

FULL/LONG TITLE OF THE STUDY: AGENCIES WORKING TOGETHER TO KEEP CHILDREN SAFE AND SHARE THE RIGHT INFORMATION: WORKING WITH MEN

SHORT STUDY TITLE / ACRONYM: SHARING THE RIGHT INFORMATION ON MEN (SRIM)

PROTOCOL VERSION NUMBER AND DATE: V2.1, May 2025

KEY STUDY CONTACTS

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PROJECT START DATE: 1 July 2024

PROJECT END DATE: 30 June2025

RESEARCH REFERENCE NUMBERS

FUNDER Number: HSDR Programme NIHR 169377

ETHICS REVIEW Number: MRA-23/24-43773

Funder disclaimer statement: This project is funded by the NIHR HSDR Programme (NIHR169377). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

STUDY SCIENTIFIC SUMMARY

Background

Over many years English policy reports and guidance documents have raised the importance of information sharing across agencies and between professionals to improve safeguarding arrangements for children. The Department for Education (DfE) produced advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE, 2018), but there continued to be evidence that professionals are not clear of the circumstances in which they should be sharing information without consent (DfE, 2023a). This led to revised guidance of May 2024 (DfE, 2024).

A report by the Child Safeguarding Practice Review Panel (CSPRP) in 2021, *The Myth of Invisible Men (CSRPR 2021)*, examined 23 cases involving babies under one year who had been injured by male carers in England. In half of these cases the families were only known to universal services and only became known to more specialist services as a result of the abuse becoming evident. While the CSPRP 'Myth' report focused on babies, other reviews have identified cases where children across the age range have died or been seriously injured and where a father or other male in a caring role was involved in perpetrating that injury (see, for example, Ashley 2011 and NSPCC, 2017). The Chairperson of the CSPRP, writing in the report's Foreword, concluded that:

Safeguarding practice with fathers of young children is something of a paradox. Despite evidence suggesting some men are very dangerous, service design and practice tends to render fathers invisible and generally 'out of sight'. (CSPRP, 2021, p4)

Research (Baginsky and Reavey, 2022a, b, and Feinstein et al., 2023) has noted the variation in practice across England as well as the absence of evaluation of relevant initiatives that could provide blueprints and lessons for practitioners nationally. The findings from this project will help to address this gap. The project has been designed to take account of the fact that information sharing is just one aspect of multiagency collaboration and is intimately connected with the structures and arrangements that are in place. It focuses on information sharing on fathers or other males¹ in a caring role that may pose a risk to children or young people in families.

Three models of practice have been identified which have an impact on or are embedded in safeguarding services in local authorities:

1. **Information sharing arrangements** between local authorities and other agencies about known or suspected risks *may* help to reduce risk and prevent abuse taking place and empirical evidence is required. We shall examine:
 - i. the Sharing Information Regarding Safeguarding (SIRS) model in place in Northumberland and the facilitators and challenges in relation to transferring the model to other local authorities in the same ICB in the north-east of England
 - ii. pre-natal multi agency meetings in a London borough.

¹ Here forth referred to as 'fathers / significant men in families' lives'.

2. **Information sharing when support services for families are co-located** with other agencies – again there is little empirical evidence on the impact of co-location (Bilson, 2022) and there has been little focus on the mechanisms underpinning the way information is shared when agencies are in the same physical space. We are looking at the co-location model across Stockport’s children’s services and the model applied in two family hubs in Northumberland where health services and CSC are located. We shall also seek feedback from professionals working in family hubs in six local authorities.
3. **Information sharing across local authorities using intelligence from the police to assess the threshold of need and identify the correct pathway.** The Partnership Integrated Triage or *PITstop* model originated in four local authorities in the North East of England and has been and is being adopted widely. We shall explore how the original model is being adopted by West Mercia Police and a local authority in the West Midlands.

Shared information systems are in place in one local authority being studied in relation to Model 2 and the local authorities in Model 3 operate with shared information systems. The absence of such has been identified as a barrier to information sharing and the evaluation will provide the opportunity to assess the significance of the systems under investigation

Aims and objectives

The aims are to:

1. examine if the models of practice and their related systems that are studied contribute to more effective information sharing about fathers / significant men in families’ lives as judged by relevant professionals.
2. explore if the models improve effective information sharing about fathers / significant men in families’ lives by addressing known barriers to information sharing as evidenced by relevant professionals.
3. co-produce guidance for local authorities and other agencies on sharing information on fathers / significant men in families’ lives.

The primary objectives are to explore across the three models of practice:

- whether specific service configurations across early help and family support contribute to improved information sharing about fathers / significant men in families’ lives and, if so, how
- how, if at all, the statutory safeguarding partners (health, local authorities, and police) work together to share information on fathers / significant men in families’ lives
- factors that may improve the awareness of, and confidence to, share information on fathers / significant men in families’ lives

The secondary objectives are to:

- assess the significance and impact of shared information systems
- examine how an information sharing initiative transfers from one locality to another - without this, successful initiatives may not be adopted more widely
- capture views on whether the revised guidance from the DfE (DfE, 2024) will contribute to improved practice and if so how

- explore views on the importance of, and any shifts in, agencies' cultures.

Evaluation questions

Within the three models the focus of the questions will be on the facilitators and barriers that evidence shows have thwarted attempts to share information between agencies because of:

1. Organisational structures and working practices
2. Different professional and organisational cultures
3. Different professional priorities and biases
4. Partnerships databases and systems that are not interoperable or accessible to all partner agencies.
5. Approaches to, and anxiety over, consent to share information and an absence of a shared understanding of what can be shared.

In the case of fathers / significant men in families' lives, additional complexities have been identified when services are not working with, or making connections over individuals having contact with families with whom they are working.

These research questions will be developed with input from the case study sites. The next phase of co-production will involve discussions with individual sites to consider any specific details which the research team needs to be aware of. This will help to ensure that our investigation of these five areas takes best account of local policies and procedures relating to the ways in which information is shared and interpreted and how relationships with families are managed.

The revised DfE guidance was published in May 2024 (DfE, 2024) and we shall collect feedback on ways in which it is being implemented.

We shall also examine the processes that are needed to support the transfer and adaptation of a 'model' from one local authority area to another focusing on the question of how an understanding of effective and appropriate practice can be shared/transferred to other locations. However, we are also conscious that the process can mean that findings are very project specific and we shall ask the advisory group and the wider professional community to reflect on the broader messages for practice.

Methods

The methods employed will include document analysis, observations, interviews and focus groups. We have developed a methodology which will be further refined during the first two months of the project. We will also decide if in-person focus groups are an appropriate method of data collection for a particular site or if we need to conduct meetings online. We will establish an evaluation advisory network (EAN) comprising members of local groups in each of the evaluation sites, including members of any relevant service user groups where appropriate, relevant agencies, father engagement or support services (if available and they agree to take part), the Information Commissioner's Office and two representatives from the SOCRATES-wide public advisor group (PAG). Each local group will comprise at least one professional involved in delivering the model and representatives from local public advisor and other stakeholder groups. Groups are unlikely to meet together in person but ideas will be shared across groups where feasible. The focus and methods used in the study will be

refined in dialogue with this network to ensure that locally and nationally relevant concerns are addressed.

Timelines for delivery

The project will start in July 2024 and be completed in June 2025.

Anticipated impact and dissemination

The evaluation will provide valuable insights into how various ways in which agencies work together to support a multiagency approach to protecting and safeguarding children by facilitating the sharing of information about fathers / significant men in families' lives who may pose a danger to them. We know that agencies have taken different approaches to interpreting the General Data Protection Regulation requirements, as well as to consent (Feinstein et al., 2023). Despite guidance over this, many professionals remain uncertain about what they are allowed to share and under what circumstances. The intention is that the project will be able to detail how information on fathers / significant men in families' lives may be shared and the outcomes of doing so, as well as how uncertainties have or have not been addressed. The CSPRP report called for service designs that reflected 'complexity and address(ed) the need for an integrated and system wide response that involves all the relevant agencies' (p67). This project provides the opportunity to examine such responses. The chair of the CSPRP is aware of the evaluation and is supportive of it. Professionals working in the local authorities where the models that will be examined are located are also anxious to know if their approaches support the sharing of information specifically about fathers / significant men in families' lives. The most important outcomes of this work will be to contribute to a deeper understanding of local practice and to disseminate messages for wider children's social care practice.

In a related study linked to the DfE's preparatory work for the Consultation on Information Sharing Dr Baginsky worked with professionals from several countries to learn of their experiences and many have expressed interest in the findings of this study (see Feinstein et al., 2023).

All team members have published widely on children's social care in peer-reviewed journals and presented at national and international conferences and will endeavour use these platforms to disseminate the findings from this study as well as practitioner-related communications.

PLAIN ENGLISH SUMMARY

Background

For many years in England, government had called for better information sharing between professionals to improve child safeguarding. Despite advice from the government's Department for Education (DfE), there is still confusion about when to share information. This led to updated revised government guidance in May 2024.

A 2021 report by the Child Safeguarding Practice Review Panel (CSPRP), *The Myth of Invisible Men*, looked at 23 cases where male carers had injured babies under one year. Often, families were only known to general and not specialist services until abuse happened

or was found. This issue is not limited to babies, as other cases have shown serious injuries or deaths caused by fathers and other significant men in families' lives. The CSPRP report highlighted that safeguarding practices often overlook fathers or father figures, despite the potential danger.

Research has shown differences in practices across the country and a lack of evaluation of initiatives that could guide professionals. This project aims to fill that gap by focusing on information sharing about men who play a significant role in families' lives who may pose risks to children.

We will examine three models or different types of practice:

1. Information sharing between local authorities and other agencies, in particular between children's social care and health services.
2. Information sharing when family support services are physically located together with other agencies. Here we will look at the practice in Family Hubs.
3. Information sharing across local authorities, using a model where police information contributes to the assessment of needs and the provision of early intervention services. This is the Partnership Integrated Triage or *PITstop* model that started in the North East of England and is being adopted more widely. We shall examine how the original model is being adopted by one local authority in the West Midlands and West Mercia Police.

The authorities where these models are in place will also provide the research team with the opportunity to examine the impact of:

- Professionals in different agencies having access to shared computer systems
- Professionals working together in Family Hubs
- What is needed to support the transfer of a practice from one local authority / authorities to another.

Aims and Objectives

The aims are to:

1. examine if the models of practice that are studied contribute to making fathers more visible by more effective information sharing about fathers / significant men in families' lives than prior to their introduction.
2. explore if the models improve effective information sharing about fathers / significant men in families' lives by addressing known barriers to information sharing.
3. produce guidance for local authorities and other agencies on sharing information on fathers / significant men in families' lives.

The main objectives are to explore across the three models of practice:

- whether specific service arrangements across early help and family support contribute to improved information sharing about fathers / significant men in families' lives and, if so, how
- how safeguarding partners - health, local authorities, and police - work together to share information on fathers / significant men in families' lives
- factors that may improve the awareness of, and confidence to, share information on fathers / significant men on families' lives.

Additional objectives are to:

- assess the importance and impact of shared information systems
- examine how an information sharing initiative transfers from one area to another - without this, successful initiatives may not be adopted more widely
- capture views on whether the revised guidance from the DfE, published in May 2024 (DfE, 2024), will contribute to improved practice
- explore views on the importance of, and any shifts in, agencies' cultures.

3. Evaluation questions

Within the three models the focus of the questions will be on examining to share information between agencies because of:

1. Organisational structures and working practices
2. Professional and organisational cultures
3. Different professional priorities and biases
4. Partnerships databases and systems that do not connect with each other and are not accessible to all partner agencies.
5. Approaches to, and anxiety over, consent to share information and an absence of a shared understanding of what can be shared.

These questions have been developed with input from people working in the case study sites. The next phase of co-production will involve discussions with people working in the individual sites to consider any specific details which the research team needs to be aware of. This will help to ensure that our investigation of these five areas takes into account local policies and procedures of how information is shared and interpreted and how relationships with families are managed.

The revised guidance from the DfE was published in May 2024 (DfE, 2024) and we shall collect feedback on how it is implemented in practice by asking social workers and managers about this.

We shall also examine what might be needed to help transfer and adapt one 'model' from one local authority area to another.

Methods

This evaluation project will use document analysis, observations, interviews, and focus groups. We will develop our methods further during the first two months of working with agencies involved in the evaluation. We might decide that focus groups are not appropriate for some of the sites or if we need to do meetings online.

Timeline

The project will start in July 2024 and be completed in June 2025.

Patient and Public Involvement

A project evaluation advisory network (EAN) will support this evaluation project. This group will include representatives from each local authority, including members of any relevant service user groups where appropriate, relevant agencies, father engagement or support

services (if available and they agree to take part), the Information Commissioner's Office, and two members of the SOCRATES-wide public advisor group (PAG). The EAN will support the development and refinement of data collection and analysis methods and approaches. At the end of the project, we will hold a review event with participants from all sites to discuss the findings and gather feedback on co-production.

We are committed to research inclusion. While terms such as diversity and equality often refer to gender, ethnicity, age, and socio-economic status, we believe it's important to go further. We will follow research 'good practice' and use a 'person-centred approach' to PPI. We shall seek to meet and accommodate individuals' needs and preferences within a study, but also avoid a tokenistic approach to inclusion where people are only involved because they have specific demographic profiles.

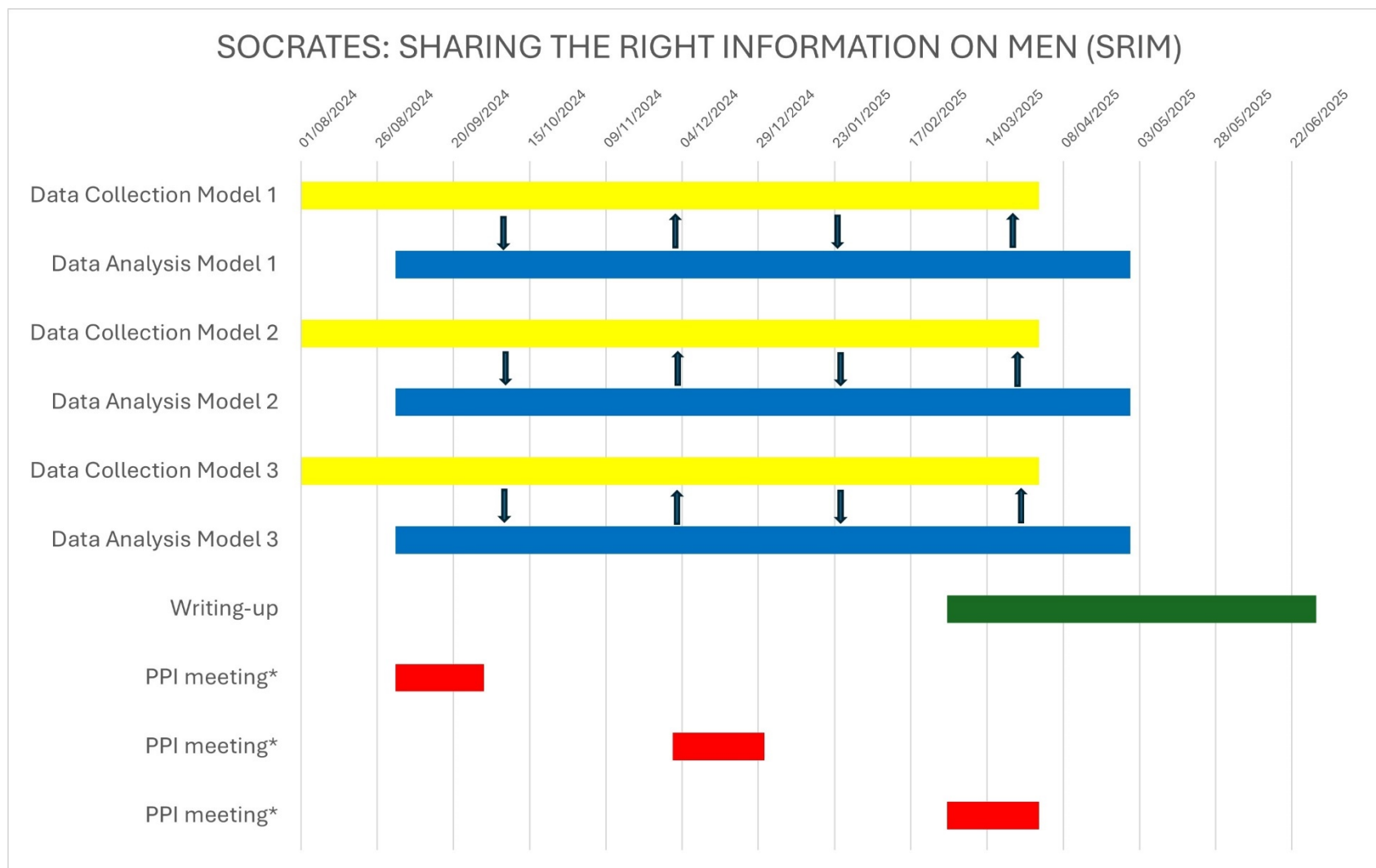
Expected Impact and Dissemination

This evaluation will offer insights into how agencies can work together to protect children by sharing information about fathers / significant men in families' lives who may pose a risk of harm to them. We know that different agencies and organisations have different approaches to interpreting what is needed under the General Data Protection Regulation (GDPR) and about taking consent. Despite existing guidance about this, many professionals are uncertain about what they are allowed to share and under what circumstances. We will show how information on fathers / significant men in families' lives can be shared effectively and the outcomes of doing so. We will also show how confusion about the legal framework may be successfully addressed and provide guidance on how to achieve this and how professionals and agencies may be supported to transfer models across areas.

The CSRP 'Myth' report highlighted the need for an integrated, collaborative system, involving all relevant agencies who are able to respond to the complexities of cases. The chair of the CSRP is aware of this evaluation and supports it. Professionals in participating local authorities are eager to see if their approaches help in sharing information, especially about fathers / significant men in families' lives.

The project aims to improve understanding of local practices and to share the findings widely to inform children's social care practice in general. There is also international interest in the study through the Principal Investigator's network developed during the preparatory stage of the DfE's Consultation on Information Sharing. The research team will use a variety of accessible publications and conferences presentations to tell people about our findings.

STUDY TIMELINE / GANTT CHART



*dates to be agreed with local and national members

STUDY

1. BACKGROUND AND RATIONALE

Over the years policy reports and guidance documents have highlighted the importance of information sharing across agencies and between professionals to improve safeguarding arrangements for children. The statutory guidance, *Working Together to Safeguard Children* (latest version DfE, 2023b), identifies the obligations on safeguarding partners to deliver appropriate arrangements through safeguarding partnerships. The Department for Education (DfE) produced advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE, 2018). That guidance states that:

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.... (and) where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent... (and) information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk. (DfE, 2018, p5)

Despite this, case reviews continue to report the consequences of the failure of agencies and professionals to share information, where death of, and serious injury to, children and young people may have been avoided if it had been otherwise (see, for example, Child Safeguarding Practice Review Panel [CSPRP], 2022; Portsmouth Safeguarding Children Partnership, 2022). Evidence that professionals were not clear when they should be sharing information was set out in DfE's report *Improving multi-agency information sharing. Government policy on information sharing and the use of a consistent child identifier* (DfE, 2023a) and has led to revised guidance being published in May 2024 (DfE, 2024).

The Child Safeguarding Practice Review Panel (CSPRP) published its *The Myth of Invisible Men* report in September 2021. The Panel had examined non-accidental injury to children under the age of one year by male carers. The evidence came from:

- an analysis of 23 serious child safeguarding case reviews where babies were killed or injured by their father, stepfather or another adult male
- an examination of nine serious case reviews and a series of interviews with eight men involved in these who had been convicted and were serving time in prison for their offences (Godsi, 2021)
- an evidence review conducted by Davies and Goldman (2021).

The CSPRP report identified problems with information sharing across the safeguarding system, although in just under half of the 23 reviews by the Panel the families were known only to universal services. The problems associated with information sharing focused on three main areas:

- a lack of patient record integration across parts of the health service and poor communication between midwives, health visitors and GPs
- other than on child protection investigations under S47 of Children Act 1989, the impact of GDPR was said to have made information sharing less effective

- inconsistency in front door responses where, for example, information was not provided to an agency because a father refused to consent even when the child was the subject of care proceedings.

While that CSPRP *'Myth'* report focused on babies, other reviews have identified cases where children across the age range have died or been seriously injured and where a father / significant male (referred to in this protocol as 'fathers / significant men in families' lives') was involved in perpetrating that injury (see, for example, Ashley, 2011 and NSPCC, 2017). NSPCC's analysis of case reviews identified two categories of 'hidden' men, those who posed a risk and where a child had suffered harm and those who could have protected a child but who had been overlooked by professionals. The CSPRP report also highlighted how men are often ignored in the way services are designed and delivered and that while many men play a significant role in children's lives, too often professionals focus almost exclusively on the mothers / female carers.²

Nearly a quarter of a century ago Daniel and Taylor (2001) argued that failing to work with fathers / significant men in families' lives led to children's social care (CSC) and other services ignoring the potential risks and assets for both mothers and children, given that they are present in their lives. In a review of serious case reviews (SCRs) Brandon et al. (2009) found that men were frequently absent from initial assessments conducted by CSC. This point had been picked up a decade earlier by Munro (1998) when commenting on the criticisms that appeared in inquiries into child deaths and serious injuries. As Warner et al. (2024) point out, while reviews have continued to show that CSC are more likely to be involved with mothers rather than fathers or other males, resulting in 'the lens of child protection (being) biased towards an analysis of mothering, with men who are significant in families' lives often out of view', the evidence has been based on qualitative data.. These researchers have linked local authority administrative data from CSC in Wales with demographic data and found that for the majority of the factors they examined, such as drug and alcohol abuse and poor mental health, the impact on the likelihood of care if they occurred in the child's biological mother rather than other adult in the household. One of the authors, Professor Jonathan Scourfield, suggested that it likely reflects other findings that, for many reasons, social workers tend to focus more on mothers than men (see Social Work Today, 17 April 2024).

One explanation of this was provided by Ashley et al. (2011) who found that there was often little professional curiosity about men who were involved with families. This applied not only to those in CSC. Burgess and Goldman (2018) found that health services, including midwifery and antenatal services, were neither identifying nor engaging well with fathers / significant men in families' lives (particularly young men) during pregnancy and birth. Similarly, Drinkwater et al. (2017) found that in situations of domestic violence, primary care clinicians were unclear on what information to record and share, and how and where to do so. The CSPRP report also highlighted how men are often ignored in the way services are designed and delivered and that while many men play a significant role in children's lives, too often professionals focus almost exclusively on the mothers / female carers. But, as

² This project has been discussed with Annie Hudson, Chair of the Child Safeguarding Practice Review Panel, who wishes to be updated at regular intervals.

Gordon et al. (2012) reported, barriers to involving men operate at a number of levels including individual, family, service provider, programme, community and policy.

What we know (see NSPCC, 2022)

- Professionals often avoided asking mothers about the men who are or will be in a child's life because they consider it to be intrusive to do so and as a result they may not be aware of an adult male's presence in a home and this contact with a child.
- There can be a lack of curiosity when professionals and others meet men in a home about their role in a child's life and vital information can be hidden.
- If a man is threatening or intimidating, professionals may not feel comfortable or safe engaging with them, and they may avoid asking relevant questions.

We recognise that fathers and other significant men may provide protective function and contribute positively to parenting of children, even when they do not reside with the children (see, for example, Lee et al., 2009). Although the work focuses on 'risks' rather than 'protection' we shall be alert to the importance of that element.

This project has been designed to take account of the fact that information sharing is just one aspect of multiagency collaboration and is intimately connected with the structures and arrangements that are in place. It provides the opportunity to examine initiatives that have been either designed specifically to facilitate sharing of information about fathers / significant men in families' lives or where it is a significant focus of their work. Research (Baginsky and Reavey, 2022a, b and Feinstein et al., 2023) indicates there is variation in practice around England as well as the absence of evaluation of relevant initiatives. This project will also allow an exploration of whether specific service configurations across early help and family support contribute to improved information sharing about fathers / significant men in families' lives and, if so, how, as well as any contribution this might make to increasing their 'visibility' and the engagement of practitioners with them.

A contributing factor to failures in information sharing is the fact that different organisations across the system use different terms, different protocols, and that that can cause some miscommunication between agencies. SCRs have shown multi-agency arrangements for safeguarding children are too fragmented, with inadequate information sharing making it difficult to build and maintain an accurate picture of what life is like for the child (see Samuel, 2022). However, there are few guidelines on how to address the deficits identified so clearly in SCRs as well as in the literature. It is hoped that the findings from this study will begin to address this deficit.

2. Models of Information Sharing Practice

2.1 Three models of information sharing practice

Three models of information sharing practice have been identified which have an impact on, or are embedded in, safeguarding services for children in local authorities:

1. information sharing arrangements between children's social care and health professionals
2. information sharing when support services for families are co-located with health services
3. information sharing across a range of partner agencies using intelligence from the police to assess the threshold of need and identify the correct pathway.

Areas which have developed approaches to 1-3 were identified by two previous studies:

1. Developing Hertfordshire Family Safeguarding Partnership Board's Response to CSPRP's 'Myth' report (Baginsky and Reavey, 2022). This project was commissioned following the CSPRP's recommendation that attention should be paid to strengthening the Family Safeguarding model by developing a closer relationship with health visiting and midwifery. In the course of that project a limited scoping exercise was conducted to examine initiatives designed to improve information sharing between CSC and health (see Baginsky and Reavey, 2022a and b)
2. Overcoming behavioural and cultural barriers to information sharing in children's social care. A study was commissioned to inform the DfE's multi-agency information sharing report to Parliament in summer 2023 (DfE, 2023a). This consisted of a narrative literature review and an expert consultation (see Feinstein et al., 2023)

2.2 Examining the models in practice

2.2.1 Information sharing arrangements between CSC and health

Sharing Information Regarding Safeguarding (SIRS): In collaboration with Northumberland local authority children's services, the then Northumberland Clinical Commissioning Group (CCG)³ set out to address the findings from *Hidden Men: Learning from Case Reviews* (NSPCC, 2017) and other research that identified that men are often not included in assessments, spoken to or involved in work around protecting vulnerable babies. Two categories of 'hidden men' emerged:

- men who posed a risk to a child resulting in them suffering harm
- men, such as estranged fathers, who were capable of protecting and nurturing the child but who were overlooked by professionals

This followed three *recent* reviews involving babies. All three suffered physical abuse and one had died. In each case, fathers remained 'invisible' as they had been registered with a different GP practice to that of the mother and information that was known to the GP remained 'hidden'. The programme – Sharing Information Regarding Safeguarding (SIRS) – was described by CSPRP as a 'an area of different and emerging good practice', which 'had helped, for example, to identify perpetrators of domestic abuse and situations where mental health issues impacted on someone's parenting ability' (CSPRP, 2021, p33). It has been rolled out across the local authority and other authorities in the ICB area were initially interested in adopting the model but plans have been put on hold until an impact assessment has been conducted at a national level. We shall maintain contact with those conducting that assessment although any decisions about adoption will not be available at the time when the present evaluation report is concluded.

³ Now The North East and North Cumbria Integrated Care System (ICS)

London Borough of Croydon. Meetings between CSC and maternity services are the starting point for exploring the barriers to sharing information across the agencies and examining pathways to address them. Croydon is also exploring the possibility of introducing the *Sharing Information Regarding Safeguarding (SIRS)* model and the evaluation team will record the steps taken to do so and link it with the theme of adapting and transferring a multiagency information sharing model of information sharing across partner agencies (see 2.2.3 below)

In an earlier version of the protocol, we referred to the London Boroughs of Lambeth and Southwark being involved in this evaluation. Due to local circumstances, the Boroughs had to withdraw.

2.2.2 Information sharing when co-located

Stockport and Northumberland have each adopted a model of co-locating professionals from different agencies in early help and Family Hub arrangements. We will evaluate how, if at all, the model adopted impacts on information sharing about fathers / significant men in families' lives.

Stockport CSC co-locates social workers, health visitors, school nurses and midwives in four localities around the borough. The Multi-Agency Safeguarding and Support Hub (MASSH) is aligned to other early identification processes in partner agencies.

In addition to **Northumberland's** involvement in the SIRS project (see 5.2.1 above) there are four Family Hubs in the area and the evaluation will focus on the two where health visitors are based in the hubs. The CSPRP '*Myth*' report recognised the potential of Family Hubs to contribute to information sharing about fathers / significant men in families' lives (CSPRP, 2021 p8 and p30).

Northumberland Children and Adults Safeguarding Partnership has replaced both the Northumberland Strategic Safeguarding Partnership (NSSP) and the Northumberland Safeguarding Adults Board (SAB) which is of interest to the present evaluation given the difficulties that can occur in exchange of information between services for adults and those for children (see Feinstein et al., 2023).

Neither of the models used in these sites have undergone a formal evaluation in relation to information sharing activities in general or in relation to fathers / significant men in families' lives.

In a former version of the protocol, we referred to the London Borough of Camden being involved in this evaluation. Due to local circumstances, the Borough had to withdraw.

2.2.3 Adapting and transferring a multi-agency information sharing model of information sharing across partner agencies

The Partnership Integrated Triage (PIT STOP, see <https://www.local.gov.uk/case-studies/partnership-integrated-triage-pit-stop>) model was designed to provide early help to children, young people and families by efficiently processing and responding to police

information and referrals to the police. It was initially developed in **North Lincolnshire**, and later widened to cover all four local authorities in the Humberside region. Several other areas have adopted or are adopting the model.

The model aims to prevent and reduce the need for escalating cases to CSC and safeguarding by addressing problems at an early stage through improving the quality and timeliness of information sharing. It involves a daily meeting in which the level of needs and the most appropriate ways of support and intervention are discussed and decided. All referrals are initially screened by an experienced officer and those at highest risk being directly referred to child protection services. The model is not meant to replace but to add to existing ways of working.

PIT STOP involves a collaborative, co-located multi-agency approach and includes professionals from the police, CSC and social work services, health services (including mental health), education, domestic abuse services, and drug and alcohol services. A specialist Police officer leads the process, ensuring that relevant information is shared among partners to make holistic and timely decisions about the support needed for each case. Outcomes of the PIT STOP model include a significant reduction in unnecessary police referrals to local authority social care, with evaluation of cases showing that only 4 per cent of cases discussed in a PIT STOP meeting were later escalated to child protection services and only 7-11 per cent are referred into the front door.⁴

We shall work with West Mercia Police to examine the transfer of the model to one local authority area. Additional local authorities covered by West Mercia Police are being invited to join the evaluation. The aim of examining the adoption process would be to identify the enabler and facilitators as well as the ways to overcome challenges and resistance during the implementation. Opportunities to compare and contrast the different situations, for example rural versus urban/city area context, will add another level to the evaluation.










In addition there are common elements across the sites which will allow the team to examine the role of Family Hubs⁵ shared information systems, as well as how a model transfers from one authority / region to another.

Table 1 sets out the three models of practice which will be examined, the local authorities involved and the common elements in place across at least two of the three models.

⁴ Data shared with evaluation team by Humberside Police.

⁵ A Family Hubs is a system-wide model of providing high-quality, whole-family, joined-up family support services from pregnancy through to age 19 (up to 25 years for young people with SEND). Family Hubs consist of relevant health, local authority, public health, education, and VCS organisations, and cover services from antenatal education through to youth work. The government has pledged over £300 million to transform services for babies, children, young people and parents/carers.

Table 1: Practice models to be examined

Local Authority	Shared element		
1. Impact of information sharing arrangements between CSC and health			
Northumberland SIRS project Potentially transferring to 5 LAs in the NE England		Family Hubs	 Transfer of a model
<hr/>			
The North-East and North Cumbria Integrated Care Board (ICB) SIRS from Northumberland potentially transferring to 5 LAs in the NE England		Family Hubs	 Transfer of a model
<hr/>			
Croydon 'Maternity' multiagency meetings Plus discussions about SIRS from Northumberland potentially transferring to Croydon		Family Hubs	 Transfer of a model
<hr/>			
2. Information sharing when co-located (in the same teams)			
Stockport		Family Hubs	
<hr/>			
Northumberland		Family Hubs	
<hr/>			
3. Information sharing across local authorities using intelligence from the police to assess the threshold of need and identify the correct pathway			
PITstop* Shropshire			 Transfer of a model

* North East Lincolnshire, North Lincolnshire, East Riding and Hull

* The PIT STOP model is currently in place across local authorities in the West Midlands and West Mercia Police area. Some of these authorities have also introduced Family Hubs.

3. AIMS AND OBJECTIVES

The aims are to:

1. examine if the models of practice that are being studied contribute to making fathers / significant men in families' lives more visible by more effective information sharing about them than prior to their introduction
2. explore if the models support effective information sharing about fathers /significant men in families' lives by addressing known barriers to information sharing
3. produce guidance for local authorities and other agencies on sharing information on fathers / significant men in families' lives.

The primary objectives are to explore across the three models of practice:

- whether specific service configurations across early help and family support contribute to improved information sharing about fathers / significant men in families' lives and, if so, how
- how the statutory safeguarding partners (NHS, local authorities, and police) work together to share information on fathers / significant men in families' lives
- factors that may improve the awareness of, and confidence to, share information on fathers / significant men in families' lives.

The secondary objectives are to:

- assess the significance and impact of shared information systems
- examine how an information sharing initiative transfers from one locality to another - without this, successful initiatives may not be adopted more widely
- capture views on whether the revised guidance from the DfE (DfE, 2024) will contribute to improved practice
- explore views on the importance of, and any shifts in, agencies' cultures.

4. EVALUATION QUESTIONS

Within the three models the focus of the questions will be on the facilitators and barriers that we know have thwarted attempts to share information between agencies because of:

1. Organisational structures and working practices
2. Professional and organisational cultures
3. Different professional priorities and biases
4. Partnerships databases and systems that are not interoperable or accessible to all partner agencies.
5. Approaches to, and anxiety over, consent to share information and an absence of a shared understanding of what can be shared.

In the case of fathers / significant men in families' lives, additional complexities have been identified when services are not working with, or making connections over individuals having contact with families with whom they are working.

The evaluation questions will be developed with input from the case study sites. The next phase of co-production will involve discussions with individual sites to consider any specific details which the research team needs to be aware of. This will help to ensure that our investigation of these five areas takes best account of local policies and procedures relating

to the way in which information is shared and interpreted and how relationships with families are managed.

The revised guidance from the DfE was published in May 2024 (DfE, 2024) and we shall collect feedback on the extent to which it:

- is viewed as clarifying data protection legislation and providing advice on the legal basis for sharing information for safeguarding purposes
- provides practitioners with sufficient advice on their responsibilities for sharing information in a timely and effective way.

We shall also examine the processes that are needed to support the transfer and adaptation of a 'model' from one local authority area to another focusing on the question of how an understanding of effective and appropriate practice can be shared/transferred to other locations.

5. DEVELOPMENT OF THE PROTOCOL

This protocol has been informed by the scoping exercise which took place with key national stakeholders involved in social care consulted about the overall SOCRATES programme (n=37). In relation to this specific project discussions have taken place with key individuals in practice and research, as well as members of the CSPRP, and those working in the proposed study sites (n=20). The work focuses on identifying how, if at all, the models studied facilitate the sharing of information on significant men in families' lives who may pose a danger to children / young people. The protocol was reviewed by representatives of the PAG and Steering Group and responses to their comments on refining the definition of the subjects and areas of interest and consideration of future dissemination, including of the plain English summary, have been incorporated into the Protocol.

6. THEORETICAL APPROACH

One of the criticisms of rapid evaluations has been the potential to have an imbalance between rigor, confidence in results and speed (McNall and Foster-Fishman, 2007). We believe that by adopting the Real-Time Evaluation (RTE) approach we will avoid such pitfalls. It will allow us to address the three 'Rs' identified by Riley et al. (2013), namely rapid, responsive and relevant, alongside the rigour added by Smith et al. (2023).

The five features of RTEs are:

- Real-time data collection
- Real-time (or rapid) reporting back of evaluation data
- Multiple rounds of evaluative activity, the number depending on the nature of the model being studied
- Support for different types of learning – single and double-loop, and sometimes triple-loop
- Engaging different users together in dialogue for sensemaking and action planning.

Polastro (1999) reviewed RTEs and their use for supporting policy and organisational change, where double-loop learning was often helpful in revising assumptions and conceptual models. This is significant in relation to:

- the timing of the revised DfE Guidance
- the adoption- and possible adaptation - of one model in another geographically removed local authority.

The emphasis in RTEs on the role of professionals and other stakeholders contributing to 'sensemaking' in the evaluation is important given the centrality of professional decision-making in information sharing.

7. STUDY DESIGN

7.1 Scoping

In the months since the request to develop a protocol for this project we have discussed the feasibility with most of the sites listed in Table 1 above. This enables the project to start as soon as the protocol has been agreed. But as the project progressed in the early months it became clear that it would be necessary to adapt the work in line with the changes outlined above,

In discussions in the other authorities we followed Smith et al.'s (2023) guiding principles for scoping a rapid evaluation. These are to:

- define the focus
- clarify purpose of the evaluation
- establish the gaps in evidence
- assess evaluability
- confirm project engagement
- judge feasibility (in terms of fitting with timescales attached to a rapid evaluation)
- be confident in utility and timing within context of projects.

Table 1 above sets out the three models of practice which will be examined, the local authorities involved and the common elements in place across at least two of the three models.

7.2 Co-production

In a large-scale evaluation of co-produced research from across Canada, the Canadian Institutes of Health Research concluded that co-production was more likely to influence behaviours including those of decision-makers *and* to contribute to replicability than researcher-only driven projects (McLean et al., 2013), both of which are desired outcomes. Co-creation is one form of stakeholder participation that involves stakeholders in all stages of the development and implementation which means findings are contextualised (Vargo and Lusch, 2004; Metz and Bartley, 2016). The contextualisation of evidence refers to increasing the match between evidence-based practices and the local delivery setting, including those who deliver interventions, systems stakeholders, and children and families expected to benefit from evidence-based practices (Horner et al, 2014; Van Kerkhoff and Lebel, 2015).

We shall develop the individual strands of the work with practitioners from each site using an adapted Experienced Based Co-Design (EBCD) approach (Donetto et al., 2015). This was developed as a form of participatory research that brings together service providers and service users to improve service provision. The intention is that we conduct co-design work in small groups, the construction of which will reflect each practice model, to address respective priorities. This will also allow us to develop what Lipsey (1993) called ‘small theories’ for each intervention. These are specific to each intervention studied, even if they share elements with other interventions in the same or connected model. It will set out the theory of change by identifying the rationale, the mechanisms, processes, inputs and desired outcomes, and allow the exposure of both intended and the unintended consequences, contextual influences and necessary conditions for effectiveness. In this sense theory is any account that describes an interaction between variables:

The articulation of this theory helps in characterising the programme components, the mediating processes through which they work and the moderating factors related to participants and contexts, as well as improving the ability to measure the intervention’s impacts on practice change. (Davidoff et al., 2015, p230)

Lipsey (1993) and Vachon et al. (2013) describe how this process provides the framework for evaluations.

In the initial discussions with each site we have outlined our approach to co-production which has been welcomed. The approach is based on the five key principles (Box 1) and key features (Box 2) described in the NIHR’s *Involve* report (NIHR, 2018):

Box 1: Key Principles of Co-production

- Sharing of power – the research is jointly owned and people work together to achieve a joint understanding
- Including all perspectives and skills – make sure the research team includes all those who can make a contribution
- Respecting and valuing the knowledge of all those working together on the research – everyone is of equal importance
- Reciprocity – everybody benefits from working together
- Building and maintaining relationships – an emphasis on relationships is key to sharing power. There needs to be joint understanding and consensus and clarity over roles and responsibilities. It is also important to value people and unlock their potential

Box 2: Key Features of Co-production

- Establishing ground rules
- Ongoing Dialogue
- Joint ownership of key decisions
- A commitment to relationship building
- Opportunities for personal growth and development
- Flexibility
- Continuous reflection
- Valuing and evaluating the impact of co-producing research

We have shared the *Involve* report with our key contacts in each site. Each local authority area has various public and service user groupings. In this present study members of these groups will be part of the co-production activity, not always from the start. The shape and membership of each group are being negotiated with the sites and, where appropriate, a representative of a local NIHR Applied Research Collaboration (ARC) research programme will be invited to join to minimise the risk of duplication and to ensure linkages with any similar ARC projects. Smith et al. (2023) recognise the challenges of co-production when time is limited. We are alert to that challenge, especially involving a group of people for whom this may be new and who do not always know one another. We shall seek to adjust expectations accordingly through prior contact and far ranging discussions with evaluation sites to support the process.

We are also aware of some of the pitfalls of co-production as described by Oliver and colleagues (2019). We will seek to add to what we know about:

- the stages of the evaluation process that are critical for stakeholder involvement, and which stages are less essential
- the best ways to keep stakeholders engaged with the process
- the infrastructure that needs to be in place to support productive co-production.

The process can mean that findings are very project specific so we shall ask the advisory group and the wider professional community to reflect on the broader messages for practice. As part of this we will arrange a roundtable event, inviting those who attended the roundtables that contributed to the project on 'Overcoming behavioural and cultural barriers to information sharing in children's social care' (see above). This will enable a wider audience to discuss the findings and consider them in light of the discussions on the barriers that they identified previously. Those attending the roundtables were drawn from government departments and agencies, representatives of police, health and local government, education / schools, academics and the voluntary sector.

7.3 Area requiring consideration

The PIT STOP model is developing algorithmic tools and analysis as part of its work. However, it is not yet clear what its approach is based on (e.g. using large language model analysis, use of other artificial intelligence (AI)). If possible, we plan to evaluate its use in practice. Research by Edwards et al. (2022) has highlighted the potential for the misuse of algorithmic analysis of data held in relation to families and attempts to forecast problem behaviours. It will therefore be important to assess the extent to which agencies have considered, or are considering, the practical and ethical implications of any use, or potential future use, of algorithmic analysis.

8. METHODS OF DATA COLLECTION, ANALYSIS AND REPORTING

8.1 Data collection

At a macro level data will be collected iteratively through on-going involvement with the local authorities, individually and then extending to model based, and finally a whole project perspective. At the micro level data will be collected within a cycle to allow for analysis and connections to emerge between different data sources to inform the questions to be explored and data collected in the next cycle. This means that data collection, analysis and interpretation are related to each other cyclically rather than consecutively (Fossey et al., 2002).

We shall not conduct a scoping review as the PI has contributed to two such reviews in the past two years (Baginsky and Reavey, 2022a, b and Feinstein et al., 2023) and a very comprehensive review was conducted for Child Safeguarding Practice Review Panel by Davies and Goldman (2021). However we shall seek to update these reviews with any relevant literature that has emerged since then, as well as relevant case reviews included in CSPRP and NSPCC outputs.

The methods employed will include document analysis, observations, interviews and focus groups (if appropriate). Working within project groupings we have discussed outline methodologies which will be further developed during the first month of the project. The evaluation methods used will be appropriate for the phase of the project's development. After discussions of co-production activities, the final decision will be taken by the team to maintain quality assurance. The reasons for the decisions will be discussed with each site and documented. Adopting an iterative approach means that at each stage we may revise the interview questions to include new areas of interest or to support a deeper dive, include respondents who have been identified as having specific experience or insights, and return to previous respondents to clarify or expand on their initial responses.

Document analysis: This stage is intended to provide data on the context in which the models have developed and supplementary data on their operation, as well as the broader national policy context. It will inform questions which will be explored in interviews and in groups, as well as helping to contextualise the responses (see Goldstein and Reiboldt 2004 and Connell et al., 2001). Yin (1994) also used documentary analysis to track changes in the development of an initiative. This may be particularly relevant in relation to initiatives that have been adopted by others.

Non-participant observations: Bespoke recording sheets will be developed for the various observations that will take place. They will be designed to be flexible but allow a record to be created that will supplement the other data sources and may inform the content of interviews and focus groups. The focus of the observations and the role of the evaluator conducting them will be determined as part of the co-production activity in each site. For example, it has been suggested that in PIT STOP areas it would appropriate to attend meetings that are held each day that bring partner agencies together and to spend some time in the MASH to observe how decisions are taken at that meeting are operationalised.

Semi-structured interviews: The schedule for these interviews will be developed in collaboration with those we are working with in each site and will be appended to the protocol, as will later iterations. We will record these interviews, with permission, and later interviews to allow the evaluator to concentrate on the content and develop follow up

questions rather than be required to take notes. However we shall build on practice we have followed on other projects and, whenever possible, use transcription or otherwise use either voice-recognition software either through a package (such as Wreally) or that which is within Zoom or MS Teams/Microsoft 365.

Focus groups: We shall decide if focus groups are an appropriate methodological approach to adopt in the different sites as we scope the project. It may be that focus groups are better used in later stages to explore pre-defined areas or topics. The participant mix will depend in the topic(s) that will be discussed. As with the semi-structured interviews, the focus groups be guided by schedules which will be developed and appended to the protocol. It may be appropriate to conduct focus groups online and a decision about that will be taken when it is clearer what their purpose and focus will be (as well as the IT implications). As with interviews, it is intended to record focus groups to allow the evaluation team to concentrate on the content and develop follow up questions rather than be required to take notes. Again, whenever possible, we shall use transcription or voice-recognition software.

It is difficult to detail in advance the specific numbers of those who will participate in interviews or focus groups, however we anticipate that there will be a minimum of 20 participants in each of the research sites. The nature of the sites and the models mean that the numbers of those participating will vary considerably. As well as being experienced in co-producing projects within local authorities, each team member is very experienced in identifying the key people to be approached in each site and building on their experience to suggest others who should be contacted. However we are equally adept at unearthing those who may potentially be forgotten or hidden, but who could contribute to a deeper understanding of the projects. It has been suggested that the number of interviews / focus groups may be reduced in rapid evaluations (see Vindrola-Padros and Johnson, 2020 and Vindrola-Padros et al., 2021), but the risks around this seem too great in a project of this nature, where it will be vital to capture the views of a range of practitioners and others.

As noted above, one member of the research team will have lead responsibility for a practice model but the two other members of the team will provide support for the other sites as well. The ability to be able to use video conferencing via Zoom or Microsoft Teams to conduct some interviews means that there is additional flexibility over scheduling as well as saving on travel times and costs. However, apart from specific cases it would be better if online interviews took place once the team members are familiar with specific sites having previously visited for observations, meetings and / or initial interviews.

Potential participants will be given sufficient information to allow them to decide whether or not they want to take part in a research study. Participant information documents will:

- provide sufficiently detailed account of the evaluation, its purpose and arrangements for data collection and storage, and risks and benefits to allow individuals to make an informed decision
- be written in an accessible language and style
- be tailored to each group of participants.

Informed consent will then be obtained from all participants prior to interview and focus groups. Consent to one activity will not be accepted as consent to another. The consent form will seek confirmation that the participant agrees - or not - to the following:

- has had the project explained to them, read the participant information sheet and been given the opportunity to ask questions and received satisfactory answers
- while their identity will be kept confidential the sites will be named
- the conditions under which confidentiality may be breached
- audio recording as appropriate
- taking part in this study, understanding that participation is voluntary and may choose not to participate in part or all of the project, and may withdraw at any stage of the project without any penalty or disadvantage but that their data cannot be withdrawn after (date to be inserted) once the data has been anonymised
- agree to King's College London processing information about them and that the information collected in the study will only be used for the purpose(s) set out in the consent form
- conditions under which their data will be handled (e.g. stored, destroyed, sharing) and used
- the use of direct quotes.

There is a debate about the role of consent attached to observational methods (see Zahle, 2017). The observations will be of settings such as a Multi-Agency Safeguarding Hub or of meetings. We shall negotiate collective consent but will be aware that some people may not wish to be observed and be aware that it may mean that the meeting is not observed. In all instances the evaluator will:

- negotiate permission to attend with the relevant senior manager(s)
- ensure that participants are aware of the researcher's identity and purpose by providing participant information that can be disseminated as widely as possible and of confidentiality
- make it clear in that information that participants have the right to object to the evaluator's presence.

8.2 Data analysis

8.2.1 Overall approach to analysis

The analysis will be supported by regular team workshops to discuss findings and identify gaps and insights to reflect the iterative process described above. Overall, the project will use thematic analysis (Braun and Clarke, 2006, Braun et al., 2019) as a guiding framework, but in a variety of ways. The iterative design described above means analysis and co-production continue through to completion of the project which also allows reflection throughout. The initial themes and categories will be determined by what we want to know (see research questions). The overall analytical framework will be based on the areas (identified above) which have proved most difficult in improving information sharing and form the basis for the evaluation questions:

1. Organisational structures and working practises
2. Professional and organisational cultures and different professional priorities
3. Partnerships databases and systems that are not interoperable or accessible to all partner agencies.

4. Approaches to, and anxiety over, consent to share information and an absence of a shared understanding of what can be shared

These question areas will have been developed during the co-production stage to reflect the specific focus on fathers / significant men in families' lives.

As noted, this evaluation will be conducted within an RTE framework using an EBCD approach both of which shape the evaluation. The development of the themes, and categories will then be driven not only by rigorous analysis but also by what the members of the co-production team want to know. This means that we shall present our analysis at two or three different points in time to allow reflections on what we have found and absorb these reflections into the analysis. It makes the usual private activity of analysis visible while still reflecting what Berkowitz (1997) described as:

...a loop-like pattern of multiple rounds of revisiting the data as additional questions emerge, new connections are unearthed, and more complex formulations develop along with a deepening understanding of the material.

The periods of analysis focus on the current iteration. This means that alongside a growing understanding of, and greater insight into, the data lies the probability of a shifting context. What has been learnt at one point may be incorporated into practice and so must be factored into the evaluation at the next stage. This in turn links with the development of what Lipsey and others called 'small theories' (see above). These theories are specific to each intervention within a practice model, even if they have commonalities with the other interventions in that model and in other models. They are, in effect, theories of change that link processes and inputs to outputs and outcomes, as well as identifying intended and unintended consequences, and the conditions and /or context necessary for effectiveness (Weiss, 1995). All the small theories will come together to contribute to an overall 'programme theory' based on understandings and knowledge that have been accumulated (see Davidoff et al., 2015).

8.2.2 Specific approaches to analysis of elements of the data

Documents will be analysed using both content and thematic analysis (see Bowen, 2009). The content will be read to draw out relevant information followed by the identification of emerging themes that become the categories for analysis. Codes may be used to reflect those used to analyse interview and focus group transcripts but there may also be additional codes.

Observation sheets will be examined taking into consideration the context, the setting, the purpose and the participants to identify patterns, themes, and relationships.

Interviews and focus groups transcripts will be analysed by:

- Discussion in project meetings, developing a coding frame that addresses the questions asked
- using an initially developed coding frame. The members of the evaluation team will code a subset of the qualitative data and then discuss the process and potentially amend the coding frame. This stage allows both inter-coder reliability to be tested

and additional codes to be developed. It is unlikely that the numbers involved will support the calculation of the kappa coefficient.

- sorting the data by code at project and site levels to identify patterns, trends, and themes.

Using a supplementary approach may provide insights to inform and support the analysis (Martinson and O'Brien, 2010). Given the importance of multiagency collaboration in this project we shall also use a mapping exercise to illustrate identified strategies, such as co-location, inter-agency meetings and data sharing agreements, as well as combinations of methods, and patterns across sites.

At site level the evaluation team will conduct an initial analysis of all relevant data for each site. An initial examination of these data will allow participants to confirm that all elements that appeared in the design and evaluation questions have been included in that initial analysis.

8.3 Reporting

As with all SOCRATES projects we will produce a final report for the NIHR and peer-reviewed journal articles. At this stage we are envisaging an article reporting on the rapid scoping review (updating the recent reviews), and at least one article reporting the findings from the rapid evaluation.

Nurturing and building on relationships with the SOCRATES network and evaluation public advisory network is central to our approach to knowledge exchange (Best and Holmes 2010). We will co-produce the communication strategy and plan for the evaluation with the public advisory network. We envisage that the strategy and plan will cover each of the following aspects: informing action at the case study sites, informing action beyond the case study sites and informing future rapid evaluations.

In addition to:

- the review event with participants from all sites to discuss the findings and gather feedback on co-production (see above)
- the roundtable event mentioned above that will bring together some of those that attended the series of roundtables that contributed to the project on 'Overcoming behavioural and cultural barriers to information sharing in children's social care' (see above)

we shall develop a dissemination strategy with our advisors and co-producers. This could include learning events with people from across the sector, to develop resources and facilitate uptake of findings, but these ideas will be co-produced with our advisors as the work progresses and our findings become clearer. They will include project and site specific materials as well as accessible briefing documents.

9. PROJECT MANAGEMENT INCLUDING INVOLVEMENT

9.1 Project management

The project will be managed according to the agreed approach for SOCRATES projects. The PI will provide academic leadership and direction for the evaluation project, will determine authorship of outputs and will have overall responsibility for the management of the project. On this project she will also provide day-to-day management of the evaluation and

supervision of the researchers, with whom she has worked previously. There will be weekly project meetings with any additional catch ups as required.

All members of the Team will conduct the data collection and analysis with each researcher taking oversight responsibility for one of the three models of practice.

All researchers will conduct initial analysis of fieldnotes and interview notes, as well as any documentation they have gathered, as soon as possible after their collection.

A risk register has been created and will be reviewed weekly to address risks around delays, staffing and data security and the actions which will be taken to mitigate these risks.

The PI will report to the SOCRATES Management Group on a monthly basis, or more frequently if requested by the other co-Directors, to ensure effective monitoring of projects, integration of projects within SOCRATES processes and activities, and the timely identification and mitigation of risks to delivery.

9.2 Patient/service user and Public Involvement (PPI)

We will conduct co-production activities with regard to data collection and analysis in each site as described above. In addition a project evaluation advisory network (EAN) will support the evaluation. This network will comprise local groups in each of the evaluation sites, the Information Commissioner's Office and two representatives from the SOCRATES-wide public advisor group (PAG). Each local group will include at least one professional involved in delivering the model and from relevant agencies and representatives from local public advisor and other stakeholder groups, including members of any relevant service user groups where appropriate, relevant agencies, father engagement or support services (if available and if they are willing to join). The network is unlikely to meet together in person but ideas will be shared across groups where feasible. The focus and methods used in the study will be refined in dialogue with this network to ensure that locally and nationally relevant concerns are addressed. In the concluding stage of the project we shall hold a review event involving participants from all sites which will enabled emerging findings to be examined as well as feedback on co-production.

We recognise the importance of committing to research inclusion in terms of equality, diversity and inclusion. We are also conscious that while this is usually defined in terms of gender, ethnicity, age and socio-economic status we should go beyond this. Parveen et al. (2018) have argued for a 'person-centred approach' to PPI. By this they mean one that seeks to meet and accommodate individuals' needs and preferences within a study. At the same time the evaluators must consider the particular insights that would be relevant so as to avoid a tokenistic approach to inclusion where people are involved because they have specific demographic profiles (McCoy et al., 2018 and Beresford, 2013).

10. ETHICAL AND REGULATORY CONSIDERATIONS

10.1 Research Ethics Committee (REC) and other regulatory review and reports

An application for ethical approval to conduct this study was approved by King's College London's Research Ethics Committee in June 2024 (MRA-23/24-43773). As the project does

not involve those using adult social care services confirmation has been received from Health Research Authority's Social Care Research Ethics Committee (SC-REC) that it would not need to be considered by that committee.

10.2 Peer review

In accordance with standard procedures for SOCRATES studies this draft protocol has been discussed with and reviewed by members of the SOCRATES Management Group. A draft version of the protocol was reviewed by the SOCRATES Steering Committee and funder and their comments have been incorporated into this version.

10.3 Data management and participant confidentiality

A data management plan has been developed. For SOCRATES projects there is an agreed approach to managing access to and the sharing of data across the collaborating institutions. The data management plan outlines the approach for this project and arrangements for storage, transfer and archiving of data collected. It also sets out processes for ensuring the confidentiality of personal or sensitive data and limits to this.

REFERENCES

- Ashley, C., Roskill, C., Featherstone, B., Ashley, C. and Haresnape, S. (2011). *Working with Risky Fathers: Fathers Matter Volume 3: research findings on working with domestically abusive fathers and their involvement with children's social care services*. London: Fathers' Rights Group
- Baginsky, M. and Reavey, S. (2022a) *The Myth of Invisible Men: Research and evidence summaries to support the Hertfordshire Family Safeguarding Partnership Board's Response*. London: King's College London
- Baginsky, M. and Reavey, S. (2022b) *Supplement to The Myth of Invisible Men: Research and evidence summaries to support the Hertfordshire Family Safeguarding Partnership Board's Response: Health visitors' and midwives' views*. London: King's College London
- Beresford, P. (2013) *Beyond the usual suspects*. Oxford: Shaping Our Lives
- Berkowitz, S. (1996). Using Qualitative and Mixed Method Approaches in *Needs Assessment: A Creative and Practical Guide for Social Scientists*, edited by R. Reviere, S. Berkowitz, C.C. Carter and C. Graves-Ferguson. Washington, DC: Taylor and Francis.
- Berkowitz, S. (1997). Analyzing qualitative data. In *User-friendly handbook for mixed method evaluation*, edited by J. Frechtling and L. Sharp. Arlington, VA: Division of Research, Evaluation and Communication, National Science Foundation. Retrieved from: <http://www.nsf.gov/pubs/1997/nsf97153/start.htm>
- Bilson A. (2022) Why the evidence does not support multi-agency child protection units. *Community Care* June 10 <https://www.communitycare.co.uk/2022/06/10/why-the-evidence-does-not-support-multi-agency-child-protection-units/>
- Bowen, G. A. (2009) Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9, 2, 27 – 40
- Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebotham, P., Dodsworth, J., Warren, C. and Black, J. (2009) *Understanding Serious Case Reviews and Their Impact: A Biennial Analysis of Serious Case Reviews 2005–07*. London: Department for Children, Schools and Families
- Braun, V. and Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 2, 77-101
- Braun, V., Clarke, V., Hayfield, N. and Terry, G. (2019) Thematic Analysis. In *Handbook of Research Methods in Health Social Sciences*, edited by Liamputtong, P., Singapore: Springer Singapore, 843-60

Burgess, A. and Goldman, R. (2018) *Who's the Bloke in the Room? Fathers during Pregnancy and at the Birth in the UK*. Marlborough: Fatherhood Institute

Child Safeguarding Practice Review Panel (CSPRP) (2021) *The Myth of Invisible Men*. London: Child Safeguarding Practice Review Panel

Child Safeguarding Practice Review Panel (CSPRP) (2022) *Child Safeguarding Practice Review Panel: annual report 2021*. London: Child Safeguarding Practice Review Panel

Connell, J., Lynch, C. and Waring, P. (2001). Constraints, Compromises and Choice: Comparing Three Qualitative Research Studies. *The Qualitative Report*, 6, 4, 1-15

Daniel, B. and Taylor, J. (2001) *Engaging with Fathers: Practice Issues for Health and Social Care*. London: Jessica Kingsley Publishers

Davidoff, F., Dixon-Woods, M., Leviton, L. and Michie, S. (2015) Demystifying theory and its use in improvement. *BMJ Quality and Safety*, 24, 228–38

Davies, J. and Goldman, R. (2021) *Non-Accidental Injury of Infants by Fathers, Father-Figures and Other Informal Male Caregivers: A Rapid Review of Evidence*. London: Fatherhood Institute.

Department for Education (2018) *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*. London: Department for Education

Department for Education (2023a) *Improving multi-agency information sharing Government policy on information sharing and the use of a consistent child identifier*. London: Department for Education

Department for Education (2023b) *Working Together to. Safeguard Children. A guide to multi-agency working to help, protect and promote the welfare of children*. London: Department for Education

Department for Education (2024) *Information Sharing: Advice for practitioners providing safeguarding services for children, young people, parents and carers*. London: Department for Education

Donetto, S., Pierri, P., Vicki Tsianakas, V. and Robert, G. (2015) Experience-based Co-design and Healthcare Improvement: Realizing Participatory Design in the Public Sector. *The Design Journal*, 18, 2, 227-48

Drinkwater, J., Stanley, N., Szilassy, E., Larkins, C., Hester, M., and Feder, G. (2017) Juggling confidentiality and safety: a qualitative study of how general practice clinicians document domestic violence in families with children. *British Journal of General Practice*, 67, 659, e437-e44

Edwards, R., Gillies, V. and Gorin, S. (2022) Problem-solving for problem-solving: Data analytics to identify families for service intervention. *Critical Social Policy*, 42, 2, 265-84

Feinstein, L., Hyde-Dryden, G., Baginsky, M. and Hood, R. (2023) *Overcoming Behavioural and Cultural Barriers to Multi-agency Information Sharing in Children's Social Care: A rapid review to inform the Newham-led project for the DfE Data and Digital Fund*. Oxford: Rees Centre

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002) Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36, 717-32

Godsi, E. (2021) *A Psychologist's Report: National Review of Non-Accidental Injury in under 1s*. London: Fatherhood Institute

Goldstein, A. E. and Reiboldt, W. (2004). The Multiple Roles of Low Income, Minority Women in the Family and Community: A Qualitative Investigation. *The Qualitative Report*, 9, 2, 241-65

Gordon DM, Oliveros A, Hawes SW, Iwamoto DK, Rayford BS. (2012) Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Children and Youth Services Review* 34, 8, 1399-417

Horner, R.H. and Sugai, G. (2014) School-wide PBIS: An Example of Applied Behavior Analysis Implemented at a Scale of Social Importance. *Behaviour Analysis in Practice*, 24, 8, 1, 80-5.

Lee, S.J., Bellamy, J.L. and Guterman, N.B. (2009) Fathers, physical child abuse, and neglect: Advancing the knowledge base. *Child Maltreatment*, 14, 3, 227-231

Lipsey, M. W. (1993) Theory as method: small theories of treatments. *New Directions for Programme Evaluation*, 57, 5-38

Martinson, K. and O'Brien, C. (2010). Conducting Case Studies in *Handbook of Practical Program Evaluation* (3rd ed) edited by J. S. Wholey, H. P. Hatry, and K. E. Newcomer. San Francisco: John Wiley and Sons

McCoy, M.S., Jongsma, K.R., Friesen, P., Dunn, M., Neuhaus, C.P., Rand, L. and Sheehan, M. (2018) National Standards for Public Involvement in research: missing the forest for the trees. *Journal of Medical Ethics*, 44, 12, 801-4

McLean, R. K.D. and Tucker, J. (2013) *Evaluation of CIHR's Knowledge Translation Funding Program*. Ottawa, Canada: Canadian Institutes of Health Research

McNall, M. and Foster-Fishman, P. G. (2007) Methods of rapid evaluation, assessment, and appraisal. *American Journal of Evaluation*, 28, 2, 151-68

Metz, A. and Bartley, L. (2016) Co-creating the conditions to sustain the use of research evidence in public child welfare. *Child Welfare*, 94, 2, 115-40

Munro, E. (1998) Improving social workers' knowledge base in child protection work. *The British Journal of Social Work*, 28, 1, 89–105

National Society for the Prevention of Cruelty to Children (NSPCC) (2017) *Hidden Men: lessons from serious case reviews*. London: NSPCC

National Society for the Prevention of Cruelty to Children (NSPCC) (2022) *Unseen men: learning from case reviews*. London: NSPCC

National Institute of Health and Social Care Research (NIHR) (2018) *Guidance on co-producing a research project*. London: NIHR

Oliver, K., Kothari, A. and Mays, N. (2019) The dark side of coproduction: do the costs outweigh the benefits for health research? *Health Research Policy and Systems*, 17, 33

Parveen, S., Barker, S., Kaur, R., Kerry, F., Mitchell, W., Happs A., Fry, G. Morison, V., Fortinsky, R. and Oyeboode, J. R. (2018) Involving minority ethnic communities and diverse experts by experience in dementia research: the caregiving HOPE study. *Dementia*, 17, 8, 990-1000

Polastro, R. (1999) Real Time Evaluations: Contributing to system-wide learning and accountability. Retrieved from: <http://odihpn.org/magazine/real-time-evaluations-contributing-to-system-wide-learning-and-accountability>

Portsmouth Safeguarding Children Partnership (2022) *Portsmouth Safeguarding Children Partnership Annual Report 2021*. Portsmouth: Portsmouth Safeguarding Children Partnership

Riley, W., Glasgow, R.E., Etheredge, L. and Abernethy, A.P. (2013) Rapid, responsive, relevant (R3) research: a call for a rapid learning health research enterprise. *Clinical and Translational Science* 2, 1, 10

Rogers, P. (2020) *Real-Time Evaluation. Monitoring and Evaluation for Adaptive Management* Working Paper Series, Number 4, December. Retrieved from: www.betterevaluation.org/en/monitoring-and-evaluation-adaptive-management-working-paper-series

Samuel, M. (2022) Arthur and Star cases show need for expert child protection units, finds review. *Community Care*. Retrieved from: <https://www.communitycare.co.uk/2022/05/26/arthur-and-star-cases-show-need-for-expert-child-protection-units-finds-review/#:~:text=Multi-agency%20arrangements%20for%20safeguarding,is%20like%20for%20the%20child.>

Smith, J., Ellins, J., Sherlaw-Johnson, C., Vindrola-Padros, C., Appleby, J., Morris S., Sussex, M. and Fulup, N. (2023) Rapid evaluation of service innovations in health and social care: key considerations. *Health Soc Care Deliv Res* 11, 11

- Vachon, B., Desorcy, B., Camirand, M., Rodrigue, J., Quesnel, L. Guimond, C. Labelle, M. Fournier, J. and Grimshaw, J. (2013) Engaging primary care practitioners in quality improvement: making explicit the programme theory of an interprofessional education intervention. *BMC Health Service Research*, 13, 106
- Van Kerkhoff, L. E., and Lebel, L. (2015) Co-productive capacities: rethinking science-governance relations in a diverse world. *Ecology and Society* 20,1, 14
- Vargo, S. L. and Lusch, R. F. (2004) Evolving to a New Dominant Logic for Marketing. *Journal of Marketing*, 68, 1, 1-17
- Vindrola-Padros, C., Brage, E. and Johnson, G.A. (2021) Rapid, responsive, and relevant? A systematic review of rapid evaluations in health care. *American Journal of Evaluation*, 42, 13-27
- Vindrola-Padros, C. and Johnson, G.A. (2020) Rapid techniques in qualitative research: a critical review of the literature. *Qualitative Health Research*, 30, 1596-604
- Warner, N., Scourfield, J., Cannings-John, R., Rouquette, O. Y., Lee, A., Vaughan, R., Broadhurst, K. and John, A. (2024) Parental risk factors and children entering out-of-home care: The effects of cumulative risk and parent's sex. *Children and Youth Service's Review*. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0190740924001208>
- Weiss, C. (1995) Nothing as practical as a good theory: exploring theory-based evaluation for comprehensive community initiatives for children and families in *New approaches to evaluating community initiatives: concepts, methods and contexts* edited by J. Connell, A. Kuchisch, A., L.B. Schorr, and C. Weiss. New York, NY: Aspen Institute
- Yin, R. K. (1994) *Case Study Research*. Michigan: Sage
- Zahle, J. (2017) Privacy, Informed Consent, and Participant Observation. *Perspectives on Science*, 25, 4, 265-87