

Understanding service
user data processes

WITHIN A DOMESTIC ABUSE INTERVENTION CONTEXT



CONTENT

Introduction	3
Methodology	5
Data usage pre-intervention	5
What are the sources of service user data?	6
What is the quality or missingness of referral data?	6
How could the referral process be improved?	7
Data usage during intervention	9
How often and what types of data are being collected?	9
Using data for evaluative purposes?	9
Where is data stored?	10
How does data inform service delivery and practice?	10
Data usage post intervention	12
What happens to the data upon intervention completion?	12
What are the advantages and risks to data sharing post intervention?	12
Discussion	13
Appendix A: Topic Guide	16
Evaluating embedded data systems within domestic abuse services	16



INTRODUCTION

The past 20 years has seen the UK government place a strong focus on a data-driven society. Both at a national and regional level, data is playing an increasing role in the design, delivery and transformation of systems and services in order to improve their outcomes and efficiencies.

When working with vulnerable children and adults, where services are integrated, effective data-sharing procedures and policies are vital in providing an effective service. This has been evidenced in both the work of the Independent Review of Children's Social Care (2022)¹ and Family Hubs,² together with public serious case reviews and safeguarding documents³ (e.g., Star Hobson in Keighley (Bradford Social Services) and Arthur Labinjo-Hughes in Solihull).

The Independent Review of Children's Social Care (2022) notes, for example, that poor partnership working is a consistent and prominent factor in contributing to negative outcomes (e.g., a child's death) in serious case reviews. The review calls on the government to develop a National Data and Technology taskforce. This taskforce would look to drive improvements in areas such as case management systems, information sharing and use of data across the social care sector.

In the Family Hub model framework, effective data-sharing practices serve as a key-tenant at the basic-model level.⁴ In each Family Hub, service-user data is being collected in order to inform system and service-level delivery, collect outcome measurement and undertake fidelity-focused activities (e.g., workforce activities, service attendance and service reach).

Similarly, there is a recognition in the domestic abuse sector that data-sharing is vital in assessing partnership performance and service provision. This is evidenced by the plethora of local authority safeguarding strategies which pertain to the importance of "joined-up" thinking across different services. Moreover, in the UK government's Tackling Domestic Abuse Plan,⁵ data was seen as an important component in improving the systems and processes that underpin responses to domestic abuse.

¹ MacAlister, J. (2022) *The independent review of children's social care*. London, Department of Health and Social Care. www.gov.uk/government/groups/independent-review-of-childrens-social-care

² The Child Safeguarding Practice Review Panel. (2020) *Annual Report 2020*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf

³ The Child Safeguarding Practice Review Panel. (2022) *Child protection in England*. <https://www.saferbradford.co.uk/media/1xzgfh1b/national-panel-review-sh-and-al-h.pdf>

⁴ Basic model describes a family hub model at the early stages of development.

⁵ HM Government. (2022) *Tackling domestic abuse plan*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064427/Eo2735263_Tackling_Domestic_Abuse_CP_639_Accessible.pdf



There remains, however, a lack of knowledge on just how service-user data is being processed, from the referral stage to post-service usage. This includes barriers around data-collection, storage and sharing, together with data efficiencies (e.g., unsuitable referrals, triaging and staff capacity). Without exploring these processes, it can be difficult to identify the gaps in the system which inhibit the ability for effective data-sharing partnerships.

This short report aims to explore the process service-user data takes from referral stage to post-intervention and is underpinned by the following research questions:

- / How is individual service-user data processed (i.e., its journey) at each stage of the intervention (referral stage, intervention start and end, and post-intervention)?
- / How is individual service-user data collected, stored and utilised to inform intervention delivery and practice?
- / How can individual service-user data be better used to aid evaluation and trialling of domestic abuse services?



METHODOLOGY

In line with the broader domestic abuse project at Foundations, the national What Works Centre for Children & Families, three focus groups were conducted with four domestic abuse services located in England (Survive & Thrive, Bradford; LEAP GAIA, Lambeth; CODA, Lewisham; and For Baby Sake, Hertfordshire, London and Blackpool).

Each focus group consisted of roughly six professionals across the four services with each focus group themed to a particular profession (Service Managers; Practitioners; and Data Officers). It was felt that by splitting focus groups by profession, the different sites could learn from one another, while at the same time, we (Foundations) could better understand how different services work with data.

All focus groups were conducted online, lasting approximately one hour. Focus groups were recorded and then transcribed by a third party. Coding was conducted in Excel and themed around questions found in the topic guide (see Appendix A).

Case study

- / The service user was referred through social services.
- / The referral made no reference to the perpetrator [of domestic abuse] having a VISOR status with Police (high risk offending background).
- / For the service user, participation in the service could put them in danger or inappropriate service chosen.
- / Background checks using shared data-systems highlighted the risk to professionals.
- / Demonstrates the importance of shared data-systems and the dangers that missing data on referrals could pose.



DATA USAGE PRE-INTERVENTION

What are the sources of service user data?

Respondents spoke of receiving referral data from a plethora of services. Most commonly, these referrals are professional led, based in health, education and social services. Less frequently, individuals self-refer themselves into the service. There was a general level of frustration across the respondents that where referrals are professional led, they can seem rushed, incomplete and considered as a means of passing the responsibility of the service user through the system, without much thought as to whether the service is actually suitable for the individual.

Because we ask for specifics around why you are referring to this service: how would the service user benefit from the service? And sometimes, that's just glossed over; it can almost feel like professionals are desperate to find services for their service users and they just cascade these referrals out ... we end up having to spend an awful lot of time on triaging referrals, to find out whether they are really appropriate for our service or not. (Service Managers)

Safeguarding is everyone's responsibility; but for some reason, it doesn't always translate into domestic abuse. (Service Managers)

What is the quality or missingness of referral data?

Referrals were considered to be of general low quality and contain high levels of missing data. One service noted that up to 90% of its referrals contained missing data. Such missingness of data can impact the ability of the professional to work efficiently with the service user/family because time and capacity is spent assessing suitability.

It is vital that services manage data on user risk and understand existing or recent interactions with local services and professionals. Risk indicators include "perpetrator living arrangements" and "MARAC arrangements". Where data on user risk is missing, it can be difficult for services to ensure the safety of the service user and conduct the intervention as required (e.g., some interventions require the perpetrator to be out of the home). This suggests that missingness of data can impact not only the feasibility of the intervention, but its fidelity too.

I would say probably 90% of our referrals have missing data ... For us as a domestic abuse recovery team I think the danger is very little information about risk, very little information about current risk, if people have been heard at MARAC, if there are safety plans, if they've been supported by an IDVA. (Practitioner)

Similarly, where referral data is out-of-date, this can again impact the ability to assess service-user risk. Respondents spoke of not always trusting the referral process due to inaccurate and missing



data, and noted the importance of contacting professionals (e.g., social worker) prior to contacting the family in order to have a more complete understanding of the family needs.

So I don't think the referral is always a good indicator of when it happened, what exactly happened and who it happened to, so I think it really does depend, which is quite sad. (Practitioners)

We always phone and speak to the social worker before we'd then call the family ... it gives us some maybe softer information that we wouldn't have written down. (Data Officers)

Moreover, where data is missing, it can mean that service users must relive their trauma of abuse. The job of the referral should be that users can receive adequate support without repeating their story.

The more information that we get at the start point, it means that we can operate in a more trauma-informed way; it means that the survivors don't need to repeat their story endlessly. (Service Managers)

Lastly, data officers, noted the lack of information on demographic details, particularly around the protected characteristics (such as ethnicity) of the families they work with, particularly those who were referred, but did not engage with the service. This suggests that services may still not have a full understanding of for whom the service does and doesn't work for, and where barriers to engagement may exist. Similarly, demographic information is often missing regarding child demographics because these are not considered as required in the referral form by the services.

[regarding those who were referred but did not undertake the programme] What I can't know is: what were the ethnicities, necessarily, accurately for people who referred into our service, who then didn't engage with us. (Data Officers)

Yes, so for those people, where there's been a referral in and they've left off demographic information, when we're not then able to look at the amount of referrals we've had in from people from various populations accurately and it would be interesting to look at that against who we have on the programme, you know, who do engage with us. (Data Officers)

We are often missing information regarding the children, just because it's not an essential field on the referral form; it's only essential to put in the parents' information, so we're missing an awful lot of that demographic info. (Data Officers)

How could the referral process be improved?

Ideas on improvements that could be made to the referral process were focused on its ability to ascertain service user level of engagement. Respondents spoke of instances whereby families were



referred and accepted in the service but were not yet ready or able to fully engage and as such did not achieve the desired outcomes. Others noted that engagement is an ongoing process, where data should be monitored continuously throughout the course of the intervention.

Moreover, ascertaining willingness to engage was considered more important in instances where the service is part of a plan⁶ as experience has suggested that families partake in such services because they have to rather than actually wanting to actively engage in the service. Interestingly, professionals noted that service users who completed a self-referral were often more engaged than those who had a professional-led referral. An important part of the referral process is to follow up with families via a phone call or other means of communication. This allows rapport building between the professional and service user, as well as assessing level of engagement of the service user towards working with the service.

It would be helpful to have an indicator of the family's capacity to engage at the point of referral and actually, I think it would possibly make the referring party just consider things a little more. Because quite often, we get families referred that just aren't in a place where they can engage with a piece of work at that time and, obviously, it takes up a lot of our time and resources to even reach the point of finding that out about the family. (Service Managers)

So we find it's the people who have self-referred who have better engagement than those who have been referred by services, and they might just have that kind of compliance to engage when they don't really feel like it. (Practitioners)

⁶ In some instances, parents/adults may have to work with a service in order to meet a legal requirement (e.g., Child Protection Plan).



DATA USAGE DURING INTERVENTION

How often and what types of data are being collected?

On the whole, services are collecting service-user data at the beginning and end of the intervention period. Outcome data can also be collected during the intervention period although this is very much dependent on family needs and the length of the intervention, and there were no defined reasons as to when this data would be collected during the intervention.

Data is collected on a variety of outcomes, many of which have reliable and validated measures. This includes Post-Traumatic Stress Disorder, wellbeing and perinatal mental health. Data is also collected on the fidelity of the intervention including attendance and referral rates (e.g., number and length of sessions).

Using data for evaluative purposes?

For providing evidence to their commissioners, participants noted their preference for a mixed-methods approach to data collection, whereby quantitative data from measurement tools is supplemented by user testimonial and feedback. There was a concern by data managers, that quantitative data alone would not provide sufficient evidence of impact, given the small sample sizes and the individualised needs of each user. Instead, they felt that the qualitative data gave the user a voice and showed commissioners the impact that their service can have, which number alone would not provide. There were also concerns regarding the capacity of conducting evaluation, together with a lack of knowledge around how to analyse the collected data.

So there is always, as you say, it's really important to have the qualitative next to the quantitative, so we would have case studies; we gather feedback generally around the service and comments that people make about how they've experienced the service and what they've got from the service. (Service Managers)

We collect the data, but we're not always as good at analysing it and particularly when we're looking at using evidence-based measuring tools, so you've got to make sure your staff are properly trained to use the evidence-based measuring tools and then you've got somebody who really understands those tools who can then really interpret the outcomes. (Service Managers)

Because domestic abuse work is not cost effective in many people's eyes because the numbers are small, the outcomes are small – relative to the problem. So I think when you hear the individualised impact, that brings it home to people that actually, this is very valuable work and it has to be long, it has to be well thought through and it has to be individualised because everyone's experience is different. (Service Managers)



Where is data stored?

For all services, data is stored in a secure system internal to the service itself. There was, however, discontent across the participants that these systems are inadequate and can inhibit data sharing and service practice. Common system-level barriers to data sharing included system responsiveness (i.e., system crashes and slowness), the difficulty in filtering individual service-user data (information tended to be in case notes, as opposed to data-fields), and the lack of a unified system within the single service (e.g., referral data being held in another system).

The system can be a bit overwhelming at times. I think our system can get a bit overwhelmed when we're trying to find something. There's so much being stored it's sometimes hard to decipher where to draw that information from. (Practitioners)

Such findings reflect those of the Independent Review of Children's Social Care (2022) where it was noted that a barrier to effective practice in social care was poorly implemented case management systems. In North Tyneside, recent research has shown that improvements in the IT systems have led to a 48% time saving on child and family assessments (Flavell et al., (2020)).⁷

How does data inform service delivery and practice?

There was a general agreement that data collected as part of the service on individual service users does not inform delivery or practice because the interventions running are prescriptive in their delivery. This suggests that delivery of the intervention (e.g., flexibility in the number of sessions offered) is fixed regardless of individual or service need. Similarly, there was a concern that if practitioners become flexible with the way the intervention is delivered, capacity issues would ensue. This is because the intervention would no longer run to time and mean that waiting lists could continue to grow, while practitioners are being required to spend extra hours with service users. Lastly, there was a concern that if interventions which had strong theoretical underpinning (e.g., therapeutic support) deviated from these in delivery, the intervention may no longer work as intended.

I think for us because therapeutically the programme has been set up and it's been tried and trusted over many, many years so I think that there would have to be a really big therapeutic justification for making any changes like that in terms of adding something because it's so carefully constructed to build upon the week before and stuff like that. (Practitioners)

⁷ Flavell, N., Firth, J., Hopper, E., Turnell, A. & Young, P. (2020) *Creating a case management information system that inspires social workers and delivers for managers: Fantasy or realistic possibility?* North Tyneside Council. <https://knowledgebank.signsofsafety.net/resources/signs-of-safety-information-system/learning-and-leadership/creating-a-case-management-information-system-that-inspires-social-workers-and-delivers-for-managers> [Accessed 6 June 2023].



It's a bit tricky when you start thinking about those things. We tend to run our programmes in term time. They hardly fit within a term time and we always have a waiting list. (Practitioners)

It's a set curriculum so we don't have the authority I suppose to increase it within the programme per se and again we don't change the themes. (Practitioners)



DATA USAGE POST INTERVENTION

What happens to the data upon intervention completion?

There was a consensus that data was not being shared with a third party (e.g., the Police, GPs) upon service completion. Instead, the data is siloed within the service itself and aggregate data produced for annual report and commissioner purposes.

Outcome data as collected through validated measures is often not shared with commissioners or shareholders. Where the service is connected with a local authority, data is shared with the local authority, but this only happened with one service. There does appear to be little multi-agency thinking in how to deal with and make use of data post-intervention.

Moreover, there is a current desire by professionals to follow service users longitudinally. Where the service is trauma-informed, professionals spoke of the usefulness in using previous social care records to better understand childhood experiences. However, no service uses long-term follow-up to understand the impact of their work years later. Indeed, many noted that this can only be assessed if a member of the family gets re-referred into the service. From a funding perspective, having such data would also give the programme more credence to receive funding as it has the potential to demonstrate long-term impact.

Actually, some of the families that I'm working alongside now I've worked alongside when they were children years ago, and having that understanding of what their childhood experiences were like as we're now supporting them as new parents has been really helpful, and we've got access to that data if they were known as children to our service. (Practitioners)

What are the advantages and risks to data sharing post intervention?

Participants reported that they felt a positive of data sharing would be to avoid service users having to re-tell their trauma repeatedly. However, on the other hand, it was felt that there were dangers around potentially sharing data beyond a service's own system if this data was shared inappropriately (e.g., accessible to the perpetrator) and can put the safety of the service user at risk. Moreover, there are concerns that sharing data could infringe the consent of the service user and there needs to be clearer understanding on what the service user is consenting to with regards to data sharing at the start of the intervention.



I think it's really important in our consent and privacy notice because we do consent several times along the way when we're working with people so consent isn't just a one-off.
(Practitioners)

Participant data process

In

- / Referral data provides the intervention provider with user data
- / Referrals can be self-referrals, but more commonly come from a third party (e.g., education, health or social services)
- / Referrals often contain lots of missing or inaccurate data – this can mean it is difficult to assess service user risk, and can mean that time and capacity is spent on triaging unsuitable referrals.

During

- / Data often collected pre/post intervention through validated outcome measures, surveys and user testimonial/feedback
- / Data is not used to inform or change intervention delivery
- / Data stored in systems considered outdated and bloated, meaning the inputting and sharing of data is complicated
- / Concerns around whether the data collected during the intervention is suitable for evaluation.

After

- / There is lack of multi-agency working post intervention, with data siloed within the service's system itself
- / Concerns that data sharing outside of service could pose a risk to the safety of the service user
- / Professionals would like to see data collected longitudinally post-intervention to identify the long-term impacts of the intervention.

DISCUSSION

The importance of data-sharing and taking a multi-agency approach to service design has been recognised within a social care setting when working with vulnerable adults and children.⁸ Yet, within the domestic abuse sector, evidence suggests the presence of such an approach only in “high-risk” cases, and only to support the adult victim of domestic abuse, not the child.⁹

⁸ Home Office. (2014) *Multi-agency working and information sharing project: Final report*. <https://www.gov.uk/government/publications/multi-agency-working-and-information-sharing-project> [Accessed 6 June 2023].

⁹ The Child Safeguarding Practice Review Panel. (2022) *Multi-agency safeguarding and domestic abuse*.



From our report, it appears that professionals are frustrated at the lack of data-driven thinking as to whether the service meets the needs of the individual. This can lead to a large number of inappropriate referrals and services feel that responsibility of the user is passed to them. While working with the service user, data is collected for fidelity and reporting purposes. While data is collected at the outcome level, there appears little time given to exploring this, perhaps due to capacity or knowledge constraints, but nevertheless, reiterates the question “does our service work?” Moreover, data does not appear to drive practice or programme delivery change. Lastly, at service end, data is siloed within the service system, further inhibiting domestic abuse services to sit within the wider support network available.

While professionals had valid concerns towards the dangers of data-sharing, from a service user perspective it can mean a re-telling of their trauma and a feeling of frustration. At the referral stage, the lack of clear risk assessment processes serves as an important gap in assessing the suitability of a service to its user. Developing a risk-assessment tool is currently an active research space, and an essential component to any safeguarding practice for a service user. Research¹⁰ indicates that potential themes for any assessment tool should include:

1. level of user safety (e.g., perpetrator status, known risk of violence to user)
2. the user’s response in situations with violence
3. the user’s perspective (e.g., sense of powerlessness or fear)
4. developmental risks (e.g., children developing PTSD, problems with parenting, instability with housing).

Our findings also concur with the findings of the Independent Review of Children’s Social Care, which in chapter eight calls for the development of a National Data and Technology Taskforce. The aim of this taskforce would be to drive forward innovations centred around multi-agency, partnership working, with regards to data systems and would be underpinned by the following goals taken from the review:

1. Reimagine case management systems to drastically reduce worker time spent recording cases.
2. Use technology to achieve frictionless sharing of information.
3. Improve data collection and how it’s used to inform decision-making.

Government initiatives such as the Data Accelerator Fund has been successful in offering capacity-building exercises to drive forward innovation in data usage and its systems; however, to date,

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf [Accessed 6 June 2023].

¹⁰

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Journal of Environmental Research and Public Health 19
<https://doi.org/10.3390/ijerph192113779>



these have been small-scaled and localised. Examples of such initiatives¹¹ funded by the fund include the development of a data maturity model in Nottingham City and the development of an early help system in Lincolnshire to ensure families are receiving the right help, at the right time. Moreover, Transform Data View (a multi-agency data system) developed by Somerset County Council was evaluated by Foundations and funded through DULHC with the evaluation showing promise in offering timely help to families.¹²

In response to the review's push for a national taskforce, the government has committed to the development of a new children's social care data and digital expert forum that will meet the intent of the review's recommendation to establish a National Data and Technology Taskforce.¹³ The government is also committed to delivering frictionless sharing of information between local authorities and partner systems. Together, these commitments indicate that multi-agency working is at the forefront of data usage within the social care domain.

Nevertheless, it is vital that any governmental documentation is open, transparent and honest about the safeguarding and security procedures in place for the sharing of sensitive data. It is promising to see that the expert forum will be made up of both academic bodies and those with lived experience to ensure that a wide breadth of views and opinions are considered.

To conclude, this short report suggests more thinking is needed regarding how services can improve their processes for collecting, storing and sharing data. It is the work of academics and organisations such as Foundations to begin this thinking, using the evidence to formulate frameworks to build better data-sharing partnerships.

¹¹ Department for Levelling Up, Housing & Communities. (2023) *Ten years of Supporting Families: Supporting Families programme Annual Report 2022-23*.

<https://www.gov.uk/government/publications/ten-years-of-supporting-families-supporting-families-programme-annual-report-2022-23/ten-years-of-supporting-families-supporting-families-programme-annual-report-2022-23#chapter-1--national-programme-update> [Accessed 6 June 2023].

¹² Burrige, H., Moore, I. & Stanford, M. (2023) *Evaluation of the provision of data via Transform Data View (TDV) to housing officers in Somerset*. <https://www.eif.org.uk/report/supporting-families-feasibility-reports> [Accessed 6 June 2023].

¹³ Department for Education. (2023) *Stable homes, built on love: Implementation strategy and consultation*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1147317/Children_s_social_care_stable_homes_consultation_February_2023.pdf [Accessed 6 June 2023].



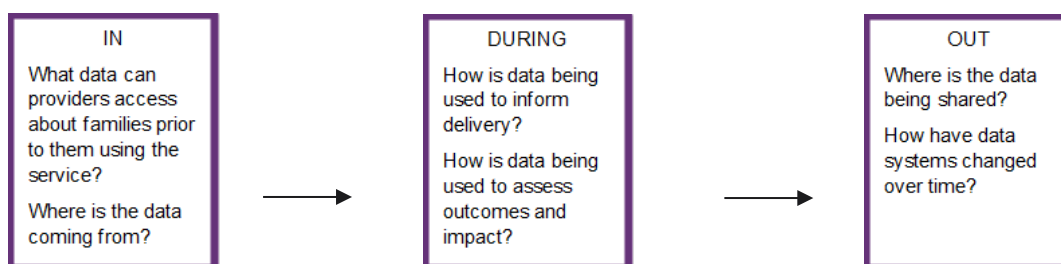
APPENDIX A: TOPIC GUIDE

Evaluating embedded data systems within domestic abuse services

Aims of the research

The purpose of the research is twofold. First, it aims to explore how data is being used by programme practitioners to inform practice and delivery. Second, it aims to identify how data is being used within a wider multi-agency approach. For this project, primary interest is given to data collected on users of the programme/intervention, as opposed to data on programme funders; programme staff or HR-level data. Figure A.1 visualises how data usage can inform practice across the lifespan of the programme. “IN” concerns the types of data programme providers receive/access prior to programme start; “DURING” relates to data collected during the programme and “OUT” refers to how the data collected is used and shared upon completion of the programme.

Figure A.1. How data usage can inform practice



Interviews with programme providers and practitioners will aim to understand *how*, *why* and *where* data is being used. Moreover, we will look to collect insights on the barriers and facilitators to using data systems and the potential benefits for practitioners and programme users when using data to inform practice and delivery.

About this topic guide

This topic guide is designed to act as a series of prompts to the interviewer to ensure full coverage of all the research objectives. The interview/focus group will be conversational in style and will develop and expand on topics brought up by the participant. It is not a predefined list of questions and does not use all the follow-up probes that will be used throughout the interview. Each topic area will, however, be fully probed, as far as is feasible, during the interview/focus group. The order of the sections may differ between interviews/discussion groups as the researcher will be led by the participant and what they seem comfortable talking about at that point of the interview.

The interview will last for around 45 minutes and the focus group around 1 hour.



Introduction

- / Introduce interviewer/facilitator
- / Introduce Foundations – the What Works Centre for Children & Families. Foundations is an independent charity which generates and champions actionable evidence that improves services to support family relationships
- / Thank participants for agreeing to take part
- / Introduce the study
 - To gain insights about how data is currently being used to inform programme policy and delivery
 - Funded by the Department for Education
- / Refer back to the information leaflet and talk them through it to make sure they're happy with it. Emphasise:
- / Participation is voluntary – no right or wrong answers and can choose to have a break at any time or not discuss any topic.
- / (*if conducting a focus group*) Interested to hear all views and experiences – it's okay to have different opinions.
- / Digital/online recording – we would like to record the discussion so we have an accurate record of what is said. Only the research team will have access to the recordings. Data will be kept securely in line with GDPR.
- / Findings will be used to inform evaluation reports which will be made available to them at the end of the evaluation later this year – no individual participant will be named in the report.
- / Reminder of interview/focus group length – will last around one hour/one hour and a half. Check if okay.
- / Any questions/concerns?

Ask for permission to begin recording

Begin recording and transcription

1. Background and context
Aim: to gather background information about the participant

Participant role and background

- / Overview of role and responsibilities
- / Length of time in post
- / How they find their role
- / Typical number of families/individuals they work with
- 2. How do you store data?
Aim: to gather insights into the systems being used to store data
- / Online system/Papers system
- / How long have you been using the system(s)
- / Gather opinions about the system – what are the advantages/disadvantages (case study examples)
- / Barriers and facilitators to using such a system
- 3. Where does this data come from prior to starting the programme?
Aim: to gather views on a multi-agency approach prior to beginning the intervention



- / Capture where data is coming from?
 - Schools
 - GPs
 - LA Services
 - NHS Services
 - Other charities
- / Views on the quality of this data
 - Is it enough or would data on other demographics/outcomes be helpful?
 - How accurate is this data
 - How up-to-date is the data
- / Access to national datasets?
- 4. How is data being used when working with the individual or family?
Aim: to understand how data is being used to monitor and measure change
- / Capturing demographic details (including EDI)
- / What outcomes are you measuring?
- / How frequently are data on these outcomes being collected?
- / How do you analyse outcome data?
- / What are the barriers/enablers to collecting data from families and children?
- 5. How (if at all) is this data shared upon completion of programme?
Aim: to gather views on a multi-agency approach after finishing the intervention
- / Are data being inputted into a system for wider usage? (GDPR agreements)
- / Are data shared? If so, how and with whom?
- / Barriers and facilitators to sharing data
- 6. Impact of data on programme delivery?
Aim: to explore participant's views how data is used to improve programme delivery
- / Examples of instances (if any) where programme delivery has changed due to the data available
 - Change from group to individual delivery
 - Extended programme length
 - Individualised need of participants
 - Aid safeguarding procedures
- 7. Close
Aim: to give participants time to contribute any final thoughts
- / Final closing comments – anything else to raise?

End recording

- / Thank participant for taking part
- / Ask if any questions about interview/discussion or research more widely?