British Journal of Social Work (2025) **00**, 1–20
https://doi.org/10.1093/bjsw/bcaf232

Contextual factors influencing the implementation of an innovation in child protection services in England: A qualitative analysis using the Consolidated Framework for Implementation Research

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Abstract

New ways of working in children's social care have the potential to improve outcomes for children and families but we know little about how best to implement such innovations, particularly in complex contexts such as child protection. We present the findings of a qualitative study exploring social care professionals' perceptions of the contextual factors influencing the introduction of Safeguarding Family Group Conferences (SFGCs) in England. Our data came from semi-structured interviews with fourteen senior- and middle-management social-care professionals in seven local authorities in which SFGCs were being piloted, observations of implementation meetings

and workshops, and documentary analysis. Our study design and thematic analysis were informed by the Consolidated Framework for Implementation Research (CFIR). Important elements of our findings related to leadership and stakeholder engagement, resource availability, timing of inspections, understanding the advantage of the innovation, protected time, and having an allocated implementation lead to coordinate the effort. There were multiple interactions between these elements. Our findings suggest that implementation of new ways of working in areas such as child protection should involve a multi-level and systemic approach that ensures high levels of engagement and collaboration both internally and externally.

Keywords: child protection; family group conferences; implementation; innovation; qualitative research.

Accepted: August 2025

Background

Children's social care in England is confronting unprecedented pressures, marked by rising numbers of children entering care, high staff turnover, and the repercussions of budget cuts on preventive services (McFadden et al., 2019; Bennett et al., 2020; Webb, Bennett, and Bywaters 2024). Alongside this, a renewed focus on keeping children within their families and communities has heightened interest in family-led approaches to care planning and decision-making in child welfare, including safeguarding, education, and court proceedings (MacAllister 2022; Department for Education 2024a). Out of this situation has developed a growing interest in innovative, family-led approaches to child protection that aim to improve outcomes for children and families while alleviating service demands (Bason 2018; Hood et al., 2020). Significant investments in piloting and evaluating innovations have enhanced our understanding of their mechanisms and outcomes (Sebba, Di Luke, and McNeish 2017) but we know less about how to translate potential benefit into improved outcomes and experiences for children and families.

Successful introduction of innovations in children's social care requires leadership that prioritizes purposeful and meaningful change aligned with core social work values, rather than pursuing innovation for its own sake (OFSTED 2015; Hampson, Goldsmith, and Lefevre 2021), and organizational cultures that emphasize professional development and reflective practice (Munro 2019; Lefevre et al., 2024). However, adaptation of innovations to specific local contexts, rather than strict adherence to predefined protocols, is often necessary (Strehlenert et al., 2024) and the risks associated with introducing new practices may outweigh the benefits, stalling implementation and limiting effectiveness (Atkins and Frederico 2017; Mosson et al., 2018). These risks are likely to be

heightened in child welfare and child protection where systems of greater complexity produce additional implementation challenges (Caffrey and Browne 2023). While there is some literature exploring factors influencing the successful adoption of new practices in child welfare settings internationally (e.g. Albers et al., 2017), implementation has not been systematically studied within the UK child protection system.

Our focus in this study was on Safeguarding Family Group Conferences (SFGC), an adaption of the Family Group Conference (FGC) model, aimed at improving family experiences and outcomes within child protection. While FGCs are widely used in the UK—with 79.1% of local authorities reporting its use and 95.9% utilizing it when a child is considered for a child protection plan (Wood et al., 2024)—its application varies across different contexts.

An early study of the implementation of FGC in the UK (Brown 2003) identified key barriers to implementation, including professional resistance and risk, fitting the new model into existing practice, resources, the role of central government and an over-reliance upon individual champions of the model. In particular, professional resistance stemmed in part from the view that it was risky to hand power over to 'dysfunctional families' (p. 327). Although this study did not focus specifically on implementation of FGCs within child protection, the description of risk inherent in child protection social work impacting on the innovation process is highlighted in other literature (Lefevre, Hampson, and Goldsmith 2023). Similar challenges to reforming child protection to be more family-led have been highlighted in the US setting (Merkel-Holguin et al., 2022).

Although policy is shifting to recognize the need for, and to mandate the offer of family-led decision making (Department for Education 2024b), the current policy framework does not universally support family-led decision-making in child protection processes, often resulting in statutory processes that duplicate safeguarding plans alongside the family-led approach. A SFGC, unlike the standard FGC, is an alternative to an Initial Child Protection Conference used in some English local authorities as a pilot approach (for comparison see online supplementary material). It follows the same core principles as other FGCs, with an independent coordinator facilitating the process, starting with preparation work involving the family and their chosen support network to addressed safeguarding concerns. However, the focus remains on addressing these concerns, with transparency that further action may be taken if the process does not ensure the children's safety (Stabler et al., 2025).

As a new innovation, there is limited prior literature evaluating implementation of this specific model. The replacement of the ICPC with an adapted FGC (ICPC-FGC) was a core part of a wider model based on Restorative Practice first introduced by Leeds City Council as the Family Valued model (Mason et al., 2017). The early evaluation

highlighted issues leading to a lack of referrals to the ICPC-FGC, however, implementation issues were not explored further.

This article addresses the gap in systematic study of implementation factors within the UK child protection system by presenting insights from a deductive qualitative study. We examine social care professionals' perceptions and experience of the contextual factors affecting the uptake of SFGC as part of their adaptation and piloting within child protection services in England. To aid our exploration, we applied the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009, 2022). This provided a systematic assessment of potential influences on implementation progress. CFIR has been used in a broad range of settings although not commonly applied in social work research. We chose the CFIR due to the breadth of determinants at multiple levels (wider context, organizational/team, and individuals). As CFIR brings together concepts from different implementation theories into one framework, it is useful for identifying influences on an implementation effort compared to other models that focus on the process of implementing new models/practices into services (Nilsen 2015).

Our aim in this article is to provide a deeper understanding of how contextual factors impact the integration of new practices in the complex and sensitive area of child protection. This is crucial for informing effective implementation strategies and ultimately improving children's social care services.

Methodology

This pragmatic deductive qualitative study was part of a larger evaluation of the piloting of SFGC within seven English authorities. The local authorities were all rated 'good' or 'outstanding' when inspected by OFSTED (national Office for Standards in Education, Children's Services and Skills) but varied in population size, geographical size, and socioeconomic range. The design was informed throughout by the CFIR (Damschroder et al., 2009, 2022) (see online supplementary material).

Participants and data collection

We used purposive sampling to gather professionals' views of their experience of planning for implementation. Middle and senior management from each of the participating local authorities ($N = 7$) were sent emails including a detailed information sheet and invited take part in a semi-structured interview. Data collection focused on these participants as they were the main people involved in the early implementation phase. We conducted two rounds of data collection, one during the early

planning of the implementation process and a second six months later. Once a participant gave informed consent to take part in an interview, they attended a meeting using online video conferencing software. Most of the interviews were conducted individually and two were conducted as a group interview depending upon the preference/availability of the participants. Some participants completed an interview in both rounds of data collection ($N = 6$). Interviews lasted between 25–45 min, recorded and transcribed verbatim with key identifiers removed. The interview guide explored (1) progress of introducing the SFGC, (2) participant role (3) what helps/hinders implementation (resources, advantages/benefits, fit with practice model), (4) how to ensure the core features of SFGC are used, (5) how SFGC works in the setting, (6) views of other staff/teams in the local authority and partner agencies (e.g. police and health services), (7) planning approach to piloting the SFGC, (8) other reflections.

We supplemented interview data by collecting project documents that captured insights into implementation from study support and engagement meetings/events and undertook observations of study-related meetings (with practitioners and the research team) and training workshops (led by the research team and a partner local authority who had previously implemented the model) to support local authorities in the planning and development of the SFGC. Participants gave informed consent for anonymized reflexive notes to be taken at the meetings and training workshops and reflexive notes were only taken if all participants consented.

Data analysis

The interviews, reflexive notes and the project documents were managed, and then, coded in NVivo Qualitative Software package. We used the framework approach to do a mainly deductive thematic analysis (Ritchie et al., 2014; Parkinson et al., 2016). A coding framework based upon the pre-selected CFIR constructs was developed and initial interviews were coded in NVivo by two members of the research team and the coding framework was refined after discussion and the remaining data were then coded. Codes were charted using tables in MS Word; codes were organized and condensed into themes/constructs (columns) across local authorities (rows). Throughout the analysis process and as the charting of the data progressed, we conducted iterative checks to identify additional relevant CFIR constructs as well as influences not captured by the pre-selected constructs. There were no significant disagreements between the research team regarding the codes and subsequent themes. After each round, developing themes were shared with

the local authority partners, a steering committee and an expert stakeholder group to further aid interpretation.

The researchers undertaking this study were external to those implementing representing a range of academic backgrounds/interests including children's social care services delivery, implementation science, and complex systems. Findings after round one were shared with the wider team and participating local authorities to inform implementation efforts/support. Ethical approval was provided by the Research Ethics Committee at the University of Exeter Medical School (Reference Number 493165) and the study was approved by each of the participating local authorities.

Findings

Participants

Seven local authorities in England took part (see Table 1) with 14 middle and senior managers/leaders, at least one per local authority, taking part in interviews. Participants were based in departments across children's services including safeguarding, family group conference teams, and quality assurance teams. The interviews took place between June 2022 to February 2023 for round one and March 2023 to October 2023 for round two. We carried out observations ($N = 17$) of study support meetings/workshops and local authority-research team meetings ($N = 6$). We also collated documents ($N = 15$) related to the implementation process.

The influential factors are presented below, structured by the CFIR domains. The quotes are drawn from all data types and are categorized as round one (R1)—preparation phase and round 2 (R2)—six months

Table 1. Local authority characteristics.

Characteristics of local authority	Demographics	*N*
Population size covered	<200,000	2
	200,001–300,000	2
	300,001–400,000	1
	>400,000	2
OFSTED rating	Outstanding	2
	Good	5
Socioeconomic status	Low deprivation	3
	Polarized	1
	High deprivation	3
Type of local authority	County council	2
	London borough	2
	Unitary authority	2
	Metropolitan district	1

into piloting phase. The job roles and local authorities of the participants are not provided to minimize the likelihood of identification.

The influence of the innovation

SFGC characteristics that influenced planning for its implementation in local authorities included the relative advantage of SFGC compared to usual practice and the trialability of the model. Relative advantage was influential in two ways. Some participants saw an advantage to using SFGC because they felt it would enable closer alignment with their practice model than practice as usual (the ICPC process). Participants who could identify benefit from using SFGC and alignment with their practice model were more willing to progress with implementation:

> Culturally and from a values-based perspective, it is the natural next step for us to move towards within our organisation. If we think about what we want to achieve in our child protection plan and to empower families to have their own solutions rather than us imposing solutions upon them. (R1)

> This is an opportunity to work in a more relational and restorative way with families. The SFGC pilot is about seeing if working in this way will result in more positive outcomes. (R2)

In contrast, those who thought their existing processes did much of what SFGC offered, such as including families and ensuring the voices of children/young people were heard and advocated for, saw little advantage to the new approach. This was particularly for local authorities who had intentionally worked to improve their ICPC practice. Perceptions that the SFGC would not add to existing practice hindered implementation planning. Clarity about the advantages and benefits of SFGC were necessary, though not sufficient, at the outset on whether a decision was made to pilot the approach.

However, other participants pointed out that the relative advantage of a new approach might not be clear until it is active. This links to the second influential factor: being able to try out the model on a small scale first. Some participants described how small-scale piloting was valuable to demonstrate how using the SFGC could be beneficial for families and young people and who the model might benefit to target their trial towards particular families, such as adolescents who are experiencing harm outside of the home, or families who are actively engaging with services but still meet the child protection threshold. The observation below highlights how one local authority identified piloting was important for gaining buy-in.

> [The local authority] cannot address concerns until [they] try out the pathway and see how it works. Piloting with the safest group (older

> young people) and [then] try with others – 'Can't get buy-in until we try it.' (R2)

Others identified piloting as important because it enabled management of potential interest in, and high demand for, the new way of working:

> To be able to flag [SFGC] as an option to the social workers, because it's not 'out there' massively to our social work teams yet that we're doing this pilot. Otherwise, I think we'd be flooded … which is why we're thinking we just wanted to start small. (R2)

The influence of the outer setting

Implementation was influenced by external factors such as OFSTED inspections, and perceptions of what was being done in other local authorities. Local authorities are bound by statutory requirements and are subject to OFSTED inspections to assess their processes and outcomes and assign a rating. OFSTED are theoretically supportive of well-planned innovation (https://socialcareinspection.blog.gov.uk/2018/03/01/a-preferred-model-of-practice/) but organizations viewed the potential impact of introducing SFGC on how they would be perceived during an inspection in different ways.

A local authority that had recently been inspected reported discussing with their OFSTED inspector their intention of implementing the SFGC and that this was taken positively. Another was due an inspection and hoped that their OFSTED rating would increase to 'outstanding' because of the implementation of the SFGC process. However, for others there were concerns about how SFGC would be viewed:

> I think there's some worry about what those implications could be with OFSTED … there is some anxiety around potentially, even though we would know which children these were, having these children outside of a CP pathway. (R2)

OFSTED inspections clearly affected how organizations considered the introduction of new approaches. This could be positive but in local authorities where there was greater anxiety around inspections, uncertainty about the model, or a lack of confidence in the innovation could make leaders reluctant to embark on a new approach when close to an inspection.

Although each local authority operates independently, participants highlighted the value of collaborations, sharing of ideas, and peer support when making a potentially challenging change. This supported viewing a risky innovation as more plausible and understanding how the model would fit into their local structure:

> The fact that there is a whole group of local authorities doing this, and sometimes we've had the opportunity of meeting in other forums, and I've just said, 'Oh, so, we are doing this, how far have you got? What are your stumbling blocks? What are your barriers?' I share my one and that has been nice. (R2)

As the new practice involved diverting families from the usual statutory process, there needed to be specific oversight and monitoring in place, particularly if the model was felt not to work (i.e. the child subject to SFGC was still deemed to be at risk of significant harm) and the statutory process needed to be initiated. Having other local authorities to consult who had already successfully navigated these challenges was viewed as beneficial.

The influence of the inner setting

We identified three influences related the local authority organizational-level setting that helped and hindered planning for implementation: the available resources to implement the model, the structural characteristics of the organization, and connections/communications within and between teams.

In terms of available resources, there was a need to ensure that those involved had sufficient skills, time and capacity to deliver SFGCs. 'Time' was a key resource that participants reported was lacking to understand the core components of the model and consider how it could fit into their structures and ways of working. Some participants spoke proactively about leveraging the existing workforce to support piloting:

> At the moment, resources are going to be the biggest challenge for us … there is probably not going to be enough at this stage … investment in us being able to take on any new training, or further development of staff, so it's utilizing the skills and the expertise of the workforce that we already have. (RD1)

Some local authorities put in place a working or steering group for this process involving key stakeholders in the SFGC process, including those with lived experience. However, getting to the point of piloting the model was considered a challenge for many of the local authorities due to strained resources.

Second, structural characteristics influenced how tasks and responsibilities were allocated to teams and individuals. Tensions arose regarding who should be overseeing the SFGC process. Once a family has met the threshold that indicates a child is at risk of significant harm, some participants shared that the Child Protection team should lead although some Child Protection chairs felt that if risk is managed by the process, then they would not be needed. Others thought that the FGC team should

conduct the SFGC process but that they would not be well-placed to manage on-going risk. Most local authorities concluded that there should be involvement and collaboration from both teams to ensure sufficient level of skills to support the process and the families. However, some found this led to divisions and a lack of continuity between the teams concluding that introducing the SFGC could lead to an unsustainable increase in workload.

The size of the area and population served by local authorities influenced views on the feasibility of implementation. Some of the smaller local authorities felt that they did not have the capacity to dedicate to implementation:

> We've got a really, really small FGC service … we are really tiny and I think that we need to … make sure that we invest our time wisely, and I think that what's needed in terms of the governance and implementation around introducing that model is probably not the best way for us to spend such a limited resource. (R1)

Others thought their small size was an advantage as could be more agile:

> The second thing I was going to say was about us being quite a small local authority … there's not these wider huge systems of senior management going on. There are obviously wider systems of senor systems of senior management, because we are small we're able to have those conversations. (R2).

Some described being in a larger local authority as challenging and that they felt uncertain about where to even begin with planning implementation, referring to the difficulties of navigating the differing cultures/characteristics of the varying districts and dealing with large numbers of families coming through their system:

> And I just think they [senior leadership] just felt it was too big to try and do because of the amount of work that comes through. (R2)

> [The LA] is a very large local authority and I think that's been our problem … It's very complex when you're trying to launch anything … the barrier is the size and the amount of work that would mean. (R2)

Another influential structural characteristic concerned the need to avoid gaps in recording and the functioning of information technology (IT) systems to monitor families on the SFGC pathway and at the same time being able to share information with other agencies. Issues highlighted by participants were fragmented systems, working out how to record the SFGC on the system to avoid confusion and the timing of changing the IT system. During round one, participants shared that IT infrastructure would be a minor hurdle, but responses in round two suggested this presented a greater challenge than initially envisaged.

> So, we met with the team who kind of build these spaces and managed the system last week, and they were a bit like, 'Oh, you're letting us know now? This is a massive piece of work. (R2)

Strategies to overcome this included involving the relevant IT team early in the planning stage, involving partner agencies so they could update their systems, and planning changes at the same time as other IT updates.

The third influence concerned the quality of relational connections/communications within the local authority and their related partner agencies including health, education and policing. Some felt that bringing all relevant teams on board would be a key barrier due to reassurances around risk and ensuring there was sufficient communication across all the involved teams. One way this was addressed was through active communication with teams early in the process to enable them sufficient time to plan and prepare for the trialling of the model. However, other participants felt that bringing in partner agencies too soon could potentially increase their anxiety and resistance. Therefore, collaboration and information sharing with a clear implementation plan was viewed as helpful to sufficiently address questions and concerns.

> [A key barrier has been] the volume of work that we have and the redesign, I didn't know so much about the redesign, but obviously the other teams knew because it affected them. So, they were having conversations prior to it all going live and what had happened initially was the fact that trying to identify people to lead was difficult, and then afterwards for them to take on another piece of work, because it is a change in mindset. It's like, 'What? Another thing? Do we really need it? Child protection's working perfectly fine. So why do you want to do this? And what's it all about? And how does it work? Who's going to do it? What's my role? How much is my work going to increase?' So trying to get all those questions answered. (R2)

Implementing the SFGC process also required clarification of roles and responsibilities. Some professionals, particularly middle-management, were unclear on what their role would entail and on who would decide issues such as whether to offer a family a SFGC. Generally, good communications/connections were viewed as essential to enable clarity around professionals' roles and responsibilities to implement the model as noted in this observation:

> The need to bring in other teams and key players from within the LA early and consistently as possible was also highlighted. (R2)

The influence of individuals and the implementation process

Leadership engagement, implementation leads, the approach taken and support from the research study team were important influences on local

authorities planning to implement the SFGC process. When senior leaders were engaged, participants reported this enabled other factors such as resources and staff empowerment. However, engagement varied within and between local authorities in the value and support given to implementing the model according to whether senior leaders were supportive of FGCs more generally:

> If I had a Chief Executive Officer who was supportive of FGC that would make a difference… the old one that we had was very supportive, the new one isn't… it's political… politics plays a lot in it, really. (R2)

Participants explained how change is challenging in child protection services if senior leaders are not on board. They highlighted that professional anxiety/fears about the change and the perception of risk negatively influenced willingness to pilot the SFGC, requiring consistent senior leadership support and oversight:

> If we start the process and then people suddenly panic that we're not managing risk appropriately, and then kind of everyone shuts it down or tries to come in really heavily on it. (R2)

Having the senior leadership team on board was considered essential to offer reassurance that risk would be sufficiently managed; this was seen to be particularly important when developing a new way of working in child protection. In one local authority, participants described differing and changeable opinions about the SFGC across the senior leadership team. One participant shared this led to confusion and frustration when, gaining positive feedback from one member of their leadership team motivated them to dedicate time to the model, but this commitment was not echoed by the rest of the senior leadership team, stalling the allocation of resources and organizational commitment:

> So, it's not enough just to have a couple of passionate advocates. There has to be a whole system commitment from pretty early on because then everyone's committed to making that happen. (R1)

This was particularly important due to the potential of leadership of the local authority changing, and new leaders bringing their ideas of the priorities and changes they want to introduce. Implementation was, therefore, very reliant on the specific stance of the person currently in charge:

> They come and go as well, as I'm aware, being around for twenty years, you know, your… chief executives come and go, and you get a different one who's got entirely… different point of view, … and then you might be in, again. (R2).

Participants indicated that without sufficient leadership engagement, the planning phase of implementation was often cut-short, resulting in

failure to trialling the SFGC whereas having a leader championing the process could support implementation:

> Our head of quality assurance. She is bubbly, she's enthusiastic, she's always been a champion of it, and so we've got that. (R2)

Another important influence was the appointment of an implementation lead who would develop and operationalize a plan for introducing SFGC. They required a clear and concise understanding of how and why this should be implemented to engage leadership. The implementation lead, at least in the early stages, needed to conduct the bulk of the planning work before any resources and leadership engagement could be obtained. Some actively took on this role, recognizing that the model most impacted their service area within the local authority:

> But it kind of needs one … it was only once I was like, okay, I need to just take responsibility, because it's in my service area that primarily the work's happening. (R2)

However, many of the local authorities reported a high turnover of staff within senior, middle and frontline professionals. This meant that, at times, those who were championing and leading the implementation then left their post there was a reliance on the new post-holder also being passionate and enthusiastic about the SFGC alongside the capacity to both understand and take on the implementation lead role:

> And so it means retraining somebody else, getting that love and enthusiasm for the project. (R2)

The final influence was the implementation approach itself. There were many practical challenges that arose during the planning phase and identified above (e.g. adapting the IT system, available resources) which links to the challenge of when and who to involve in the planning process. This was a recurrent issue as participants felt that it was often unclear where to start with deciding who to involve in the implementation planning process. Consequently, a nuanced process of engagement and communication was needed by each local authority using their knowledge and experience of the culture, dynamics, and structural characteristics of their setting and partnerships. Participants viewed it was particularly important to have key people on board. These included representatives from the teams who would be involved in running the SFGC such as the FGC team, the Child Protection team, the IT team, representative from partner agencies and families, young people and those who are experts through experience. A delicate balance was required on needing key players to be aware of the implementation, but not drawing them in so early that there is confusion which could create resistance to introducing SFGCs:

> I don't think all of our partner agencies know that much about this, but I suspect once it comes out and we have the senior leadership buy-in, that we do the work with the professionals we work closely with, so hopefully we can manage some of that anxiety before we roll it out. (R1)

Dedicated time was needed for the implementation leads to plan the model with specific goals, steps and milestones, however, a lack of implementation support within local authorities hindered the introduction of innovative practices:

> It frustrates me that we still don't have an implementation plan. I want to get one sort of nailed down basically. (R2)

To facilitate shared learning and peer support, the researchers and partner local authority from the study team initiated drop-in sessions and workshops for the participating local authorities offering *ad hoc* support as needed. This external impetus was beneficial in initiating conversations, ideas and enabling protected time for this work:

> The other thing that's helped us prioritize it, is I think just the meetings with you guys [research team], and with the [LA partners], which has helped put it as a priority in our minds, so that we just gave some time to it. Because all it really needed was just to sit down and spend a few hours mapping out a draft pathway, so that we had something to propose, and mapping out a timeline as well. (R2)

Discussion

This article explored the factors impacting the planning stage of piloting SFGCs within seven local authorities. By using the CFIR framework, which provided a systematic approach, our findings identify some key influential themes related to the characteristics of the innovation, the outer and inner setting, individuals, and the implementation process.

We found that the perception of SFGC's alignment with existing practices varied among local authorities, with some viewing it as complementary to their current models, while others believed their existing approaches already incorporated SFGC principles. This emphasizes the importance of perceived relative advantage of adopting a new practice, and if it is deemed to be better for families. This supports the perceived utility of a new practice as a critical factor when implementing innovations into social care practice (Atkins and Frederico 2017; Marczak, Wistow, and Fernandez 2024).

External factors, particularly OFSTED inspections and statutory processes, played a crucial role in shaping the implementation landscape. Inspections could either encourage innovation or promote risk aversion, demonstrating the significant impact of external policies and incentives

on the implementation process and timing of an innovation opportunity for local authorities. However, we did not find that OFSTED inspections were necessarily a barrier to SFGC, rather local authorities needed to be committed to, and confident with, the approach to justify the change in process. Since the study was conducted, there has been a shift in policy explicitly recognizing the need for, and to mandate the offer of family-led decision making (Department for Education 2024b). How this change will impact on implementation was beyond the scope of this study, but our findings suggest that it should be a facilitator. Peer influence and collaboration among local authorities were also important in building confidence to innovate, and could facilitate SFGC implementation, aligning with the concept of cosmopolitanism in the CFIR framework—the degree to which an organization is networked with other organizations (Damschroder et al., 2009).

Within the inner setting, the availability of resources, particularly time, was identified as a significant barrier to implementation, especially for those leading innovation efforts. This challenge is commonly highlighted in implementation research (Aarons, Sommerfeld, and Willging 2011) and is a well-documented in the field of social work (Morago 2010; Scurlock-Evans and Upton 2015). This finding underscores the need for thorough planning, especially in terms of timing and involving stakeholders and aligns with CFIR's emphasis on planning as an important determinant of implementation success (Damschroder et al., 2009, 2022). Implementation leads played a central role in advancing the process, driven by their commitment to the approach, reflecting the broader importance of champions in implementation science (Miech et al., 2018). Despite this, they faced difficulties due to heavy workloads and limited authority. The presence of the study team however was beneficial for providing support and facilitating opportunities to connect with other local authorities during the planning process, highlighting the benefit of external facilitation as an implementation strategy (Ashcraft et al., 2024).

Leadership engagement was seen to be an overlapping and interdependent factor influencing the early implementation process. If the senior leadership team was on board with implementing SFGC then they have the authority, power and ability to allocate time and resources and, by demonstrating motivation, commitment, and support for the change can ensure those on the front line feel empowered. However, if leadership did not see the advantage of the change or the leadership changed with a focus on other priorities then implementation stalled. This finding is consistent with the existing literature on the role of leadership in successful implementation efforts (Aarons et al., 2014; Moullin, Ehrhart, and Aarons 2018).

While the CFIR framework proved useful for understanding the influential contextual factors, it did not fully capture some of the unique characteristics of the child protection sector, such as power dynamics,

professional anxiety around risk, and the relationship-based nature of the work (Hampson, Goldsmith, and Lefevre 2021). These factors could significantly influence implementation processes and outcomes, suggesting the need for further research to explore and address these sector-specific considerations.

Methodological considerations

Study strengths included the variety of participating local authorities to enable consideration of their particular structural characteristics, coding of data by two researchers and sharing of analysis with the wider study team and key stakeholder groups. This supported rigour and developed our understanding of how the factors impacted on the implementation effort. In terms of limitations, all participants were from senior and middle management so we did not capture the wider views of frontline professionals on what influences planning for the implementation of an innovation, or views of people with lived experience on implementation. This was due to who sites included in their early implementation efforts. Co-design with frontline practitioners and people with lived experience is an important element of implementation (Müller and Pihl-Thingvad 2020), although significant barriers can hinder wider involvement, efforts were made by some sites later in implementation (beyond our data collection) to broaden who was involved. Data collection was undertaken at a time when the system and services were under significant pressure, including staff shortages and turnover, which may have impacted the views shared and experiences observed, and the ability of services to engage families, frontline practitioners and partner agencies in the implementation process. The CFIR offers a range of constructs which supports transferability of the insights from this study. It was useful to select constructs at the start viewed as most influential to guide data collection and analysis.

Implications

This study indicates some clear lessons for implementation in the complex field of children's social care, both in the UK and beyond. The importance of understanding the relative advantage of an innovation indicates the need for careful and strategic selection of innovations which link with the overall priorities of the organization, wider policy directions and the practice model governing local practice. The resource constraints facing local authorities and child welfare agencies globally call for innovations that draw from the available resources that can be leveraged or can attract more resourcing or support for delivery. This

includes a need to allocate time and resources to implementation efforts. Drawing on frameworks such as CFIR to support planning and implementation evaluation within local authorities could help to target these resources effectively. Finally, we found that it was key to bring in the right senior people early to get buy in, including liaising directly with policy and inspectorates, families, and partner agencies, while also acknowledging that the barriers that were highlighted also limit opportunities for this more collaborative approach. However, this should be a key consideration at the beginning of any implementation endeavour as a lack of effective collaboration could have a detrimental impact on progress.

Conclusions

Overall, this study emphasized the interconnectedness of various factors influencing the implementation of SFGC, with a particular focus on the central role of leadership engagement in facilitating enabling conditions within an organizational setting. This finding resonates with the complex, multilevel nature of implementation processes as described in the wider implementation literature (Damschroder et al., 2009, 2022; Aarons, Sommerfeld, and Willging 2011), but also unique challenges that might be faced implementing new practices in child protection work, both in the UK and internationally. Using the CFIR determinant framework, the research provided valuable insights into the challenges and enablers encountered during the implementation of the SFGC in child protection services. Our findings highlight the necessity for a systemic approach to implementation that considers the multiple, interacting factors across various levels of the organization and its environment. While this approach seems to align with the policy directive for family-led decision making, and social work values, the multiple barriers to implementation necessitate a sensitive and strategic approach, with collaboration between policy, senior leaders and families, communities and partner agencies.

Acknowledgements

We are very grateful for the time of the participants to share their views and the thoughtful reflections/feedback on analysis from Helen Bowring and Aida Dugandzic. The time of some of the authors was supported by the National Institute for Health Research Applied Research Collaboration South West Peninsula. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Supplementary data

Supplementary data are available at *British Journal of Social Work* online.

Conflicts of interest. None declared.

Funding

This study is funded by the NIHR Health Services and Delivery Research Programme (grant reference number NIHR131922).

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British Journal of Social Work, 2025, 00, 1–20
https://doi.org/10.1093/bjsw/bcaf232
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