Foundations
What Works Centre for Children & Families

SOUTHWARK FATHERS GROUP

Intervention Developer	Southwark Family Early Help
Delivery Organisations	Southwark Local Authority
Evaluator	Anna Freud
Principal Investigator	Paula Oliveira
Protocol Author(s)	Paula Oliveira, Meryl Westlake, Saul Hillman, Michelle Sleed, Nick Midgley
Feasibility Study Participants	Carers who identify as male, have a child aged 4-12 years-old and have a social worker, their families, and Children's Social Care professionals
Number of Participating Sites	One English local authority (Southwark)
Protocol Date	September 2023
Version	1

Note: Throughout this document, the word father is used to refer to anyone who identifies as a male carer.

Summary

This protocol summarises plans for a feasibility study evaluating the Southwark Fathers Group, which is delivered by parenting practitioners in Southwark's Family Early Help. The intervention consists of 10 weekly sessions which include peer-support and information aimed at improving fathers' parenting. During the study, parents invited to three cohorts of the Southwark Fathers Group will be exclusively male carers of children aged 4-12 with a social worker in this local authority. The study aims to explore the feasibility both of delivering the Southwark Fathers Group, and of recruiting, retaining, and collecting outcome data with the target population for a potential future impact evaluation. Both quantitative and qualitative data will be collected, specifically: pre- and post-intervention self-report measures from fathers (and when possible, also from partners

and children); post-intervention focus groups/ individual interviews with fathers; lastly, interviews and surveys with key stakeholders from Children's Social Care. Results from this study will be used to inform a larger definitive trial of this intervention in Children's Social Care. Data collection will run between September 2023 and October 2024. Reporting of findings is planned for February 2025.

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Background and problem statement

The majority of research on parenting interventions focuses on mothers (Cabrera, Volling & Barr, 2018). Yet, most children are also cared for by fathers and other caregivers. Concentrating primarily on mothers' parenting effects may risk underestimating the role of other carers, including fathers (Dagan & Sagi-Schwartz, 2018). Extensive research shows the importance of the quality of the parent-child relationship for child development (Lamb & Lewis, 2010). The quality of the father-child relationship and the fathers' involvement are key to understanding paternal relationships and their impact on children (Palkovitz, 2019). Accordingly, fathers' engagement in parenting supports their children's socio-emotional, educational, and developmental outcomes (Cabrera et al., 2011; Flouri & Buchanan, 2004).

Fathers with social care involvement may need support to develop their relationship with their child, particularly in relation to co-parenting (Featherstone, 2003). The absence of hostility and conflict between co-parents is associated with better child adjustment (Owen & Rhoades, 2012). However, parents with child welfare involvement are at greater risk of severe interparental conflict (Dorsey et al., 2007). Although interventions exist to support co-parenting and the mother-child relationship, there is a limited evidence-base informing the delivery of support services specifically for fathers. Research is needed which studies diverse groups of fathers with differing fathering identities to understand and support their roles in their families (Schoppe-Sullivan & Fagan, 2020).

There is a remarkable lack of rigorous evaluations of existing programmes for this population. There are some intervention elements with preliminary evidence of effectiveness and acceptability, such as group and face-to-face format, a strengths-based approach, and the opportunity for peer support; yet, robust evaluations including reporting of mechanistic processes, pre-post-test design and assessment of changes in fathers' mental health are needed (Henry et al., 2020; Oliffe et al., 2021). It is also important that such research uses a mixed-methods approach to ensure fathers' voices are represented in parenting literature (Tach et al., 2014).

The Southwark Father's Group (henceforth, the Group) emerged from an identified need to make support available to male carers in the borough. The Group aims to offer support that is perceived as useful and relevant to fathers and to encourage them to be more involved in their child's life and in children's social care (CSC)'s plans, with an ultimate benefit to children's outcomes. Prior to the Group, existing generic programmes failed to meet some of the specific needs of this population.

The current feasibility study has a specific focus; only fathers of 4–12-year-olds involved with CSC in the borough will be recruited. Social care services have been placing significant importance on getting fathers to engage with children, however often men are not sufficiently included in care plans, and can feel their voice is not being heard. This issue was recently highlighted in the Independent Review of Children's Social Care (MacAlister, 2022).

The Group has been running since 2016 and its delivery was initially evaluated through the What Works for Children's Social Care - Practice In Need of Evidence (PINE) programme in 2021. The outcomes of a total of 36 fathers who completed the Group were monitored for any change between measures collected before and after the Group. The findings identified improvements in fathers' family functioning, their parental self-efficacy and their knowledge and understanding of child development (although it should be noted there was no comparison group). Interviews with the fathers suggested the Group had a positive impact on their communication, parenting confidence, and sense of support from other group members. These preliminary findings evidence the potential value of the intervention for fathers and the necessity of a more robust evaluation to build its evidence-base.

This feasibility study offers an opportunity to further develop the evidence base for the Group. Specifically, it aims to determine the feasibility parameters and conduct the preparatory steps necessary to pave the way for a full-scale trial of this intervention.

Intervention overview

The Southwark Fathers Group is a 10-week parenting intervention for fathers (and other male carers) in the London Borough of Southwark; although the current study will focus only on fathers of 4-12 year-old children with a social worker in the borough. The Group was developed and is facilitated by a Parenting Practitioner based in the Southwark Family Early Help.

The facilitator is an experienced practitioner who provides individual and group parenting support to Children and Families, and has been delivering the Group since its creation in 2016. Prior to developing the Group, he received training in running engaging and meaningful groups with men. The Group is co-delivered with another 1-2 facilitators, who could be other parenting practitioners but are ideally men who have previously received the Group intervention themselves, and who are trained by the lead facilitator to co-deliver the Group.

The Group creates a space for male carers to connect with others to talk about their parenting concerns and achievements, while also learning about child development, and parenting techniques which focus on positive relationship management and conflict resolution. The Group aims to help fathers improve their relationship with their child and other people involved in the care of their child, including partners, co-parents, and social care professionals. To ensure relevant support is offered, the format and content of sessions were developed in collaboration with the fathers attending the programme.

Each Group is attended by approximately 16-20 fathers, with numbers varying slightly per cohort. After week four, the Group is closed to new members to ensure confidentiality of those attending and protect the initial bond between group members. Where the number of referrals exceeds the available spaces in the Group or where fathers do not attend, they will automatically be offered a place in the next available cohort.

A week before the start of each cohort fathers are invited to a coffee morning where they can meet the other members and the facilitator(s). This helps build an understanding of how the Group will work and creates a sense of familiarity for the fathers in relation to the venue. The venue is also chosen as a "neutral" space, such as a room in a Children's Centre. Access to childcare for the duration of the sessions is also facilitated.

Each session is 2.5 hours long and starts with a check-in where fathers are encouraged to talk about positive and challenging aspects of their week involving their children. As the programme progresses, these conversations develop and help improve group cohesion, decrease feelings of isolation, and encourage group members to problem solve together and support each other. Following a break, where the fathers are provided with light refreshments, the final part of each Group session focuses on providing them with psychoeducative content relevant to improving their parenting. The following topics are covered throughout the intervention: 1) communication, 2) discipline, 3) social workers and the role of social care, 4) child development, 5) understanding the impact of conflict, 6) managing conflict with children, mothers of children, and other loved ones, 7) mental health of children and fathers, 8) children's safety online, and 8) support services for fathers.

During the weeks while the Group is running, the facilitator maintains regular telephone contact with participants to ensure that engagement is on-going throughout the entirety of the programme.

The aims of the Group are underpinned by the intention to support fathers around changing their parenting strategies to be more child centred, increasing awareness of child development and age-appropriate expectations, increasing understanding of co-parenting, understanding the role of a father in modern society, and increasing awareness of the impact of conflict on children. At the end of the programme, it is hoped that fathers have a sense of reduced isolation in the local community, increased parental confidence, increased understanding of emotions and behaviour management in relation to parenting strategies and increased awareness of parental rights and responsibilities.

In addition to the sessions content, fathers have access to a pro bono lawyer who offers 2–3 individual sessions incorporated within the programme. The sessions are offered outside the main Group room, allowing fathers confidentiality when speaking to the lawyer. They can discuss any issues related to Family Law and these discussions are not shared with the Group or Group facilitator. The time fathers spend with the lawyer depends on demand and time availability. If fathers choose for the lawyer to represent them in court, charges are then applied and are arranged by the lawyer.

Participants

The evaluation is being carried out in a single site, in collaboration with the delivery partner, Southwark Family Early Help, in the London Borough of Southwark. Eligible participants of the intervention Group will be male residents in the borough and have a carer role for a child aged 4–12-year-old with a social worker (fathers are also eligible if only the child is resident in the borough). Examples of male carers include fathers, step-fathers and grandfathers. Fathers will be referred to the Group via existing pathways in Southwark CSC. All those who accept taking part in the Fathers Group intervention during one of the three cohorts starting Autumn 2023, January 2024, and Spring 2024, are eligible to the study.

Fathers are usually referred to the Group by a CSC professional (e.g. social worker) but may also self-refer. The single exclusion criterion that would lead to a referral to the Group not being accepted, is if the lead parenting practitioner, in consultation with the social worker, identify that contact between the father and child is inexistent or deemed not to be in the child's best interest. Characteristics that might affect accessibility to the Group, such as fathers' disability or no fluency in English, are not exclusion criteria; in such cases, the local authority attempts to put in place the required support (e.g. interpreter). See Intervention Protocol for further detail on inclusion and exclusion criteria to the Group.

For fathers who live with a partner (regardless of biological and parental responsibility for the father's children), they will also be invited to the study and asked to complete a few questionnaires. For participating fathers who have a child aged 11–12-years-old, the child will also be invited to complete a questionnaire.

Key stakeholders in Southwark CSC, including team managers, social workers, clinicians, and commissioners, will be invited to a 1:1 interview to further explore issues of feasibility, acceptability and scalability of this intervention and a future large-scale trial.

Key stakeholders in other local authorities in the country will be invited to complete a survey asking about availability and interest in similar/ competing interventions, as well as about the acceptability and scalability of a future large-scale trial of this kind.

Research questions

This study will evaluate the Southwark Fathers Group to assess the feasibility of both delivering the

Group and of recruiting, retaining and collecting outcome data with the target population, to pave the way for a definitive trial of this intervention. The results of this study will be used to inform a larger definitive trial of this intervention in CSC. In the Table below we specify the research questions and how we aim to address them.

Generic questions	Specific questions	Indicators
1. Is it possible to recruit and retain participants to an evaluation of the Fathers Group and collect quality outcome data?	Q1. Is it feasible to recruit participants?	Recruitment pathways. Recruitment rate (to intervention and to study). Demographic characteristics of the sample. Scoping survey with other local authorities.
	Q2. Is it possible to retain participants throughout the evaluation?	Number of referrals, proportion consenting and completing the intervention (≥70% of sessions), proportion consenting to study and completing post-test.
	Q3. Is it possible to collect quality outcome data?	Participant retention rates at baseline, post-test and follow-up. Document drop-out reasons. Data completion rates. Qualitative findings from focus-group and 1:1 interviews with fathers to understand data collection experience.
	Q4. Is a third assessment point at 3–month follow-up feasible?	
	Q5. What strategies are effective for data collection?	Data collection approach – document comparative success of different strategies and modify accordingly.
2. Are the outcomes quantifiable?	Q1. Are the outcome measures acceptable and able to detect change?	Changes, specifically escalation and de-escalation, in CSC involvement, parental and caring responsibility, level of contact, and domestic violence reports. Pre- and post-treatment outcome data using standardised measures: 1) father's reported child abuse potential (CAPI), 2) father's mental health and wellbeing (CORE-10, PSF-sf), 3) father's parenting and family dynamics (SCORE-15, PSS, APQ, b-PSES),
	Q2.What is the distribution of the outcome measures?	
	Q3. What are the recommended outcome measures (and effect size estimates) and	

	procedures for a future trial?	4) children's socio-emotional and behavioural difficulties (SDQ- parent, partner, and older-child report), 5) partner's reported intimate partner violence occurrence (WAST) and SCORE-15; 6) stages of change (from URICA). Qualitative focus groups and 1:1 interviews with fathers (to gather views regarding study processes and instruments)
	Q4. What is the estimated sample size needed for an RCT?	Effect size estimates to do power analysis.
3. Is the programme acceptable to fathers and the network of professionals around them, and is it generalisable?	Q1. How did fathers experience the intervention?	Rates of completion of intervention. Qualitative focus-group and 1:1 interviews with fathers.
	Q2. What are professionals' views about the intervention?	1:1 interviews with professionals in the local authority. Survey mailout to other local authorities.
	Q3. What are the barriers to and facilitators of the intervention?	Drop-out reasons. Qualitative focus-group and 1:1 interviews with fathers and professionals in the local authority. Survey mailout to other local authorities.
	Q4. Will the intervention fill a gap in local authorities' service provision?	Survey mailout to other local authorities.
	Q5. Is the programme generalisable to other facilitators and other sites?	Detailed characterisation of the programme and the training requirements of facilitators to allow scaling up.
4. Is a cost evaluation feasible and what are the	Q1. What is the cost of delivering the Group compared to alternative interventions?	Estimated cost of delivering each Group and scoping of the cost of comparable interventions.

recommended procedures to calculate it?	Q2. Can quality data be collected for the cost evaluation?	Scoping of other services offered to the fathers, referrals to services and timings, and uptake of these services (i.e. "care as usual"). Feasibility of collecting service use data from fathers, families and professionals, and access to care notes.
5. What is the most suitable design for a future large scale trial?	Q1. Is it feasible to randomise participants within one local authority?	Feasibility of recruiting a sufficient number of fathers to each Group and the timing of these referrals (+implications for treatment arm allocation)– from referral pathways and recruitment rates (to intervention and to study). Acceptability of randomisation processes – from focus-groups and 1:1 interviews with fathers, interviews with local authority stakeholders and survey with other local authorities.
	Q2. What are professionals' views about the feasibility of a future trial?	1:1 interviews with professionals in the local authority. Survey mailout to other local authorities.
	Q3. What characterises care-as-usual?	Services available to fathers in this site and other local authorities – from interviews, survey, and literature review.

Note. CAPI= Child Abuse Potential Inventory, CORE-10= Clinical Outcomes in Routine Evaluation, PSS= Parental Stress Scale, SCORE-15= Describe your family, APQ= The Alabama Parenting Questionnaire, b-PSES= The brief-Parental Self Efficacy Scale, QCCS= Quality of Co-parental Communication Scale, CoPRS= Co-parenting Relationship Scale, SDQ= Strengths and Difficulties Questionnaire, WAST= Women Abuse Screening Potential, URICA= University of Rhode Island Change Assessment Scale.

Methods

Sample and recruitment

The study aims to recruit 48 male carers who take part in one of three cohorts of the Group starting Autumn 2023, January 2024, and Spring 2024, totalling 16 parents per Group. The intervention facilitator will share information about the upcoming Groups among referring social workers. They will be able to refer fathers between August 2023 and March 2024, and fathers will then be assigned to the next upcoming Group. Referrals will be received on a rolling basis from social workers throughout this period. Social workers will be contacted by the lead facilitator – this could

be either in person or over the phone or email, with the support of a written leaflet to share information about the study. Fathers of a 4–12-year-old with a social worker, who accepted taking part in the Group intervention during one of the three cohorts, are eligible to the study.

Once fathers agree to take part in the Group, the Group facilitator will ask for their verbal consent to pass their contact details to the research team. The Group facilitator will also give potential participants a leaflet containing summary information about the study. A member of the research team will then contact fathers to explain and invite them to the study. Consenting fathers will be asked to read a Participant Information Sheet (PIS), complete an Informed Consent Form (ICF) online and complete the baseline assessment. Fathers' consent will include their agreement to being contacted by the research team after completion of the Group. At the end of the 10-week programme the research team will contact participants again to ask for their participation in the post-treatment assessments. Fathers' agreement or refusal to take part in the study will not affect their involvement in the intervention programme.

Some fathers may have low literacy levels. This will be mitigated as the study can be verbally explained by the researchers when seeking the fathers' consent. In all cases, the research team will make themselves available to clarify any questions and offer different formats (online, telephone, face to face) to support participants' decisions about taking part. The research team and the Participant Information Sheet (PIS) will also make it very clear that taking part in the research is voluntary, that participants have the right to withdraw at any stage and that the research team is independent from social services. If participants require additional support, they will be given the option of completing the Informed Consent Form (ICF) with a researcher via Microsoft Teams or in person at the Southwark site.

Fathers who live with a partner (regardless of biological and parental responsibility for his children), will be asked in their ICF if they agree to the research team inviting their partner to the study. If the father agrees with this contact, and provides their partner's contact details (or the partner contacts the research team directly), the research team will contact the partner to invite them to complete a survey relating to family dynamics, whether their partner is violent and their child's wellbeing. If the partner wishes to take part, they will be asked to read a PIS and sign the online ICF before completing the questionnaires. Some partners may have low literacy levels. This will be mitigated as the study can be verbally explained by the researchers when seeking the partners' consent. Partners' willingness to take part in the study will not affect fathers' ability to participate.

For participating fathers who have a child aged 11–12-years-old, the child will also be invited to complete a questionnaire. Only children aged 11 to 12 years will be invited as they are old enough to complete the self-report version of the SDQ to assess their wellbeing. The SDQ is an extensively validated screening tool, widely used by many services including in the community. It has been validated for self-report by children aged 11 and up and we do not anticipate it to cause children significant distress. Nevertheless, children will be able to contact the research team if they need support. To obtain consent for children to participate, fathers will be asked for their permission, in their ICF, for the research team to contact the person with parental responsibility for the child, if that is not himself, to invite the child to the study. The person who holds parental responsibility for the child will be given a PIS and asked to provide consent for their child's participation in the study. The children themselves will also be given an information sheet (which includes contact details of the research team) and asked for assent. If all agree for the child to take part, the child will be given a link to complete the questionnaire. If the child cannot or does not want to complete the questionnaire online, they can be given a physical copy of the questionnaire either via post or via their father when he attends the Group.

While the different versions of PIS and ICF will be available online, the research team will discuss with each participant their preference for completion of the study measures, offering support over the phone, videocall and in person as needed.

Another strand of the study is to gather views from key professional stakeholders. Relevant professionals in Southwark will be invited to do a semi-structured interview about the intervention and the feasibility and acceptability of a future large-scale trial, specifically an RCT. Relevant professionals including social workers, social care team mangers, commissioners, and early help practitioners or clinicians will be identified both with support from the delivery partner as well as the evaluator's own existing contacts.

An online survey will also be sent to local authorities in the country to understand their current service provision for male carers identified as benefiting from parenting support, and gather their views on the value of the Fathers Group intervention programme and feasibility and acceptability of a future RCT. To recruit professionals to this survey, mailouts will be sent via existing mailing lists, existing contacts, and online databases of local authorities' contacts. Professionals from local authorities will self select if they decide to take part, by replying to our expression of interest registration form or direcly clicking on the survey link.

Data collection

Method	Data collection	Sample size	Time point
Survey for fathers	Pre- and post-treatment outcome measures assessing fathers' maltreatment potential, mental health and wellbeing, and parenting, as well as the child's socio-emotional and behavioural difficulties: • Child Abuse Potential Inventory (CAPI); • Clinical Outcomes in Routine Evaluation (CORE-10) • Parental Stress Scale (PSS) • SCORE-15 Index of Family Functioning and Change • Alabama Parenting Questionnaire (APQ; short) • Brief-parental self efficacy scale (b-PSES) • Child's Strengths and Difficulties Questionnaire (SDQ) • Selected questions from University of Rhode Island Change Assessment Scale (URICA); • Fathers' perception of change in their engagement with services and in their understanding of child development. Data will be collected online via MS Forms and RedCAP. Participants will be sent a link to complete the survey. Where participants are not able to complete the questionnaires online at home, they will have the option to complete them in person with the support of a member of the research team during the first and last	48	Baseline and post-treatment. The survey will be shared the week before the first and after the last Group session.

	Group sessions (this is still completed by using the RedCAP form). It is expected the survey will take approximately max. 60 minutes to complete. Fathers will receive a £15 voucher for each set of questionnaire they complete.		
Survey for partners	Treatment outcome measures assessing partners' reported intimate partner violence occurrence and family dynamics, as well as the child's socio-emotional and behavioural difficulties: • SCORE-15 Index of Family Functioning and Change; • Women Abuse Screening Tool (WAST); • Child's Strengths and Difficulties Questionnaire (SDQ). Data will be collected online via MS Forms and RedCAP. Participants will be sent a link to complete the survey. It is expected the survey will take approximately 15 minutes to complete. Partners will receive a £5 voucher for each set of questionnaires they complete.	Estimated approx. 30	Baseline and post-treatment. The survey will be shared the week before the first and after the last Group session.
Survey for older children	Children aged 11–12 will complete a child-report SDQ about their wellbeing online. If the children cannot complete the questionnaire independently they will have the option to complete it with a research assistant online or be given a physical copy of the questionnaire either via post or via their father when he atends the Group. Carers with parental responsibility will be sent a link to share the survey with their child. It is expected the survey will take 10 minutes to complete.	Estimated max. 48	Baseline and post-treatment.
Sub-study: survey for fathers and partners	For one Group cohort only, the same questionnaire measures for father, child and partner will be collected at a third timepoint. Data will be collected online via MS Forms and RedCAP. Participants will be sent a link to complete the survey. It is expected the survey will take approximately 60, 15, and 10 minutes for fathers, parters and children to complete, respectively.	16 fathers; max. 16 carers; estimated max. 16 children	3-month follow-up. The survey will be shared 12 weeks after the last Group session.
Focus group with fathers	Focus groups will be conducted with the fathers, after each of the three cohorts completes the programme. Focus groups will be led by the research team either on site after the last session of the programme, or online. They are expected to take 1 hour, and will be recorded	Max. 48, across 3 focus groups	Post-treatment.

The interview schedule will be designed by the research team in collaboration with the delivery partner and the PPI advisory group.	using Microsoft Teams (if online) or a Dictaphone (if in person). The discussion will focus on the fathers' experience of the programme in relation to its content, relevance, benefits, barriers and facilitators to participation, and participation in the study – to inform issues of acceptability, scalability and implementation of the intervention in a future trial. Given the focus of the programme, sensitive topics may arise, but these discussions will be managed by the research team and to facilitate discussion, only fathers who attended with same Group will be invited to take part in a given focus group. Fathers will receive £10 for taking part in a focus group.		
Interviews with fathers The interview schedule will be designed by the research team in collaboration with the delivery partner and the PPI advisory group.	Fathers declining to take part in the focus group will be invited to an individual interview. Also, fathers dropping out from the Group will be invited to an individual interview to understand their experience and barriers to participation. Interviews will be conducted by the research team either online via Microsoft Teams or in person at the delivery site. These interviews are expected to last approximately 20 minutes, but could be briefer (e.g. if a participant who has dropped out is willing to explain the reasons for that but does not want to expand in detail). Following qualitative data collection from the first cohort, data collection strategies for the remaining participants will be reviewed (e.g. based on attendance to the focus groups and detail provided by participants, are we able to collect sufficient data via the focus groups or require more individual interviews). Interviews will be recorded using Microsoft Teams (if online) or a Dictaphone (if in person). Fathers will receive £10 for taking part in an interview.	Max. 48	Post-treatment.
Interview with professionals in the local authority The interview schedule will be designed by the research team in collaboration with the delivery partner	A range of key stakeholders such as parenting practitioners, social work team managers (e.g., children in care team and child protection team) and other decision makers in the participating site will be invited to 1:1 interviews about their views of the programme, the local authority provision, and the constraints of a future large-scale trial of this kind (including views on randomisation). Potential participants will be identified with the support of the delivery partner. Interviews will be conducted by the research team either online via Microsoft Teams or in person at the	Approx. 10	During 2024.

and the PPI advisory group.	delivery site. These interviews are expected to take approximately 30-60 minutes. Interviews will be recorded using Microsoft Teams (if online) or a Dictaphone (if in person).		
Survey to local authorities in the UK	An online survey using MS Forms will be disseminated to local authorities in the UK. We will use existing professional network newsletters, existing contacts, and online databases to disseminate this survey. The survey will assess offer and gaps in current service provision and interest in the Fathers Group, as well as views about a future large-scale trial of this kind. It is expected the survey will take approximately 15 minutes to complete.	Target min. 30 responses	During 2024.
Administrative data	Administrative data including: children's social care involvement, parental responsibility and contact with children, and domestic abuse records, during the study period will be collected in two stages. The first is for fathers who take part in the Group, where social care notes will be accessed by the delivery partner and the information that is collected is pseudonymised before being shared with the research team. The second is for fathers who are referred to the Group but do not end up taking part, where group-level, fully anonymised data will be collected by the delivery partner and shared with the research team for analysis.	48 + approx. 40	September 2023 –July 2024.
Process data	Numbers of participants contacted, consenting, attending, etc. will be recorded by the delivery and research teams. Detailed information about the programme content and the training requirements of Group facilitators will be collected from the delivery team.	Approx. 80	September 2023 – July 2024.
Intervention delivery and fidelity	The delivery team will record and share session logs for all sessions of the three cohorts, to allow treatment description and testing of feasibility of fidelity checks.	48	September 2023 – July 2024.
Cost-evaluation data	Estimated costs of the Group will be obtained from the delivery partner. Care As Usual (including alternative and/or competing services) will be collected from interviews with fathers,	N/A	2023 – 2024.

interviews with professionals, and local authorities' survey, as well as a literature search.

Analysis

Feasibility parameters (means, proportions and variance estimates) will be calculated, using data from self-report questionnaire measures, administrative and process data. The responses from the scoping survey with local authorities will be summarised in tabular form.

Interviews and focus groups with fathers and professionals will be audio-recorded, transcribed and pseudonymised prior to analysis. Transcripts will be analysed using framework analysis, which allows a combination of pre-defined and emergent categories (Parkinson et al., 2016; Ritchie & Spencer, 1994), using an adapted version of the Experience of Therapy and Research Interview (Midgley et al., 2014). The final report will describe the key themes using quotations to illustrate the findings.

The detailed analysis plan that follows is organised by research question (RQ), even though there is overlap between some of the questions and the indicators to answer them.

RQ1. Is it possible to recruit and retain participants to an evaluation of the Fathers Group and collect quality outcome data?

Key feasibility parameters will be calculated based on proportions and 95% confidence intervals (CIs). First, to test the feasibility of recruiting/consenting fathers to the study, we will calculate: (i) the proportion of cases with successful contact to invite to Group, from those referred (target referrals received n = 80); (ii) the proportion of cases agreeing to take part in Group and proportion attending first session, from those contacted (target recruited to Group n = 60, target attending n = 54); (iii) the proportion of cases consenting to enter study from those receiving the Group (target recruited to study n = 48).

To establish the feasibility and acceptability of baseline and outcome assessments, we will calculate proportions and 95% CIs of: (i) cases completing baseline assessments, from those recruited to study; (ii) cases completing post-treatment assessments, from those recruited to study; (iii) cases completing follow-up assessment, from the subset of participants invited to a 3rd time-point. Data completeness will be reported based on proportion of cases with complete data and percentage of data completeness for key outcome measures, as well as patterns in data missingness. Acceptability of the outcome measures will be further examined in the qualitative interviews about participants' experience.

To test the feasibility of recruiting/consenting fathers' relatives to the study, proportions and 95% CIs will be calculated for: (i) fathers with a resident partner/ child consenting for them to being invited to study; (ii) proportion of eligible partners/children consenting to study; iii) proportion of consenting partners/children completing baseline and post-treatment outcome measures.

The relative success of different modes of data completion and the required support for completion will be documented.

Recruitment pathways and demographic characteristics of participants will also be summarised to document the recruitment process.

RQ2. Are the outcomes quantifiable?

In addition to consideration of the completion rates described above, the ability of measures to detect change, ceiling/floor effects in questionnaires, and participant feedback from qualitative interviews, will be synthetised to preliminarily identify the most appropriate primary outcome. We will also explore the evidence of the promise of the intervention to affect behaviour and symptom change by presenting pre/post-treatment differences (with confidence intervals).

We will further obtain the distribution and initial estimates of variance of key outcome measures for power analyses to estimate the sample size needed for a future trial.

RQ3. Is the programme acceptable to fathers and the network of professionals around them, and is it generalisable?

We will document intervention throughput, based on proportions and CIs of: i) cases in Group completing intervention (definition of completing = 70% of offered sessions); ii) cases accessing the pro bono solicitor. We will also report dropout reasons. To further understand the intervention delivery we will document contacts between facilitators and fathers (mode, frequency and reason). The intervention acceptability will further be assessed in the qualitative interviews with fathers and network of professionals for client experience of the programme.

To establish the feasibility of generalising the intervention, we will: i) document the intervention content and facilitators' training requirements; ii) identify processes for fidelity checks in a future trial; iii) investigate the perceived relevance of this intervention to professionals and facilitators and barriers to recruitment and retention, based on qualitative interviews with professionals; iv) scope other local authorities' provision and interest in intervention, and acceptability of a future RCT, based on scoping survey.

RQ4. Is a cost evaluation feasible and what are the recommended procedures to calculate it?

To explore the feasibility of conducting a cost evaluation in a future trial, we will: i) document "care as usual" for fathers taking part in the study, using administrative data; ii) scope comparable offers in other local authorities, via the stakeholders' survey; iii) scope costs of this intervention and comparable programmes, based on process data, professionals' interviews, and literature search.

RQ5. What is the most suitable design for a future large scale trial? Is randomisation feasible and acceptable?

To establish the feasibility and acceptability of a future trial, we will take into consideration the recruitment flow and results from the proportion tests above, particulary regarding referrals, recruitment and completion rates. Stakeholers' views regarding the relevance and barriers to generalising this intervention and a future evaluation in a RCT will also support recommendation for the design of a future trial.

A recommendation regarding the feasibility of a future trial will be reached based on overall study findings.

Project management

Personnel

Delivery team:

- Ben Campbell, Parenting Practitioner, Southwark Family Early Help – Group intervention facilitator and support to evaluation.
- Victoria Agnew, Head of Family Early Help Service, London Borough of Southwark – institutional support to Group and study.

Evaluation team:

- Dr Paula Oliveira, Child Attachment and Psychological Therapies Research Unit (ChAPTRe), Anna Freud – Principal Investigator.
- Dr Saul Hillman, ChAPTRe, Anna Freud – Co-Investigator.
- Dr Michelle Sleed, ChAPTRe, Anna Freud – Co-Investigator.
- Prof. Nick Midgley, ChAPTRe, Anna Freud – institutional support as director of ChAPTRe.
- Meryl Westlake, Anna Freud – Research Officer.
- Research assistant(s) TBC.

Timeline

Dates	Activity
May – June 2023	Submission of ethics application. Data governance set up. Study design agreed between partners.
June – August 2023	Set up advisory group. Data collection set up. Protocol finalised and published. Draft fathers interview schedule.
September 2023	Recruitment of first cohort. Baseline data collection of first cohort.
December 2023	Post-treatment data collection of first cohort.

January 2024	Recruitment of second cohort. Baseline data collection of second cohort.
February – March 2024	Draft professionals interview schedule. Recruit professionals for interviews. Design local authorities survey. Disseminate survey. Post-treatment data collection of second cohort.
April – July 2024	Recruitment of third cohort. Baseline data collection of third cohort. Run interviews with professionals. Continue collecting survey responses from local authorities. Post-treatment data collection of third cohort.
August – October 2024	Conclude data collection from all strands. Conduct literature search to inform future cost analysis. Qualitative and quantitative data analysis.
October 2024 – February 2025	Data analysis finalised. Final report and outputs.

Risks

	Column title
Possibility of not reaching recruitment targets	The risk of recruitment difficulties is low for this study as the intervention delivery partners are collaborating with the evaluation team to support recruitment. They have extensive experience recruiting fathers to take part in the Group and in a previous initial evaluation of the intervention. The Group will be delivered over three cohorts, allowing learning from the first to inform the subsequent approach to recruitment for the remaining cohorts. The delivery partner will advertise the Group amongst referrals early and with additional resources.

	The research team will work with the delivery partners to support recruitment efforts (e.g., by creating a study leaflet). We will also use a flexible and compassionate approach to data collection to fit around the needs of the father and make the process accessible for them. **Low risk.**
Potential for high level of attrition and missing data	Previously, approximately 70% of fathers have completed the Group which suggests low rates of attrition can be expected. However, there is still a risk that they drop out of the Group and given the additional burden of taking part in the research, and the repetition of assessments for at least a second timepoint, there is a chance some may choose to withdraw from the study. We have several measures in place to mitigate this risk. Our team has extensive experience of working with similar populations and achieving good levels of data completion, which will be facilitated further by the delivery partners being well integrated in the local authority. The study also aims to triangulate between a range of information sources, therefore a lower response rate among some participants should not have a major overall impact on the ability of the study to achieve its aims. In addition, participants will receive vouchers for their time each time they complete pre- and post-treatment assessments, and will be allowed to choose their preferred mode of data collection. Medium/Low risk.
Low engagement of local authority professionals	For the interviews with stakeholders at Southwark, we will opt for individual interviews to allow us to accommodate professionals' busy schedules. Offering both face to face and online modalities will also make these assessments more flexible and convenient to participants. For the online survey to local authorities across the country, we will use a range of dissemination channels to maximise the numbers of professionals seeing the survey invitation. We will make the invitation attractive, and the actual survey will be kept short. Low risk.
Heavy reliance on a single practitioner for delivery of the Group intervention	Currently, the intervention is delivered by one practitioner (with support from additional facilitator(s)) and there is heavy reliance on him to recruit and facilitate the Group. This creates a risk for the sustainability of the programme if this practitioner became unavailable to deliver the sessions. The additional risk that this creates for a future scaling up of the intervention will be further investigated and mitigated in this study, by collecting more detailed information about the programme and the training requirements of additional practitioners for a future large-scale trial. Medium risk.
Lack of definition of the intervention	As a non-manualised and not previously published intervention, there is a risk that the programme will fail to be systematically replicated in other sites. To mitigate this risk, an intervention protocol is being developed by the delivery partner, and the research team will collect detailed information about the delivery of the sessions to inform fidelity checks in a future trial. **Low risk.**
Data collection from the child and partner	There is a possibility that partners and children decline taking part in the research, particularly if their relationship with the fathers are strained. To encourage partners' participation, partners will receive vouchers for their time

	completing each set of questionnaires. In addition, limited outcome measures will be collected from the partner and child, to decrease participant burden. Again, a flexible and compassionate approach to data collection will be used to facilitate trust and accommodate the needs of participants. **Low risk.**
Research team becoming aware of elevated distress from parents or children	If parents or children are experiencing elevated distress (e.g., CORE-10 or SDQ symptoms in the clinical range), the research team will write a summary report to the referrer so that appropriate referrals or support can be put in place via the social worker. Researchers will not be able to check the questionnaire responses immediately after completion. When participants' responses are checked and they indicate elevated distress, the researchers will also contact the participants via email or phone to remind them of the available sources of support, including how to access immediate support if needed. If relevant, safeguarding procedures will be followed. **Medium/Low risk.**
Safeguarding concerns	The Groups and the evaluation study will be conducted in the CSC setting, where participants will be referred by the social workers themselves. Therefore, participating fathers and their families will be known to the social workers and already be engaged with CSC when invited to the study. Social workers that will become involved in the study have existing training in safeguarding and risk management as part of their job. Moreover, the intervention is being delivered by practitioners who are experienced working with this population and are embedded in the local authority's Family Early Help Parenting Service. As part of this research project, we have established safeguarding procedures, including identified safeguarding leads in each of the partners – which will be followed whenever necessary. **Medium risk.** Safeguarding risks to the research assistants when conducting in-person assessments will be mitigated by doing these assessments at the same venue as the Group or another appropriate venue of the local authority, within working hours; home visits will not be offered. **Low risk.**
Partners being unable to complete questionnaires with confidentiality and safety, and/or giving rise to safeguarding concerns	There is a risk that partners' responses to the questionnaires might not be honest, if they do not feel safe enough to do so. This risk is inherent to this type of study but mitigated by the option that is given to participants to choose their preferred method of completion. Safegarding concerns may still arise (e.g., from scores on IPV questionnaire), and if they do they will be dealt with by following the procedures agreed between the project partners which includes contacting the relevant safeguarding leads. In addition, partners' PIS contains contact details to domestic violence support services. **Medium risk.**

Compliance

Registration

This study will be registered with the Open Science Framework (OSF).

Ethics

Ethical approval will be obtained from UCL Ethical Review Board before recruitment commences in September 2023.

Consent

The study will be explained to all participants clearly and in an accessible way to them, using the information sheet as well as explaining verbally as much as it is required for each case. The research team will contact interested fathers to explain the study in detail and send them the participant information sheet (PIS). This contact will be attempted over the phone, which can be followed up by further telephone contacts, email, videocall, or in person at the first Group session. Participants will have the chance to ask questions at these various stages and in different modalities. The actual signing of the consent form will be done online using Microsoft Forms, though it may be done with the support of a research assistant in person.

Right to withdrawal

Participants will be informed (in the PIS and ICF) of their right to withdraw from the study at any time without giving a reason and without the care they or their child(ren) receive, or their legal rights, being affected. If they wish for their personal data which has already been collected to be deleted, they must inform the research team of their decision to withdraw in the period of 2 weeks from completing their assessments. Partners or children's refusal or withdrawal of participation does not affect fathers' participation in the study or Group. Fathers' refusal or withdrawal of participation in the study does not affect their participation in the Group.

Protecting participants and researchers from harm

The research team are highly experienced in conducting research with vulnerable participants, including those involved with Children's Social Care (CSC), and have established ethically approved standard operating procedures for working with this population. For this specific study, any safeguarding concerns will be reported to and addressed with the support of the safeguarding leads at Anna Freud, Southwark CSC, and Foundations. This could include father, partner, or child's reports in the questionnaires, participants' communication to the researchers, or researchers' observations. In addition, if any participating parents or children are experiencing elevated distress (e.g., CORE-10 or SDQ symptoms in the clinical range), the research team will write a summary report to the referrer so that appropriate referrals or support can be put in place via the social worker.

The Group intervention and the evaluation study will be conducted in the CSC setting, where participants will be referred by the social workers themselves. Therefore, participating fathers and their families will be known to the social workers and already be engaged with CSC when invited to the study. Social workers that will become involved in the study have existing training in safeguarding and risk management as part of their job. Moreover, the intervention is being delivered by practitioners who are experienced working with this population and are employed by the local authority's Family Early Help. Accordingly, it is unlikely that any existing safeguarding

concerns will only become apparent as part of families' participation in the study. If they do, we will work closely with the safeguarding leads and the family's social worker to address them promptly and appropriately.

Participants will not be disadvantaged for taking part in the study. Parents who decline to participate in the study will still be able to take part in the Group intervention and will still receive care-as-usual from their local services. Some questionnaires ask about parents' wellbeing, parenting experiences, and violence, which can be sensitive, embarrassing and upsetting. Participants may choose to complete these without the presence of a researcher, or to skip items altogether. If in the presence of a researcher, the team will attempt to make participants at ease and interact with them in a compassionate and sensitive manner. All the members of the research team are highly experienced in working with vulnerable adults and research assistants will receive further training and support to work with this population in this study.

We will monitor adverse events about the father, their partner, or child(ren), such as new allegations or termination of parental rights. When appropriate (if it is likely that it may be related to the study), adverse events will also be reported to the Ethics committee.

There is a potential risk to the safety of research assistants who collect face to face data from participants. To mitigate that risk, assessments will be done at the same venue as the Group intervention sessions, or another appropriate venue of the local authority, in the presence of other research assistants as well as local staff and within working hours. Home visits will not be offered.

Confidentiality

All collected data will be kept confidential and stored in a pseudonymised or, when possible, anonymised, format throughout the study. Identifiable information (e.g. names and email addresses) will be kept separately from research data that will be used for analysis. For interview recordings, after transcription, data will be pseudonymised and the audio recordings deleted. All data will be kept secure in a local network drive and only accessible by the research team.

Data shared between the delivery partner and the research team will follow the procedures agreed in the DPIA and Data Sharing Agreement. This data will be shared in an anonymised or pseudonymised format.

During the focus groups, efforts will be made to ensure the confidentiality of those taking part. To do this, the importance of confidentiality will be explained at the start of the focus group. When reporting the research findings all data will be anonymised to prevent identification of participants.

All identifiable data will be deleted up to one year after the end of the study.

Data security

The study will take place in the United Kingdom and will comply with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. All systems and servers utilised by the web-based platforms used in this study are located within the EEA. A DPIA details all key data governance processes used in this study, and a data sharing agreement between all three organisations has been agreed based on it. Only members of the research team, who are all trained in information governance and DBS checked will have access to the data. Identifiable data, including signed consent forms, will be kept for up to 1 year after the end of the study.

Only non-identifiable data can be made available to other researchers in future.

Data Protection

Our overarching 'Research Data Protection Statement' is available here. The below is specifically relevant to the project to which this document applies. Any questions about this section can be submitted to dpo@foundations.org.uk with reference to the Data Protection Identifier (DPID) found in the table below.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	3044
DPIA outcome/ risk level	High/Medium/Low
Type of data processing	Use (and share)
Categories of data subjects	List
Privacy notice	Link to PN
Personal data	
Lawful basis	Performance of a task carried out in the public interest.
Justification for the lawful basis	Public Task as transferred by funder
Special category data	
Lawful basis	Legitimate Interest
Justification for the lawful basis	For scientific and historical research or statistical purposes.
Roles	

Data controller(s)	Joint data controllers are Foundations and Anna Freud.
Data processor(s)	Southwark Family Early Help.
Data sharing mode	A secure portal and/or encrypted email
Archiving	
Archiving	Y
Archive used for this project	Foundations/other
Linking to NPD and use of SRS	
Name of the organisation(s) submitting data to the NPD team	List organisations
Name of the organisation(s) accessing the matched NPD data	List organisations
Retention and destruction	
Expected date of report publication	February 2025
Expected date of data destruction	February 2035

If you are looking for further clarification regarding our data protection notification requirements they will either be found in the project specific Data Privacy Notice and/or our Privacy Policy on our website. If you have any further questions around either of these please submit them to dpo@foundations.org.uk with a reference to the Data Protection Identifier (DPID) found in the above table.

References

Cabrera, N. J., Cook, G. A., McFadden, K. E., & Bradley, R. H. (2011). Father residence and father-child relationship quality: Peer relationships and externalizing behavioral problems. *Family Science*, *2*(2), 109-119.

Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children's development. *Child Development Perspectives*, *12*(3), 152-157.

Dagan, O., & Sagi-Schwartz, A. (2018). Early attachment network with mother and father: An unsettled issue. *Child Development Perspectives*, *12*(2), 115-121.

Dorsey, S., Forehand, R., & Brody, G. (2007). Coparenting conflict and parenting behavior in economically disadvantaged single parent African American families: The role of maternal psychological distress. *Journal of Family Violence*, *22*, 621-630.

Flouri, E., & Buchanan, A. (2004). Early father's and mother's involvement and child's later educational outcomes. *British journal of educational psychology*, *74*(2), 141-153

Lamb, M.E. & Lewis, C. (2011). The role of parent–child relationships in child development. In *Developmental science* (pp. 477-526). Psychology Press.

MacAlister, J. (2022). *The independent review of children's social care: Final report*. https://childrenssocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf

Owen, J., & Rhoades, G. K. (2012). Reducing interparental conflict among parents in contentious child custody disputes: An initial investigation of the Working Together Program. *Journal of Marital and Family Therapy*, *38*(3), 542-555.

Palkovitz, R. (2019). Expanding our focus from father involvement to father–child relationship quality. *Journal of Family Theory & Review*, *11*(4), 576-591.

Schoppe-Sullivan, S. J., & Fagan, J. (2020). The evolution of fathering research in the 21st century: Persistent challenges, new directions. *Journal of Marriage and Family*, *82*(1), 175-197.

Tach, L., Edin, K., Harvey, H., & Bryan, B. (2014). The Family-Go-Round: Family Complexity and Father Involvement from a Father's Perspective. The ANNALS of the American Academy of Political and Social Science, 654(1), 169–184. https://doi.org/10.1177/0002716214528655