

Research Protocol Version 5.0

How can Family Group Conferences be embedded as an alternative to Initial Child Protection Conferences to improve outcomes for families on the Child Protection pathway and under which circumstances: A realist evaluation by a research-practice partnership
(The Safeguarding FGC Study)

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This protocol has regard for the HRA Guidance.

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SIGNATURES

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor.

I also confirm that I will make the findings of the study publicly available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

Chief Investigator

A handwritten signature in black ink, appearing to read 'L Stabler', is written over a faint, light blue circular stamp.

Signature:

Date: 06/12/2022

Name: Lorna Stabler

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1. Overview

1.1. Key study contacts

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Committees	Expert Stakeholder Group	LS; DW; AD; HB; CP-experienced family members and children/young people; Leeds and Coram RCT reps; frontline professionals; FGC coordinators; Family Rights Group rep
	Study Steering Group (SSG) (external oversight)	Membership under consideration by NIHR. Chair: Dr Mary Mitchell (lecturer in Social work – University of Edinburgh); LS ; Maxine Hough (Study Support Service Coordinator – NIHR Clinical Research network); Dr Sarah Taylor (Group Head of Impact and Evaluation – CORAM); Dr Anna Rockhill (Senior Research Associate – Portland State University); Kelly Boyle (PPI member); Sean Haresnape (Practice lead – Family Rights Group).
	Study Management Group	LS; KMW;DF; IL

1.2. Study Summary

Study Title	How can Family Group Conferences be embedded as an alternative to Initial Child Protection Conferences to improve outcomes for families on the Child Protection pathway and under which circumstances: A realist evaluation by a research-practice partnership.
Internal ref. no. (or short title)	The Safeguarding FGC Study
Study Design	Mixed-methods realist evaluation
Study Participants	Families and professionals from Local Authorities Children's Social Care Departments
Planned Size of Sample (if applicable)	For Implementation strand: 8-12 Local Authority sites For Case Study strand: 2 Local Authority sites (6-10 families)
Planned Study Period	October 2021 - March 2024
Research Questions/Aim	<p><i>Research Question 1:</i> What works and in what way to enable uptake and embedding of Family Group Conferencing into the Child Protection pathway as an alternative to an Initial Child Protection Conference?</p> <p><i>Research Question 2:</i> What outcomes are deemed most appropriate by families and professionals?</p> <p><i>Research Question 3:</i> For which families under which circumstances does Family Group Conferencing enable a more positive experience of the Child Protection pathway and promote the desired outcomes</p> <p><i>The Overall Aim</i> is to evaluate an alternative Family Group Conferencing Child Protection pathway ('Safeguarding FGC') to understand enablers and barriers to implementation and identify which families are most likely to benefit and in what way to develop a detailed implementation package for national roll out.</p>

1.2.1. Role of sponsor and funder

The **sponsor** takes responsibility for ensuring that the study complies with the highest standards of scientific, scholarly and professional integrity; and that arrangements are in place to ensure appropriate conduct and reporting. The sponsor provides Insurance and indemnity for research activity. The sponsor has no role in study design, conduct, data analysis and interpretation, manuscript writing, or dissemination of results.

The **funder**, through an open application process, has had responsibility for making sure the research is worthwhile and of high quality and arranging for independent expert review. The funder has responsibility for ensuring value for money and control of funds. The funder has no role in study design, conduct, data analysis and interpretation, manuscript writing, or dissemination of results.

1.2.2.Roles and responsibilities of study steering group and expert stakeholder group

The study **steering group** will provide external oversight of methods and delivery of the research project and guide the research team to identify, monitor, and effectively manage risk. The **expert stakeholder group** will inform the theory and implementation package development at all stages of the research.

1.3. Study flow chart

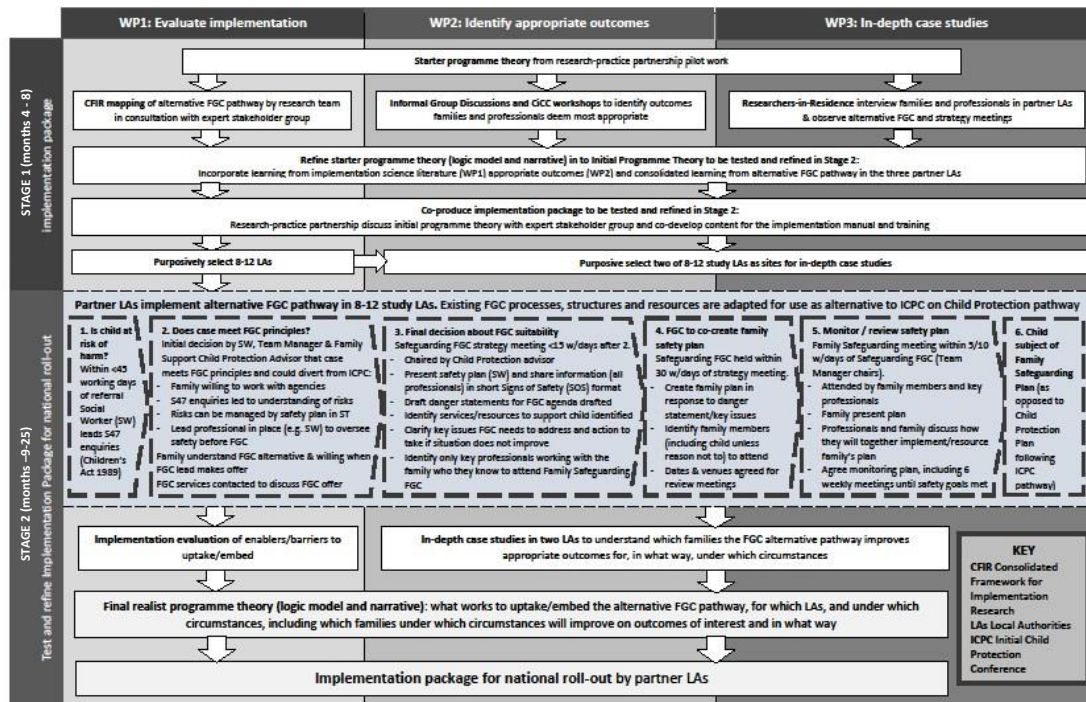


Figure 1: Study flow chart including Partner LAs alternative FGC pathway

2. Study Protocol

2.1. Title

How can Family Group Conferences be embedded as an alternative to Initial Child Protection Conferences to improve outcomes for families on the Child Protection pathway and under which circumstances: A realist evaluation by a research-practice partnership (The Safeguarding FGC Study)

2.2. Background

When children are deemed to be at risk of significant harm due to abuse or neglect, the state must intervene to protect them and support their families. This responsibility lies with Local Authority Children's Services who will usually hold an Initial Child Protection Conference (ICPC) when referral and subsequent enquiries under Section 47 of the Children's Act (1989) find that a child is at risk of harm. However, ICPC is often found by parents/carers (and children) to be deeply shaming and exclusionary (1). A safeguarding Family Group Conference (FGC) - a strengths-based, family-led forum - is an alternative way in which Local Authorities (LAs) can protect children, ensuring parents/carers, children and other family members take part in decision-making and feel more empowered and respected while doing so. The safeguarding FGC is led by an independent coordinator and enables the family to lead on planning to increase support for the child and address childcare concerns.

Leeds City Council pioneered the use of safeguarding FGCs as a more participative and acceptable alternative to ICPCs that happen when a child is at risk of harm. However, at the time of their evaluation, only one family had completed the new safeguarding FGC pathway (2). Additional evaluations of the safeguarding FGC that are currently underway have a strong focus on the quantitative outcome of whether a child is removed from their family or not. Leeds City Council are now leading on a randomised control trial (RCT) that will assess the effect of safeguarding FGCs as an alternative to ICPCs on the number of children removed from their family in to care in five LAs (3). A second RCT, funded by What Works for Children's Social Care and led by the children's charity, Coram, will examine the effect of safeguarding FGCs at a later point on the CP pathway on numbers of children in care (4).

What these large evaluations will not elucidate is how and why programmes give rise to particular outcomes. Our Rapid Realist Review (5) found that safeguarding FGCs reduce the number of children going in to care via a range of 'intermediate interpersonal mechanisms' – explanations for how and why programmes give rise to outcomes in particular contexts. This happens via:

- reducing shame and blame in meetings for families and professionals;
- parents participating more in decisions about how to keep their child safe;
- parents and their wider support group feeling empowered;
- the child's voice being central to decision-making and;
- professionals feeling less concerned about risk by knowing a fuller picture of the family's life

These mechanisms are critical to understand how to deliver safeguarding FGCs in ways that will safely achieve the outcomes families and professionals deem appropriate. These mechanisms are also important outcomes in and of themselves, regardless of whether the process results in removal of the child from the family.

2.3. Rationale

There is a significant gap in the evidence in understanding how, for whom, and under which circumstances a safeguarding FGC works to achieve outcomes families and professionals consider appropriate. Many countries, including the UK, have adopted safeguarding FGCs across children's social care despite inconclusive evidence of effectiveness from trials and systematic reviews (6; 7; 8; 9; 10). FGCs may be a more positive way of working with families compared to usual care (11; 12), and have a different effect on different families (7; 9; 13). Research is needed to show how safeguarding FGCs can work best, what outcomes are improved, which families it works for, and in what way. We also need to understand better the perspectives and experiences of families and professionals engaged in the FGC process. Safeguarding FGCs may not work for all families, and social care professionals may have concerns about the potential for increased risks to the child.

We are working in partnership with three LAs who have introduced safeguarding FGCs as an alternative to ICPC in the child protection pathway (*See Figure 2: Partner LAs ICPC/FGC Alternative Pathway*). Initial evaluation in our research-practice partnership pilot study developed a programme theory about how these meetings work and which families appear to benefit that informed the development of the safeguarding FGC (*See Figure 3: Starter programme theory logic model*).

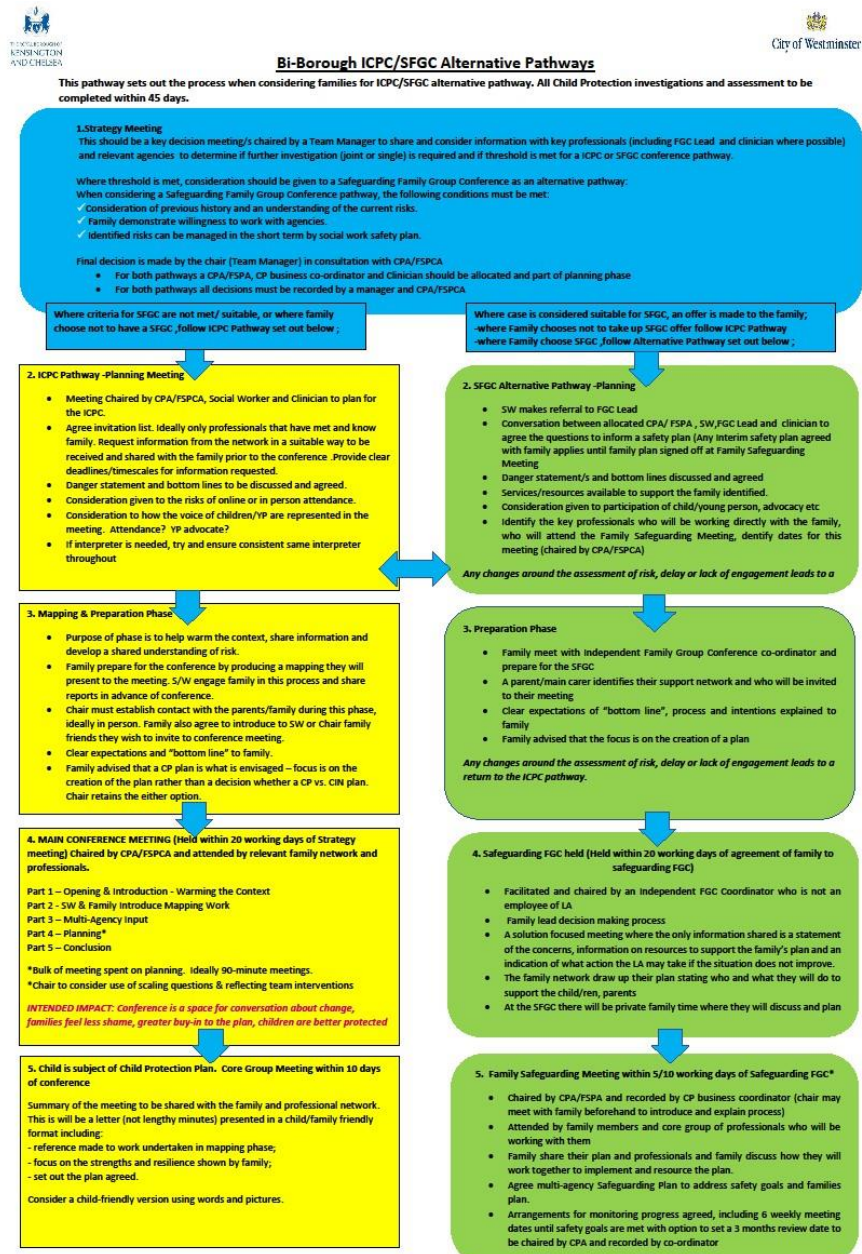


Figure 2: Partner LAs ICPC/FGC Alternative Pathway

The Department for Education (DfE) commissions the partner LAs as Partners in Practice to spread innovations nationally. Prior to national roll-out of the alternative safeguarding FGC CP pathway there is a need to clearly understand the core components of the 'alternative FGC pathway' (safeguarding FGC) and the contextual elements that impact its uptake and embedding, including which families will benefit and in what way. The starter programme theory logic model will be tested and refined in the proposed study.

The pilot programme undertaken by the research-practice partnership in this proposal suggests that:

- 1) there are significant systemic barriers to uptake that must be overcome to embed safeguarding FGC as an alternative to ICPC, and
- 2) a range of 'intermediate interpersonal mechanisms' – explanations for how and why programmes give rise to outcomes in particular contexts - will change whether or not a safeguarding FGC will result in a range of outcomes, including whether a family is able to safely care for their child at home, supported by a community network around a safety plan

The proposed realist evaluation will, therefore, complement the two RCTs already underway by examining whether and in what way, for which families, under which circumstances, will the alternative FGC pathway produce outcomes considered appropriate by children, families, and professionals. It will explore and articulate how to effectively tailor the CP pathway to different families and their needs and circumstances. Our research-practice partnership pilot observed low numbers of families initially being diverted to the safeguarding FGC, requiring it to be adapted to local context to ensure uptake. The proposed study will produce rigorous, rich, and relevant evidence on how to overcome multi-level systemic barriers to implementation, embedding and uptake of safeguarding FGC as an alternative to ICPC.

The study will build on our research-practice partnership pilot to evaluate the partner LAs implementation in 8-12 LAs to understand:

- 1) how to identify and overcome systemic barriers to embed and promote uptake of safeguarding FGC as an alternative to ICPC and
- 2) which families it will work for, in what way, and under which circumstances

The study will improve the targeting of social care practice on the Child Protection (CP) pathway to families' needs, desired outcomes, and circumstances by providing an understanding of which families and under which circumstances will most benefit on outcomes they deem appropriate as a result of being diverted to a safeguarding FGC meeting instead of an ICPC meeting. It will produce a clear evidence-informed implementation package on how to overcome systemic barriers to implementation and uptake, and which families will benefit and in what way from being diverted to a safeguarding FGC. The research will have a significant impact on the experience of vulnerable children and families of Child Protection services and their ability to participate in decisions about their lives.

2.4. Theoretical framework

The study is a theory-led mixed methods realist evaluation of the implementation of safeguarding FGC meetings as an alternative to ICPC in 8-12 Local Authorities. Implementation studies are increasingly recognising the importance of context in enabling implementation strategies to achieve their intended outcomes. Different settings and populations will interact in different ways with implementation strategies to produce different outcomes; an implementation strategy that works in one LA will not necessarily work in another unless account is taken of this real-world complexity. Recent implementation studies have adopted a realist evaluation approach (14; 15; 16) to take into account the complex inter-relationship between context and implementation strategy (e.g. 17; 18; 19; 20). Realist evaluation, therefore, helps us understand why results may be inconsistent and can illuminate the results of large statistical surveys (16).

Our initial evaluation developed a theoretical framework about how these meetings work and which families appear to benefit. The realist evaluation process builds an explanation of what happened in a study, with what results, why certain features and events occurred (or not) and whether these aspects are related to the context and/or the activities taking place. This includes, for example, mapping and identifying how knowledge barriers affect the uptake of a programme, and the extent to which external events influence a process, and how (21).

Realist evaluation focuses on the concept that context + mechanism = outcome (CMO), that is, 'in this Context, this Mechanism generates this Outcome'. CMOs illustrate the propositions (also known as explanatory theories) made in the realist evaluation process about what works (mechanisms instigated by the tested implementation intervention), in what context and with what outcomes. An initial starter programme theory logic model is at Figure 3.

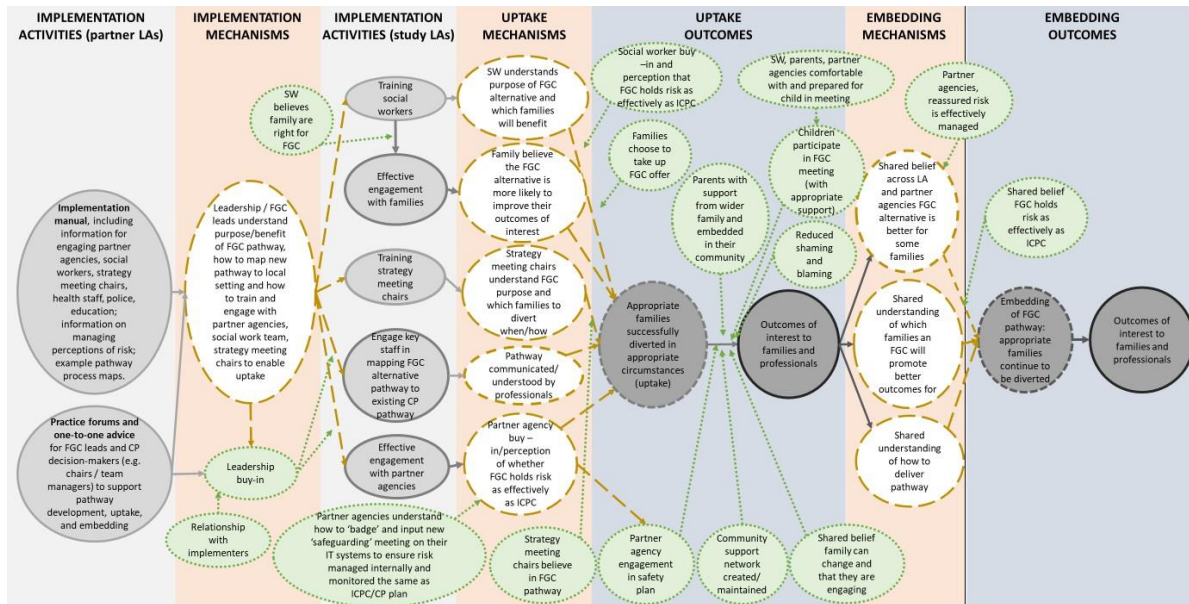


Figure 3: Starter programme theory logic model

2.5. Research questions and aims

Three work-packages will co-produce knowledge with stakeholders to better understand:

- 1) how to achieve uptake and embedding of the alternative FGC pathway in diverse LA settings,
- 2) what outcomes are of interest to families, children and professionals, and
- 3) which families under which circumstances will improve on these outcomes following diversion to an alternative safeguarding FGC pathway

2.5.1. Work-package 1 (WP1): Evaluate Implementation

- AIM 1: Understand how, why, and for which families, the decision to divert down the safeguarding FGC pathway is made or not and how implementation activities (e.g. workshops with strategy meeting chairs and social workers) can support this.
- RQ1: What works and in what way to enable uptake and embedding of Family Group Conferencing into the Child Protection (CP) pathway as an alternative to an Initial Child Protection Conference?
- Objective 1: Test implementation of the alternative safeguarding FGC pathway in 8-12 LAs and co-produce an implementation guide for LAs to explain how to enable uptake of and embed the safeguarding FGC, highlighting key barriers and ways to overcome them in different settings.

2.5.2. Work-package 2 (WP2): Identify appropriate outcomes (Stakeholder engagement)

- AIM 2: Identify which outcomes parents/carers, children, social work professionals, FGC service leads / coordinators, partner agencies (including health, police and education) and wider family consider appropriate.
- RQ2: What outcomes are deemed most appropriate by families, including children and young people, and professionals?
- Objective 2: Explore and prioritise appropriate outcomes with stakeholders to inform data collection in WP3 to understand how the safeguarding FGC pathway contributes to these in the medium- and longer-term and co-produce outcome knowledge for the implementation guide.

2.5.3. Work-package 3 (WP3): In-Depth Case Studies of which families

- AIM 3: Build understanding about the experiences (both positive and negative) of children and families and which elements of the safeguarding FGC model they consider worked or did not work for them in relation to the appropriate outcomes identified in WP2.
- RQ3: For which families under which circumstances does Family Group Conferencing enable a more positive experience of the CP pathway and promote outcomes appropriate for families and professionals?
- Objective 3: Co-produce elements of the LA implementation guide that explain which families under which circumstances and in what way are most appropriate to be diverted to an alternative FGC pathway.

2.6. Study design and methods

2.6.1. Overview

The study is a theory-led mixed-methods realist evaluation. We will recruit 8-12 LAs for the study who will be supported by our partner LAs to implement their safeguarding FGC alternative CP pathway and we will collect primary data in WP1 (from observation of learning workshops, phone/online interviews, documents and notes from meetings regarding implementation). To identify appropriate outcomes (WP2), we will engage in stakeholder consultation, conducting workshops and interviews with service providers, families with CP experience, and care-experienced young people. In-depth case studies (WP3) in two LAs will produce a detailed description of whether and which families will benefit, under which circumstances, and in what way. Researchers-in-Residence (RiRs) will observe meetings, analyse routine data collected from social care/FGC service records, and conduct 6-10 family case studies.

The research will be carried out over three stages:

- Stage One (months 4-8) The research team will work closely with three partner LAs to conduct stakeholder engagement (WP2) and co-produce an initial implementation package (guide, learning workshops and one-to-one support) for roll out in the 8-12 study LAs to be tested and refined in Stage Two. It will consolidate learning from the pilot work and the partner LA internal evaluation. Stage One will inform content of data collection tools (interview schedules etc.) and participant information sheets. Stakeholder engagement will enable us to prioritise and elaborate on the programme theory.
- Stage Two (months 9-25) will implement the package and evaluate the implementation of the alternative safeguarding FGC pathway. In WP1, the research team will engage 8-12 Local Authorities in implementation evaluation. In WP3, Researchers-in-Residence will be embedded in the two case study sites for 2-3 days a week for 10 – 17 months. They will sit with the relevant social work teams and FGC services. Data collection will be informed by the programme theory logic model and narrative from Stage One and will be collected to understand what makes a receptive context for successful implementation of the safeguarding FGC pathway. We will identify key barriers and facilitators to implementation. It will co-produce a final evidence-based implementation guide and training ready for national roll out.
- Stage Three (months 26-30) will disseminate the findings nationally and to participating LAs through a range of feedback workshops and publications.

Realist synthesis will inform co-production of the implementation guide, outlining what works to uptake and embed the alternative safeguarding FGC pathway in different LA contexts, and how it can improve outcomes and for which families under which circumstances. Routine data analysis extracted

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from social care/FGC service records will determine its effect on key CP outcomes (step up/down, child placement, meeting attendance). 'Summative' realist synthesis across all three work- packages will happen in months 25-27.

A summary of the methods and analysis are in Table 1 below

	Method	Description of participation	Analysis
	WP 1: Implementation Evaluation		
Stage 1	Mapping WP1 CFIR Domains	No human participants	The Consolidated Framework for Implementation Research (CFIR) (2.6.2)
Stage 2	Telephone/online interviews	Up to 2 professionals from each of the 8-12 LAs drawn from professionals engaged with the SFGC process, to include: social worker, FGC coordinator, strategy meetings chair, partner agency representatives. At three time points (between 48 and 72 interviews involving between 16 and 48 participants).	Framework analysis (qualitative data) (2.6.3)
	Online learning workshops (experience sharing sessions and practitioner forums) observations	Up to 2 professionals from each of the 8-12 LAs drawn from professionals engaged with the SFGC process, to include: FGC service leads and Heads of Service/Partners in Practice Leads, FGC coordinators, and Social Workers. The same or different professionals from each LA can attend at each time point depending on the topic and their availability/involvement in the current implementation activities and decisions. At three time points (months 9, 14, 19) learning workshops where partner LAs share their experience of implementation and delivery will be observed. In addition, practitioner forums linked to the learning workshops will run twice a month from month 15 to 25 which will also be observed.	
	Document analysis (including reflexive notes)	Anonymised documents and reflexive notes generated by one-to-one implementation and engagement meetings with LAs, notes from learning workshops and practitioner forums, learning workshop feedback sheets, project team meeting agendas and minutes to capture general insights into what is helping/hindering implementation.	
	Scoping literature to inform implementation evaluation and the implementation guide	One scoping review aims to gather methodological and evidence-based insights to apply in the implementation evaluation as to how both the CFIR and realist approach have been in used in previous implementation research studies. The other scoping review aims to gather setting-specific theoretical and evidenced-based learning from the use of implementation science frameworks in children's social care in the UK to provide further evidence-based underpinning to the development of the implementation package.	Initial scoping of literature, if sufficient literature consider JBI systematic scoping review approach

	WP 2: Identification of outcomes (stakeholder engagement)		
Stage 1	Informal group discussions in three partner LAs	Stakeholder Engagement: Three informal group discussions to explore outcomes of interest for professionals. Discussions will take place at existing team meetings, such as the Operational Group and Oversight Board. Participants will include: Social Workers (SWs), FGC coordinators/chairs, child advocates, partner agencies (especially health, police, education). All participants selected based on having recent experience of engaging with the new safeguarding FGC pathway in the partner LAs.	Realist synthesis method (2.6.5)
	CiCC workshops in partner LAs	Stakeholder Engagement: Three workshops with the Children in Care Councils (CiCC) using creative methods to understand the outcomes of interest to children in care.	
	WP 3: In-Depth Case Studies of which families		
Stage 1	Interviews (family members) in partner LAs	Stakeholder Engagement: Between 3 and 5 informal interviews with parents who have been involved with the safeguarding FGC pathway pilot implementation to discuss developing theory and learning from implementation	Realist synthesis method
	Interviews (professionals) in partner LAs	Stakeholder Engagement: Approx 10-15 informal interviews with professionals involved in the safeguarding FGC pathway to discuss developing theory and learning from implementation	

Stage 2	Case Study Observation	Strategy meetings at which decisions to divert are made (n=8) will be observed, plus case study family safeguarding FGC meetings (n=6-10) and at least one of their safety plan review meetings (n=6-12). In addition, and where appropriate, other safeguarding FGC related meetings will be observed, for example, family network meetings, SFGC offer meetings and/or SFGC planning meetings (n=6-12). Meeting size can vary greatly depending on who the family chooses to have present, and the number of professionals engaged with each family. There will be significant overlap in participation with the family and professionals interviewees outlined above. There is likely to be a further number of participants not engaged in interview (e.g. professionals on the periphery of the case or family members who are not engaged in interviews). Researchers in Residence will keep a reflexive diary about their impact on their research subjects/environment and vice versa to enable consideration of how being embedded in the sites might affect the data.	Realist synthesis method (2.6.6)
	Case Study Interviews (family members)	Up to 3 family members from each of 6-10 families will be interviewed at two time points (0-1 month post FGC and 6 – 7 months post FGC) (36-60 interviews involving approximately 18-30 participants). For each family we will aim to recruit the primary-involved parent plus one or two of the following as appropriate: a second parent, the child on the edge of care, siblings of the child on the edge of care, other family member such as grandparent, aunt, niece etc. or close family friend who attended the safeguarding FGC.	
	Case Study Interviews (professionals)	Up to 4 professionals involved in each of 6-10 families (social worker and FGC coordinator for each family case study <i>plus</i> police officer, school teacher, housing, other health or social care professional) will be interviewed (24-40 interviews). All professionals involved in a family safeguarding FGC and/or safety plan will be in the sample pool. Individual professionals will be recruited based on their involvement in the family's safeguarding FGC meeting and safety plan	
	Case Study Reflection workshops	Between 6-10 families involved in the study plus all professional interviewees. All professionals recruited to the data collection (including: SW, FGC chair/coordinator, partner agencies including police and schools, strategy meeting chairs, clinicians) and all recruited family members (including: parents/carers, older children (16+), family friends, grandparents, neighbours) will be invited (total expected: 20 professionals, 20 family members and young people). Two workshops at months 22 and 225	
	Case Study Routine data collection 1 (social care/FGC service records) (FGC pathway)	For family case studies (n=6-10) we will collect routine data on three outcomes for those diverted to a safeguarding FGC. Data will be collected in the first instance from SW/FGC Coordinator, or, alternatively from social care/FGC service records at three time points [6 weekly review; 3 months post-SFGC; 6 months post-SFGC]. 3 outcomes: 1. Who was present in the 6-weekly safeguarding meetings following the FGC meeting (mother, father, maternal family, paternal family, friends, neighbours, health professionals, social care professionals, police, education; especially who was not present who was meant to be present and why) [if this meeting takes place – there may be reasons where this meeting would not take place, as in the case of step down, which would be collected as an outcome] 2. Step up or step down of family case at 3 months and 6 months post-FGC. 3. Any updates to the safeguarding plan during the safeguarding meetings.	Realist synthesis method (2.6.7)

	<p>Routine data collection 2 (social care/FGC service records) (ICPC/FGC pathway)</p>	<p>On three key CP outcomes for two cohorts – 1: all families referred to the CP pathway in period 12 – 6 months prior to implementation; 2: all families referred to CP pathway in the period 0 - 3 months post implementation. The number of families included in data collection will be determined by number of families coming through the ICPC pathway (this number varies widely between LAs; based on potential case study sites of interest, we estimate this is likely to be between 50 and 500 families across two sites). This data is routinely collected by FGC services in children’s social care and can be collected from social care/FGC service records.</p> <p>3 CP outcomes at 6 months post ICPC/FGC for each cohorts:</p> <ol style="list-style-type: none"> 1. Number of referred families stepped up and stepped down; 2. Number of referred families with children in care, with family, other community care arrangements; 3. Numbers and spread of family members and professionals attending meetings (FGC/ICPC and all follow-up 6 weekly meetings on CP pathway) [if this is routinely collected by local authorities]. 	<p>Chi-square tests of independence (2.6.8)</p>
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2.6.2. Stage One, WP1: Mapping CFIR Domains

The Consolidated Framework for Implementation Research (CFIR), a well-established implementation science framework, will be used to refine the starter programme theory to include relevant factors from the five CFIR domains (intervention characteristics, outer setting, inner setting, individual characteristics and process). The expert stakeholder group will use the five CFIR domains and their associated elements to identify key gaps and areas of interest in the starter programme theory logic model from the point of view of the Implementation Science literature. This provides a structured approach to ensure appropriate targeting of data collection in Stage Two to understand the success or failure of implementation of the alternative FGC pathway.

2.6.3. Stage Two, WP1: Qualitative analysis

The aim is to understand barriers and facilitators to uptake and embedding of the alternative safeguarding FGC pathway, including leadership buy-in, contextual influences, and changes over time. The qualitative analysis will be mostly deductive (theory-driven) with some inductive (data-driven) to develop understanding of what helps and hinders the uptake and embedding of FGC over time. At each time point (early, mid, late; months 9, 15, 21) critical issues and changes will be captured and mapped. This will be used to develop rich explanations of the main contextual influences on implementation in relation to key questions of interest both within a LA and across the LAs over time. For the interviews and learning workshops, Framework Analysis (22) will be used to combine these different sources of qualitative data. A deductive coding framework will be based on the initial programme theory from Stage One that draws on the CFIR. The framework will be applied to 3-4 interviews and a learning workshop, they will be double coded to ensure consistency. The framework will be designed to enable capture of any unexpected issues which will be incorporated as a new code in future iterations of the coding framework and analysis of the qualitative data. At each time point, a rich summary of implementation will be produced for each LA followed by a summary of issues across them all. The analysis will be supplemented by methodological and evidence-based learning from scoping the literature to (1) how the CFIR and a realist approach to studying implementation have been used previously and (2) how implementation science frameworks have been used in studies of implementation within children's social care services in the UK to provide further evidence for the development of the implementation guide.

2.6.4. Stage One, WP2 and WP3: Realist Synthesis Method

Realist synthesis will inform co-production of the implementation guide, outlining what works to uptake and embed the alternative safeguarding FGC pathway in different LA contexts, and how it can improve outcomes and for which families under which circumstances. Qualitative mixed method data will have explanatory accounts extracted and consolidated following the method of Brand and colleagues (23; 24). A coding structure based on the emerging programme theory logic model will be constructed in NVivo 12 qualitative analysis software. Codes will relate to key implementation activities or aims (Figure 3: implementation columns), key mechanisms (Figure 3: mechanism columns), or key contexts (Figure 3: dotted circles). These consolidated explanatory accounts will be used to refine the starter programme theory logic model and narrative to produce the initial programme theory for examination in Stage Two.

2.6.5. Stage Two, WP2 and WP3: Realist Synthesis Method, qualitative data analysis

Data analysis will take a realist synthesis approach as in 2.6.4. Qualitative mixed method data will have explanatory accounts extracted and consolidated following the method of Brand and colleagues (23, 24). A coding structure based on the emerging programme theory logic model will be constructed in NVivo 12 qualitative analysis software. Codes will relate to key implementation activities or aims (Figure 1: implementation columns), key mechanisms (Figure 1: mechanism columns), or key contexts (Figure 1: dotted circles). Appropriate outcomes will be identified from WP2 to explore in WP3 data collection. Mixed-method qualitative data from all collection methods will be transcribed and if-then statements extracted and consolidated using realist synthesis.

2.6.6. Stage Two, WP3: Quantitative analysis, routine data 1 - 6-10 family case studies

Data will be analysed descriptively and then explanatory accounts extracted from the findings and fed in to the realist synthesis (three outcomes). This will add value and context to the qualitative data collected with the 6-10 case study families and inform purposive sampling of people for interviewing (e.g. if police not present in the safeguarding meetings despite being in safeguarding plan actions, interview them to explore why not). Explanatory accounts will be extracted from this data to help refine the programme theory, for example, comparing outcomes for families that vary on key family circumstances (e.g. socially isolated parents/carers versus large local family network) identified as important in the theory (e.g. 'if a parent/carer is socially isolated and attends an alternative FGC meeting then they are less likely to have other family members present in the meeting to help agree and deliver a community-based safety plan for their child').

Outcomes are:

1. Who was present in the 6-weekly safeguarding meetings following the safeguarding FGC meeting (mother, father, maternal family, paternal family, friends, neighbours, health professionals, social care professionals, police, education; especially who was not present who was meant to be present and why).
2. Step up or step down of family case at 3 months and at 6 months post-safeguarding FGC.
3. Any updates to the safeguarding plan during the safeguarding meetings.

2.6.7. Stage Two, WP3: Quantitative analysis, routine data 2 - all CP referrals

Chi-square tests of independence will be conducted to examine the relation between the independent variable (implementing the new pathway) and three dependent variables (three key CP outcomes):

1. Number of referred families stepped up and stepped down;
2. Number of referred families with children in care, with family, other community care arrangements (e.g. kinship care);
3. Numbers and spread of family members and professionals attending meetings (FGC/ICPC and all follow-up 6-weekly meetings on CP pathway) [if this routinely collected by Local authorities].

The two groups in the independent variable are:

1. families referred to an ICPC 12 - 6 months prior to implementation in the 8-12 LAs and
2. families referred to an ICPC or an SFGC in the 3 months after implementation in the 8-12 LAs

The dependent variable step up/down has two levels: step up or step down. Child placement has three: in care, at home, in other community care arrangement (including kinship care if this is differentiated from 'in care'). Meeting attendance has, e.g. seven: mother, father, maternal grandparent, paternal grandparent, friend of family, other family, other professional.

For dependent variables chi-square tests will be conducted at 6 months post-CP meeting (FGC/ICPC). The three chi-square tests will test whether there was a significant relationship between implementing the alternative FGCCP pathway and step up/down of cases in the medium and longer term, child placement in the medium and longer term, and number of family members and professionals attending meetings on the CP pathway. In addition, a comparison group of similar families who did and did not have the availability of an alternative safeguarding FGC pathway at point of referral will be conducted.

Social worker and strategy meeting notes collected in the qualitative data collection will explore key themes or indicators for a decision to divert to safeguarding FGC. These key indicators will be used to undertake a retrospective analysis of notes for the families referred in the 6 months pre-implementation in order to identify a set of matched cases, i.e. families for whom it is likely the decision to refer to safeguarding FGC would have been made were it then available. Three additional chi-squared tests of independence will be conducted as above, but with the independent variable being FGC referral or no FGC referral. These analyses will indicate the likelihood of a future outcomes evaluation finding a significant change in outcomes between a 'would have received FGC' control group versus the 'received FGC' group.

A protocol in advance of statistical testing will be published on Open Science Framework (OSF). Findings from this study will be used to support an estimate of effect size to inform sample size calculation for a future outcome evaluation of the safeguarding FGC pathway during national roll-out. This will add value to the qualitative case study data by examining whether or not implementing the new pathway is related to change in these three outcomes.

2.6.8. Formative analysis: Identifying key questions for data collection and formative changes to implementation

To inform iterative changes to data collection 'formative' realist synthesis will happen at months 13 and 21. Following each formative realist synthesis, the programme theory logic model and narrative will be updated. This updated programme theory will then be shared with the expert stakeholder group in meetings taking place in months 16 and 22. These meetings will have two purposes. Firstly, to identify priorities and key questions from the emerging programme theory logic model and narrative to inform the following round of data collection (these key questions will guide data collection, i.e. questions in interview schedules, and observation checklists) in the following weeks of data collection and until the next formative synthesis. Secondly, the meetings will feed practical changes to safeguarding FGC implementation. Particular attention to the data about whether families are being appropriately diverted and why (i.e. interviews with practitioners, observation of strategic meetings, routine data about whether following the safeguarding FGC they still have an ICPC within 6 months and family/professional interview data about why), and whether and which families diverted are improving on the outcomes of interest and in what way (routine data and family/professional interviews). The group will feed learning back to the wider group of 8-12 LAs to ensure maximum safeguarding FGC uptake for appropriate families during the study period and successful implementation in the study sites. In this way, the iterative analysis will

support implementation of the safeguarding FGC meeting and the ability of the research team to learn more about which families to divert and when.

2.6.9.Final analysis

'Summative' realist synthesis across all three work-packages will happen in months 25-27. Data collected since the last formative analysis will be extracted and consolidated and used to update the programme theory logic model and narrative. The expert stakeholder group in month 26 will use these to prioritise and elaborate the final programme theory logic model and narrative, with particular attention to specifying the core characteristics and circumstances of families appropriate to divert to the safeguarding FGC and the core components to implement the FGC alternative pathway in such a way as to ensure uptake and embedding. Summative realist synthesis will summarise all learning in a final practical programme theory logic model and narrative outlining what works, for which families and professionals, under which circumstances to divert appropriate families to a safeguarding FGC and improve outcomes of interest. It will summarise the learning with a strong focus on practical considerations to ensure uptake and embedding of the alternative FGC pathway and that the families most likely to benefit are diverted down it. This will inform feedback workshops for LAs. The final programme theory logic model and narrative will be used to co-produce a final implementation package and nationwide dissemination by the three partner LAs.

2.7. Study settings

The CP pathway sits within Children, Education and Families Social Care Services in LAs in England. We have expressions of interest from eight Local Authorities and are in communication to obtain formal agreement and put data sharing agreements in place. 8-12 LAs will be involved in WP1 (Implementation Evaluation) and two of those will be involved in WP3 (Case Study).

2.8. Sample and recruitment

2.8.1.Implementation site sampling

The three partner LAs will recruit and support implementation in 8-12 LAs. LAs are included in the sample if they have an existing FGC service in their LA (either run themselves, or using external FGC coordinators). Purposive sampling (25) will aim to produce a maximum variation sample, geographically spread, a range of high and low numbers of CP meetings per week, and diverse population, urbanity, and size to explore the impact of similarities and differences in key contextual factors on implementation. As the partner LAs are still embedding the pathway, we will still gather data to compare the implementation process in different local contexts.

2.8.2.Case study site sampling

The expert stakeholder group and the management team (including the partner LAs) will purposively sample two of the 8-12 implementation sites for in- depth case studies in Stage Two WP3. They will select them based on the gaps and areas of interest in the programme theory logic model and narrative, such as FGC service external versus internal, large versus small LA, front door strategy meetings to make decision to divert versus later on in the pathway.

2.8.3.Participant recruitment

In WP1, professionals working in child protection services will be eligible to take part if they are engaged with the implementation of the safeguarding FGC process in their LA. In WP3, professionals who are involved in each of the 6-10 family case studies will be eligible to take part.

In the two case study sites, all families diverted to the alternative safeguarding FGC pathway will be invited to take part until ten families are recruited or the six-month recruitment window ends.

Families will be identified and approached ideally by the FGC Coordinator or, alternatively by the social worker (SW) or other social work professional who will work with them on the CP pathway.

Before first meeting with a parent/carer, and if the FGC Coordinator thinks it is appropriate to do so, the FGC Coordinator or, alternatively the social worker (SW) or other social work professional who will work with them on the CP pathway, will ask the parent/carer if it is ok if they bring along a researcher to a pre-SFGC meeting. If yes, the researcher will attend with the FGC Coordinator, but will check verbal consent on arrival. Therefore, all family participants will be approached to take part in the study alongside and with the advice of the FGC Coordinator, or alternatively the Social Worker (SW) on site, or another agreed social care professional. After this meeting, the researcher will leave a brief information sheet and contact details. Full informed consent will be sought in a later conversation if parent/carer is interested in participating in the study.

Should it not be possible for the researcher to meet the family alongside the FGC Coordinator, then the FGC Coordinator or, alternatively the social worker (SW) or other social work professional who will work with them on the CP pathway, may, if appropriate, discuss with them whether they are willing to talk to the researcher about taking part in the research. If the family agree to be contacted when approached by their FGC Coordinator about the research study, the researcher will contact them in the way the family tell the FGC Coordinator they would like the research team to contact them (phone, email, letter, in-person) to discuss what taking part involves and provide a copy of the information sheet and consent form.

Interview schedules, and observation grids will be developed as part of WP2 Stage One (Stakeholder Engagement).

2.8.4. Protecting participants and researchers

We will be working with families during a process that may be potentially stressful or distressing and we will implement measures to ensure that we do not add to that stress. We will ensure that risk and harm in research involving children, young people and families is minimised and put adequate safeguards in place for all of those involved. Researchers will be working alone at times, and therefore may find themselves in challenging situations. We have drawn up two policies for the research team which includes procedures for when safeguarding or other problems may arise.

2.9. Public and Patient Involvement (PPI)

This study includes extensive PPI involvement in evaluating the safeguarding FGC pathway and its implementation and interpreting and disseminating findings. In particular, children/young people with CP pathway experience and their family/support network (parents/carers, grandparents, friends of the family, neighbours) will be involved in all stages of:

1. developing the theory about a) what the appropriate outcomes are for families and children/young people, and b) which families under which circumstances will improve on these outcomes through being diverted to a safeguarding FGC, and;
2. prioritising data collection and analysis around areas they believe are of interest in the developing theory (expert stakeholder group membership and workshop participation).

2.10. Ethical and regulatory compliance

Ethical approval is sought through the University of Exeter Medical School. All data will be anonymised. Research will be carried out in accordance with the BPS Code of Ethics (British Psychological Society, 2009). Data storage and access will be in line with current University of Exeter guidelines. All personal data of participants will remain confidential and be held in accordance with

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the Data Protection Act 2018. Researchers will be subject to enhanced Disclosure and Barring Service (DBS) checks.

2.11. Dissemination

Dissemination will include:

- **Implementation guide:** a guide for local authorities who want to use the new safeguarding FGC pathway to help improve the experiences of families using their service and child protection outcomes
- **National roll-out of implementation package:** a national webinar and/or a half day conference for LAs in England to disseminate lessons learned and details of the alternative FGC pathway and implementation package. The implementation guide will be made available online and training offered for implementation by interested LAs.
- **Reflection workshop with two case study sites:** A feedback workshop for the two case study sites for cross-learning and to inform changes to the implementation guide, programme theory, and narrative regarding which families to divert and under which circumstances.
- **Reflection workshops with all sites:** Two feedback workshops with all implementation sites to discuss key (context-specific) barriers/enablers for cross-learning and to inform changes to the implementation guide, programme theory, and narrative regarding how to enable uptake and embedding, including processes and trouble-shooting to get the pathway up and running in new LAs.
- **Final programme theory:** A finalised programme theory in the form of a logic model and associated narrative for dissemination.
- **Rapid practice-focused publication:** A practice-focused publication to support national implementation, co-authored by the research team and partner LAs.
- **Study website:** A study website, updated on progress and experiences of LAs in study to support national implementation.
- **Academic publication:** A findings paper for publication.
- **Final report to the funder**
- **NIHR funding proposal:** The research-practice partnership will co-develop a funding proposal for NIHR HSDR to evaluate the partners' national roll out of the final implementation package for their alternative safeguarding FGC pathway.

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