely to achieve or maintain a reasonable standard of health or development, if impairment to their development or health is likely without the provision of services, or if they are disabled.

Following a referral identifying a child has such needs, the local authority's children's services team conduct an assessment. If the child is assessed as being 'in need' but is not experiencing (or likely to experience) significant harm, they may have a Child in Need Plan (CINP) that highlights what services the LA will provide, how the services provided will help the child, and what the parents must do. If children's services assess the child as having suffered (or are likely to suffer) significant harm, then enquiries and further assessment will be undertaken to determine whether the child should be the subject of a multi-agency child protection conference. If this conference takes place, it must decide whether the child needs to be the subject of a CPP – a statutory process that outlines the actions required by the family, child and professionals involved in the child's life to keep the child safe and reduce any harm in their life. Of the 402,400 Children in Need in 2025, 49,400 children were subject to a CPP (DfE, 2025d). If local authorities consider the CPP not working in keeping the child safe, they may apply to the court to determine who should care for the child. Further details on children's care pathways are in the Appendix.

Practice in the absence of Family Safeguarding

In the absence of Family Safeguarding, local authorities may have existing strengths-based practice models, such as Restorative Practice, considered highly compatible with Family Safeguarding. In other LAs, existing practice models may take a more risk-averse approach, such as the Risk-Sensible model.

With no Family Safeguarding, families with child welfare concerns would typically receive services through more traditional children's social care, adult social care, health and criminal justice services. Parents/carers would usually be referred to external agencies for support during children's social care involvement, rather than these services being available in-house, as in the



Family Safeguarding Model. Depending on organisational practices and policies, support provided by external agencies may not include home visits.

Multi-agency responses and information sharing would typically be coordinated through statutory meetings, such as core groups, with no centralised recording system.

In the absence of Family Safeguarding, children's social care teams will use LA-specific assessment frameworks to structure direct work with families, rather than the standardised Family Safeguarding Programme. Aspects of these frameworks may be similar to the Family Safeguarding Programme but may have different recording processes and may not follow an explicitly strengths-based approach that incorporates Motivational Interviewing.

While Motivational Interviewing may form part of qualifying training for some social workers, and many practitioners may draw on these skills, in the absence of Family Safeguarding this practice framework is not utilised by all practitioners in social work teams.

Supervision of social workers usually takes place on a one-to-one basis, rather than in multi-professional groups. This supervision may not be based on a reflective practice approach and may not incorporate Motivational Interviewing.

Overview of existing evidence

Summary of previous evaluations

Several previous evaluations of Family Safeguarding have involved either a single local authority or a small sample of LAs.

In 2017, an evaluation took place in Hertfordshire, where the model was first implemented (Forrester et al, 2017). It involved analysing service data and outcomes before and after implementation. This evaluation is widely cited as foundational evidence for the model's effectiveness.

In 2019–20, York Consulting conducted an independent evaluation involving five local authorities: Hertfordshire, Bracknell Forest, Luton, Peterborough and West Berkshire (Rodger et al, 2020). This evaluation assessed the model's implementation and impact through qualitative data, surveys, focus groups, and quantitative data. It supports the model's replicability beyond Hertfordshire. However, it did not include a comparison group and focused primarily on early outcomes, therefore providing limited insight into long-term impact.

Also in 2019–20, What Works for Children's Social Care (Collyer et al., 2021) conducted a pilot to provide insights into the model's rollout in Cambridgeshire and to inform its future trial. The pilot also aimed to explore evidence of feasibility, promise, and readiness for trial. However, the absence of a counterfactual limited the ability to attribute observed changes directly to the model.

Following the pilot evaluation, Foundations is conducting a stepped-wedge cluster randomised controlled trial (RCT) of Family Safeguarding in five local authorities, funded by the DfE as part of its Strengthening Families, Supporting Children programme. The impact evaluation explores the same primary and secondary outcomes as the evaluation. The accompanying implementation and process evaluation examines fidelity, reach, adaptation, mechanisms and outcomes. Two interim



reports have been produced (unpublished) and the final evaluation report is due for publication in spring 2027.

Related evidence comes from Family Solutions Plus, a model inspired by Family Safeguarding and implemented in Oxfordshire. An evaluation published in 2025 using administrative data showed promising reductions in care plans and service involvement, supported by a follow-up study exploring children's experiences of social work before and after implementation (Datta et al., 2026).

Further evaluation involving the full sample of implementing local authorities (n = 23) will yield more robust and generalisable findings, due to the larger sample size and broader population. The scaled-up evaluation will provide stronger evidence on the model's associated outcomes, both for the full sample and potentially for different sub-groups. It will also generate richer insights into variation in delivery, contextual factors, and equity considerations.

What is the model's impact?

Likelihood of children becoming looked after and returning to statutory services

Evidence from early-adopter areas indicates that Family Safeguarding is associated with reductions in children entering care. In an evaluation exploring implementation across five local authorities, the results showed statistically significant reductions in the numbers of Looked-After Children in the two years following the model's introduction (Rodger et al., 2020).

Likelihood of having a Child Protection Plan issued

Administrative data collected as part of a pilot evaluation indicate reductions in the number of children classed as Children in Need, Looked-After Children, and subject to Child Protection. An evaluation of the model in Hertfordshire indicated an overall reduction in the number of Children in Need (8.8%) and Child Protection (29.1%) cases (Forrester et al., 2017). In Oxfordshire, children receiving the Family Solutions Plus model had fewer and less intensive care plans. They were also less likely to reach the most intensive intervention (Datta et al., 2026). Although this is not evidence of impact, it provides early evidence of promise.

Duration of Child Protection Plans

In Oxfordshire, children receiving the Family Solutions Plus model spent less time in services, including shorter CPPs (166 days less) (Datta et al., 2026). Although this is not evidence of impact, it offers early promise.

Referrals

Evidence for the likelihood of children being re-referred is mixed, with an evaluation of five LAs indicating that re-referral rates can fluctuate year-on-year (Forrester et al., 2017), and only in Hertfordshire has there been a consistent downward trend in re-referral rates. However, the evaluation report acknowledges that the post-implementation analysis period, combined with the influence of practice in other service areas, may be influencing the fluctuations.



Sub-group impacts

Existing evaluations of the Family Safeguarding Model in England have not formally examined sub-group effects, including sub-group analysis by ethnicity. Instead, evaluations have focused on overall population-wide outcomes. The evaluation involving the full sample of local authorities aims to fill this identified gap.

How is the model implemented?

Implementation

Evidence from an evaluation involving five local authorities demonstrated that sites adopted the model's core components. In line with this, most planned elements were delivered during the pilot evaluation (Rodger et al., 2020). However, some parts of the model were only partially implemented and some elements varied across practitioners. Challenges were noted, including recruiting specialist workers and using the electronic workbook. There is a gap in the evidence regarding the model's implementation at a larger scale.

Reach and dosage

Evidence from the evaluation in Hertfordshire indicates that the 'dosage' or intensity of intervention varied according to family need, reflecting a tailored use of the model rather than uniform application across all cases (Forrester et al., 2017). Although there is limited published evidence specifically quantifying 'reach,' findings consistently indicate that family engagement improved under the model, suggesting that Family Safeguarding successfully reached the intended families and engaged them in support (Collyer et al., 2021; Rodger et al., 2020).

Key facilitators and barriers

Several facilitators and barriers have been identified across the evaluations, including strong leadership teams' co-location, structured group supervision and a clear practice framework. Barriers include difficulties recruiting specialist workers and workforce instability. These facilitators and barriers are commonly identified across implementation within children's services.

Perceived outcomes

Alongside the aforementioned impacts observed in the evaluations, perceived outcomes include improved confidence and better risk analysis, higher engagement from families, and quicker access to support services. Evidence from the 2017 evaluation in Hertfordshire (Forrester et al., 2017) suggests that "the introduction of multi-disciplinary teams and group supervision was experienced overwhelmingly positively". Staff surveys found that 80% of workers thought group supervision improved an understanding of risks. A majority (60%) also thought it led to a sense of shared responsibility. Seventy per cent of those who responded also thought group supervision supported more reflective practice. In the pilot evaluation in Cambridgeshire, most staff surveyed reported that the Family Safeguarding Model helps manage risk with families more effectively, and improves family engagement and outcomes for children and families. The potential benefits of Family Safeguarding identified by staff and families in interviews and focus groups included improved family engagement, enhanced outcomes, particularly for parents, reduced drift and delay in cases, and de-escalation of statutory involvement.



Does the intervention deliver value for money?

Expected costs

The initial costs for implementing Family Safeguarding may include Motivational Interviewing training, setting up resources to support implementation, including IT for the electronic workbook, and recruitment. Ongoing costs include staff costs for specialist workers and the capacity of children's services staff to implement the model.

Cost avoidance and savings

The evaluation in Hertfordshire concluded that the estimated cost savings to children's services from reduced care and child protection allocations in the first 12 months were £2.6 million.

An evaluation of five implementing local authorities (Hertfordshire, Bracknell Forest, Luton, Peterborough and West Berkshire) suggests a strong financial case for Family Safeguarding. Based on reductions in Looked-After Children and CPPs alone, the annual savings exceed the annual delivery costs within two years in each of the new authorities, and the break-even point (where cumulative savings exceed cumulative costs) occurs shortly after (Rodger et al., 2020). Within two years of break-even, cumulative savings for each authority are estimated to be at least £2 million. Further details on the costs of setting up and running the model are provided in the 2020 DfE evaluation of Family Safeguarding.

Early evidence from Strengthening Families Protecting Children adopters has shown reductions of around 40% in the number of children taken into care, with one adopter estimated to achieve cost avoidance of £117 million over five years.

In Hertfordshire, the 2020 DfE evaluation showed reductions in the number of children in care, and there was an estimated cost avoidance (largely as a result of reductions in placement costs) of approximately £220 million over 10 years (Rodger et al., 2020)



Theory of Change

[Find the Theory of Change diagram here.](#)

Introduction

This narrative summary accompanies the Theory of Change (ToC) figure and explains how the Family Safeguarding Model is expected to work in practice. It outlines the model's core activities and describes the mechanisms experienced by practitioners, children, and families. These mechanisms explain *how and why* the model is expected to generate the short-, medium-, and long-term outcomes set out in the ToC.

The ToC was built on the logic model published by Foundations in the Family Safeguarding pilot evaluation, and was constructed using evidence from a range of sources, including relevant publications (as outlined in the [Overview of existing evidence](#) section), consultations with the Foundations evaluation team, emerging evidence from Verian's initial immersion interviews and local-authority-proformas, emerging evidence from Foundations' in-house evaluation of the model, and a workshop with Foundations, The Centre for Family Safeguarding Practice, and Dr Jean Harris-Evans.

The problem that Family Safeguarding addresses (why)

Children's and adults' services often operate in silos, with multiple referrals and parallel processes creating delays, duplication and inconsistent follow-up for families experiencing domestic abuse, mental health difficulties, or substance misuse. Heavy administrative demands further reduce practitioners' capacity for direct, relational work with families, while compliance-led practice can undermine trust and engagement. Limited early help and high thresholds in adult services mean underlying parental needs frequently go unmet, driving repeated statutory involvement and avoidable entries into care.

The Family Safeguarding Model was developed as a whole-family, strengths-based response to address these systemic issues. It aims to keep children safely with their families by embedding multidisciplinary, relational practice within children's social care, supported by Motivational Interviewing and coordinated adult–specialist input. By integrating support around the whole family and addressing parental needs earlier, the model aims to create conditions for more timely, purposeful, and effective safeguarding.

Target group (who)

Family Safeguarding serves children and young people in need of safeguarding (e.g. Child in Need, Child Protection, PLO/S31), from pre-birth to age 17, and their parents/caregivers, particularly where adults' needs are driving harm. Indirect benefits accrue to extended family, the workforce, and partner agencies through improved coordination.



Core components of delivery (what)

Family Safeguarding is delivered by multidisciplinary teams comprising social workers, adult specialist workers (e.g. mental health, domestic abuse, and substance misuse), and family support workers. Delivery is supported by team managers, advanced practitioners, partner agencies, and strategic leadership within local authorities, with training and fidelity in some areas overseen by The Centre for Family Safeguarding Practice.

Statutory children's social care delivers the **model's five core components**:

- **Co-located multidisciplinary Family Safeguarding teams**, integrating adult-specialist roles (e.g. domestic abuse, mental health, substance misuse) within children's social care teams
- **Motivational Interviewing (MI)**, a strength-based approach to foster empathy, curiosity and collaborative goal-setting
- The **Family Safeguarding Programme**, an eight-module assessment and direct-work toolkit
- **Family Safeguarding supervision**, regular group supervision meetings for each family, allowing practitioners to structure whole-family reviews and shared decision-making
- The **Family Safeguarding workbook** to standardise recording, help inform, and reduce the amount of time practitioners spend on recording.

These activities involve direct work with families, joint assessments, shared planning, coordinated information sharing and regular multi-disciplinary case discussions. Key delivery qualities underpin them: a collaborative multidisciplinary approach, strengths-based relational practice, and reflective supervision that promotes continuous learning and purposeful work. Additionally, a commitment to recognising and responding to children's and families' identities, experiences and needs (e.g. ethnicity, race, religion, gender, sexual orientation, SEND, financial, and health needs) is embedded throughout, ensuring support is equitable, culturally attuned, and effective.

How Family Safeguarding works (mechanisms)

Workforce mechanisms

Practitioners' case recording is more purposeful and goal-orientated

- Practitioners focus on goals, actions taken, and why they were (or were not) successful in the workbook
- Through better information sharing, practitioners develop a shared understanding of family needs, enabling more informed decision-making and planning
- They spend less time duplicating admin tasks and more time on direct, impactful work.

Practitioners work collaboratively and share responsibility for family progress

- They combine perspectives across disciplines, supported by co-located teams and joint supervision sessions.

Practitioners' increased understanding of referral thresholds enables more effective and consistent application



- With increased understanding of thresholds and confidence working with them, social workers are better able to apply CPPs appropriately and purposefully.

Social workers build confidence and competence in addressing complex adult issues, enabling them to build collaborative partnerships with families

- Working with adult specialist workers in multidisciplinary teams makes social workers feel more skilled in responding to parental domestic abuse, mental health, and substance misuse
- Social workers' increased competence enables them to engage and support families more effectively
- Using strengths-based, MI-informed practice, practitioners help families reflect on goals and increase their readiness for change. Social workers' relational approach reduces fear and stigma, promoting trust, openness and shared problem-solving between themselves and the families they support.

Practitioners contribute to a shift towards whole-family practice

- Practitioners share values, role clarity, and a multidisciplinary approach across delivery teams
- Practitioners adopt ways of working that move services away from a child-only focus to a whole family, strengths-based approach.

Children and families' mechanisms

Children and families experience coordinated, wrap-around support

- They feel supported by a whole team rather than individual practitioners working in isolation
- They see practitioners working towards shared goals and do not have to repeat their story, as information is captured in one place in the workbook.

Children and families have immediate access to specialist help that fits their needs

- Practitioners have more time for direct work and can facilitate rapid access to specialist help that fits the family's needs and circumstances.

Children and families feel understood, respected and motivated to engage

- Children and families' trust in practitioners increases because responses are empathetic, strengths-based, and culturally attuned
- Families feel more able to be open, identify their own priorities, and take ownership of change.

What changes as a result (outcomes)

Workforce outcomes

Workforce outcomes refer to the outcomes of the practitioners delivering the Family Safeguarding model.



Short-term (1–2 years)

- Improved workloads (more time for direct work)
- Reduced stress and anxiety among social workers
- Increased sense of fulfilment, satisfaction, and sense of pride for practitioners
- Increased social worker confidence and skills, particularly in:
 - domestic abuse
 - parental mental health
 - substance misuse
- Improved multi-agency collaboration
- A more tailored service that meets the needs of all children and families (e.g. SEND, ethnic minority, health, etc.).

Medium-term (2–3 years)

- Improved wellbeing among practitioners
- Improved practitioner recruitment and retention in delivery teams
- A sustained culture shift towards whole-family, strengths-based collaborative practice.

Long-term (3+ years)

- Reduced vacancies, a more stable workforce, and reduced spending on agency staff.

Children and families' outcomes

Children and families' outcomes refer to those who are receiving or have received support under the Family Safeguarding Model. These outcomes refer to all children receiving support under the model, as there is no existing evidence on outcomes for sub-groups of the target population. As part of the evaluation, Verian will explore outcomes on sub-groups of the children and families receiving support, particularly focusing on families with a child with SEND and families from minoritised ethnic backgrounds. Other sub-groups will include children whose first referral into children's social care had an assessment that identified parental substance misuse, domestic violence or parental mental health issues, and children entering care due to parental abuse or neglect.

Short-term (1–2 years)

- Increased timeliness in specialist support
- Reduced drift and delay in cases (early intervention decisions and progress happen more quickly)
- Improved relationships with practitioners and better understanding of practitioners' expertise
- Improvements in parent outcomes, including:
 - changes in understanding/behaviour around domestic abuse
 - reduced substance and/or alcohol misuse
 - improved parental mental health.



Medium-term (2–3 years)

- Reduced children’s social care involvement, including:
 - Fewer children re-referred to children’s social care
 - Reduced likelihood of repeat statutory intervention
 - Fewer children with repeat CPPs
 - Reduced duration of children on CPPs
 - Reduced PLO/pre-proceedings/s20/care proceedings
 - Reduced duration of care spells and improved reunification rates
- Reduced physical and emotional harm in families and to children
- Reduced repeat domestic abuse call-outs
- Reduced adult emergency hospital admissions.

Long-term (3+ years)

- Improved educational outcomes (attendance and attainment)
- Improved child physical and mental health and wellbeing
- Reduced numbers of children entering care.

Ultimate impact

The model’s ultimate aim is to keep more children safely in their families, in line with the vision of the Children Act 1989 and Working Together 2023.

Key assumptions and contextual dependencies

For the mechanisms within the Family Safeguarding Model to operate as intended and achieve the anticipated outcomes, several contextual conditions must be in place.

Effective implementation depends on stable, committed leadership that actively champions the model’s core principles. Leaders must consistently embody Family Safeguarding values, embed relational and strengths-based approaches within organisational culture, and communicate a clear rationale for practice change.

Staff across the organisation must understand and support the model’s purpose, enabling sustained culture change and consistent high-quality delivery. External regulatory expectations, including Ofsted inspection frameworks, must align sufficiently with the Family Safeguarding principles so that compliance pressures do not undermine relational, whole-family practice.

The model also depends on strong, enduring multi-agency partnership arrangements, including clear governance structures, shared accountability, and active oversight from a partnership board committed to the model’s long-term sustainability. Ongoing financial commitment from partner agencies to directly fund adult specialist workers is desirable. Roles and responsibilities across agencies must be clearly defined, with a shared understanding supported by joint training, guidance, and communication. Effective information-sharing protocols and senior leadership commitment to data governance are necessary to enable integrated working. System-wide monitoring, including compatible quality assurance and performance measures across agencies, should support continuous improvement and shared learning.



Workforce capacity and capability are essential for the model. Staff must be recruited with appropriate qualifications and core competencies and provided with high-quality training, including in Motivational Interviewing and Family Safeguarding approaches. Ongoing supervision, reflective practice, line management support, and professional development opportunities are required to maintain fidelity to the model. The workforce must be stable, sufficiently resourced, and open to adopting new ways of working, including changes to processes, tools, and group case discussion formats. Caseloads need to remain manageable to allow intensive, relationship-based work with families.

Effective delivery further assumes that **practitioners and managers receive clear, consistent and accessible guidance on all aspects of the model**, including shared language, assessment frameworks, joint planning processes, recording expectations, use of the workbook, and integration of adult specialist workers.

Organisational systems must support rather than duplicate practice requirements. The workbook must integrate effectively within existing children's case management systems and meet statutory and non-statutory requirements.

Implementation also relies on sufficient corporate infrastructure. Investment and collaboration across finance, business intelligence, HR, learning and development, ICT, data protection, property, and legal services are necessary to enable co-location, data integration, workforce development, and performance monitoring.

Finally, **the model assumes that families are willing and able to engage.** Families must feel they can trust practitioners, share information honestly, and participate meaningfully in assessment and planning. Practitioners must be able to build strong, respectful relationships that support sustained engagement. The interventions, communication, and support provided must be culturally and linguistically appropriate, and accessible in ways that meet families' diverse needs.

Unintended consequences (to be monitored)

While the model aims to reduce fragmentation and improve outcomes, several unintended consequences may arise during implementation.

Workforce unintended consequences

- Increased administrative burden (e.g. where group supervision or workbook demands duplicate existing processes).
- Role confusion or overlap between agencies, particularly when multidisciplinary responsibilities are not clearly defined.
- Capacity pressures on adult specialist workers (e.g. domestic abuse, mental health, substance misuse) due to increased demand generated by better identification of need.
- Inconsistent embedding of the model across teams or localities, resulting in variable families' experiences.



Children and families: unintended consequences

- Potential increases in early help or CiN cases as needs previously unidentified or unmet become more visible.

Given the limited evidence regarding the model's potential unintended consequences on children and families, Verian's evaluation will explore this further.



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APPENDIX

Children's care pathways

While these are the expected pathways for children in care, it is recognised that alternative processes and dynamics can be followed depending on risk and safety.

