

**What is the perceived impact of Peer
Parental Advocacy on child protection practice? A pilot evaluation
CASCADE, Cardiff University**

Pilot Evaluation Summary	
Intervention Developer	Camden Children's Services
Delivery Organisations	Camden Children's Services
Evaluator	Children's Social Care Research and Development Centre (CASCADE), Cardiff University
Principal Investigator	Dr. Clive Diaz
Protocol Author(s)	Dr. Clive Diaz, David Westlake, Lilly Evans
Pilot Intervention Recipients	Parents of children receiving support from Camden Children's Services
Pilot Evaluation Participants	20 parents of children currently involved with Camden Children's Services, 10 Child Protection Social Workers and manager, 10 Peer Parental Advocates.
Number of Pilot Sites	1 site – Camden Council
Protocol Date	October 2021
Version	1

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Summary

This study is a pilot evaluation of peer parental advocacy (PPA) in child protection. This research study begins in September 2021 and will end in August 2022. PPA aims to support parents who are engaged with the child protection process, through advice and advocacy, and helps them play a meaningful role in decision making about their children. The study will take place in Camden Council's children's services department, where the use of PPA was recently highlighted by the Independent Review of Children's Social Care (IRCSC; 2021) as an example of innovative practice.

The study will be a mixed-method realist evaluation. We will co-produce a programme theory with parents, parent advocates, social workers and stakeholders about what constitutes effective implementation of PPA. This will illustrate how PPA works, and ways in which it may help parents. Development of the programme theory will be an iterative process which aims to make explicit the underlying causal mechanisms and patterns of outcomes associated with the implementation of PPA. It will also explore the role of context, and clarify the contextual factors that enable or block desired outcomes.

The overall aims of this pilot evaluation are to a) understand how PPA works in Camden and b) whether or not this PPA service is perceived to affect decision making and relationships between social workers and families, and if so, how. We will also consider other factors such as how to best recruit, train and support PPAs. In addition to supporting the development of PPA in Camden, the study will inform other local authorities who are developing or considering PPA. More broadly, the findings will inform future decisions about whether to trial and evaluate PPA on a larger scale. As such, one aspect of the study will focus on considering the potential ethical and practical issues of such a scale-up, through delineating key aspects of the intervention and clarifying the outcomes it may lead to.

Background and Problem Statement

It is increasingly clear that parents find the child protection system to be difficult and at times stigmatising and authoritarian (Diaz, 2020, Gibson, 2017). Research highlights that parents often perceive childcare social workers as being highly critical towards them and find child protection conferences in particular to be disempowering and at times oppressive (Corby et al, 1996, Cleaver et al, 2007, Muench et al, 2017, Gibson, 2017, Diaz, 2020).

PPA¹ is becoming increasingly prominent as a potential solution to issues relating to engagement of parents, challenges within relationships between parents and social workers, and feelings of oppression and shame parents involved with the children protection system often face. PPA schemes have been implemented across several local authorities in England recently, such as Southwark, Bristol, Bath and North East Somerset, Camden (Camden Family Change Makers project). Moreover, the IRCSC identifies it as a promising approach to avoiding court proceedings, noting the “potential of parent advocacy and co-production in child protection to reduce adversarial practice and avoid unnecessary escalation” (MacAlister, 2021, p47).

However, there is scant research regarding PPA in the United Kingdom, not least because there are still relatively few PPA services in the UK and most of those that do exist have only recently been established. Much of the research undertaken on PPA has been in the USA, and this has documented the efficacy of peer parental advocates in supporting parents to have a meaningful voice in decision making. This, in turn, has been shown to reduce the need for children to enter state care (Tobis, 2014, Tobis and Bilson, 2020, Merkel-Holguin et al, 2020).

Nonetheless, applying these findings to the UK context is not straightforward. Fitt et al (2021, p.8) have argued that tensions and difficulties with parents’ experiences of

¹ The term Parent Peer Advocate (PPA) will be used within this protocol. In various contexts, PPA is also referred to as peer mentor, parent partner, peer advocates, parent advocate.

engagement with the child protection system, which PPA is purported to improve, is a “transnational problem...and remarkably similar regardless of country”. This makes it important to explore whether approaches such as PPA, which appear successful elsewhere, can be beneficial in the UK.

In summary, against the backdrop of promising international literature regarding the positive impact of PPA, there is a need to research it in England to test it in the current context. This study will therefore assist parents, families, policy makers, senior managers and practitioners in gaining a greater understanding of whether there is evidence of promise for PPA services. The study also aims to understand whether PPA can improve parents’ ability to play a meaningful role in decision making and potentially improve relations between parents and social workers.

Intervention

What is Parental Peer Advocacy?

Tobis, Bilson, and Katagampula (2021) who have led studies and been involved in implementing PPA in different parts of the world identify three types of PPA. Firstly, **case advocacy**. This involves a PPA offering support, guidance, and information to help a parent currently involved with child protection services to participate and navigate the system. Activities of the PPA in a case advocacy role include regular telephone contact, attendance at meetings – helping before, during and after, providing information about rights or services, support to access groups, and ensuring their views and wishes are heard and respected.

Secondly, **program advocacy**. This involves trained PPA’s being involved in designing, shaping, and delivering programmes designed to help parents care for their children or make changes to enable their children to be reunified to their care.

Thirdly, **policy advocacy**. This involves acting politically to instigate change, participating on government boards, attending conferences, teaching in social work courses and *'working at the grassroots and community levels to organize and advocate for change'*. (Tobis, Bilson and Katakampula 2021, p.20).

Most of the research has focused on the first two of these three types of parental advocacy. In terms of reviewing aims and intended outcomes of PPA, Berrick et al (2011) make a useful distinction between proximal and distal goals that will be applied in the current study. The proximal goals are to help parents understand how to effectively engage in children's services; increased motivation to access support and understand the implications of their actions, or inaction; benefits to the advocates; and improved relations between social workers and parents. The distal goals are to reduce maltreatment, reduce the need for children to be placed into alternative care, and improve the likelihood of reunification when children have been removed.

There is some evidence that PPA can achieve these goals. Research by David Tobis found that parental advocacy services played a major role in reducing the numbers of children in care in New York from just under 50,000 in 1992 to fewer than 8,000 today (Tobis 2020).

Proponents of PPA argue that it can contribute to resolving some of the longstanding challenges within children's services of effective and meaningful participation by parents in decision making. Furthermore, PPA is an opportunity to utilize hitherto untapped, unrealized potential from parents who have experienced the system, whereby they can significantly help others whilst simultaneously developing their own skills, knowledge, and confidence (Tobis and Bilson 2020).

During this initial process we are aiming to understand whether PPA enables parents from different backgrounds, some of whom may be facing complex issues such as mental illness, substance misuse or domestic violence, to be supported in decision making when childcare social workers are working with the families.

PPA in Camden

In 2014, The Family Advisory board was formed in Camden as a way of learning from people in the community who had experience of using Camden's children's services. In 2016, the first learning exchange workshop, "Empowering Families", was co-produced and delivered by a member of the community who had lived experience of the child protection system. Camden children's services are committed to giving parents and families the opportunity to share their experiences with professionals, which enables constructive conversations to take place in relation to safeguarding children and inclusivity of parents in these processes. In 2016, Helping Hands was set up to match parents with experience of family group conference with other parents at the beginning of their journey who may need some support and understanding around the process. In 2017, Independent Family Group Conference (FGC) Co-ordinators started to provide advocacy for parents in child protection conferences. To date, FGC Co-ordinators, some of whom have lived experience of the child protection system, have attended and supported over 60 parents at child protection conferences.

Camden Safeguarding Board addressed the importance of these conversations between parents and professionals, by using Camden Conversations to start a participatory research project, set up in 2018, with the aim of finding new responses to protecting children and supporting families.

Through the research of Camden Conversations' research project, they found that parent-led advocacy could provide cohesion between the role of the parent and the role of the social worker; empowering families with invaluable knowledge and encouraging parents to engage with social workers.

In 2019, peer parental advocacy was set up in Camden. The London Family Group Conference learning partnership have developed an OCN accredited qualification in parent advocacy. Parents from different local authorities in London have completed

the qualification in a first cohort of advocates, demonstrating the value of lived-experience peer support within the child protection system. The peer parent advocates are being supported by FGC co-ordinators, who have experience of carrying out parent advocacy in child protection work and some also have lived-experience of the system. There are currently 13 FGC co-ordinators and 4 peer parental advocates supporting parents in Camden.

Research questions

The overarching aim of this project is to understand the role of PPA in Child Protection practice and how it is perceived by staff and families to affect child protection practice and, in particular, decision-making processes. The following research questions are designed to address this:

- 1) What are the key ingredients of the PPA service in Camden?
- 2) What are parents' and professionals' experiences of the PPA service?
- 3) What potential impacts (both positive and negative changes) do parents and professionals who work with PPAs identify?
- 4) Is it feasible to carry out an experimental or quasi-experimental evaluation of PPA in the future and if so, what would the key considerations for designing such a study be? (e.g., what are the outcomes of interest? How clearly defined is the intervention?)

The table below sets out the planned indicators which will be used to answer the proposed research questions.

Table 1: Areas of enquiry and methods used

Research question	Indicator/s	Method
<p>1) What are the key ingredients of the PPA service in Camden?</p>	<ul style="list-style-type: none"> ● Number and characteristics of parents that PPAs have worked with (demographics, referral source and reason) ● Recruitment and training of advocates ● Supervision and support offered to advocates ● Nature and boundaries of the role ● Contact time with parents and families. 	<ul style="list-style-type: none"> ● Administrative data ● Administrative data ● Interviews with advocates, parents and professionals ● Interviews ● Observations of Child Protection Conferences (CPCs) and other

		key child welfare meetings.
2) What are parents' and professionals' experiences of the PPA service?	<ul style="list-style-type: none"> • Parents' reported experiences of the PPA service and their experience of their relationship with the social worker, decision making and the support provided. 	<ul style="list-style-type: none"> • Interviews with advocates, parents and professionals
3) What potential impacts (both positive and negative changes) do parents and professionals who work with PPAs identify?	<ul style="list-style-type: none"> • Levels of engagement (Working Alliance Inventory; WAI) • Overall impressions of PPA reported by parents • Qualitative perspectives on relationships between parents and social workers. • Parental experiences of Child Protection Conferences (CPCs) • Support for PPAs and overall delivery of the service • Dynamics of CPCs 	<ul style="list-style-type: none"> • Interviews with advocates, social workers, and senior managers • Observations of CPCs and other key child welfare meetings.

focused on the implementation of a new programme across one local authority site with specific historical, geographic, and demographic context.

We will co-produce a theory with parents, parental advocacy workers, social workers and stakeholders about what works to ensure effective implementation of the project. In line with the realist approach, we will explore implementation in terms of which people benefit, which people and under which circumstances. This theory will help us gain an understanding of some of the critical contextual factors that enable or block desired outcomes and which key aspects of local setting need to be addressed to create a facilitative context for an effective parental advocacy service.

Research Site

We will carry out fieldwork in Camden. Camden was selected as they were one of the first local authorities to set up a PPA service in England. Camden is an inner-London borough in the North of the city which has a mixed levels of deprivation and a diverse population. Thirty-one percent of children living in Camden reside in low-income families (Ofsted 2017). Children and young people from minority ethnic groups account for 50% of all children living in the area, compared with 21% in England as a whole (Ofsted 2017).

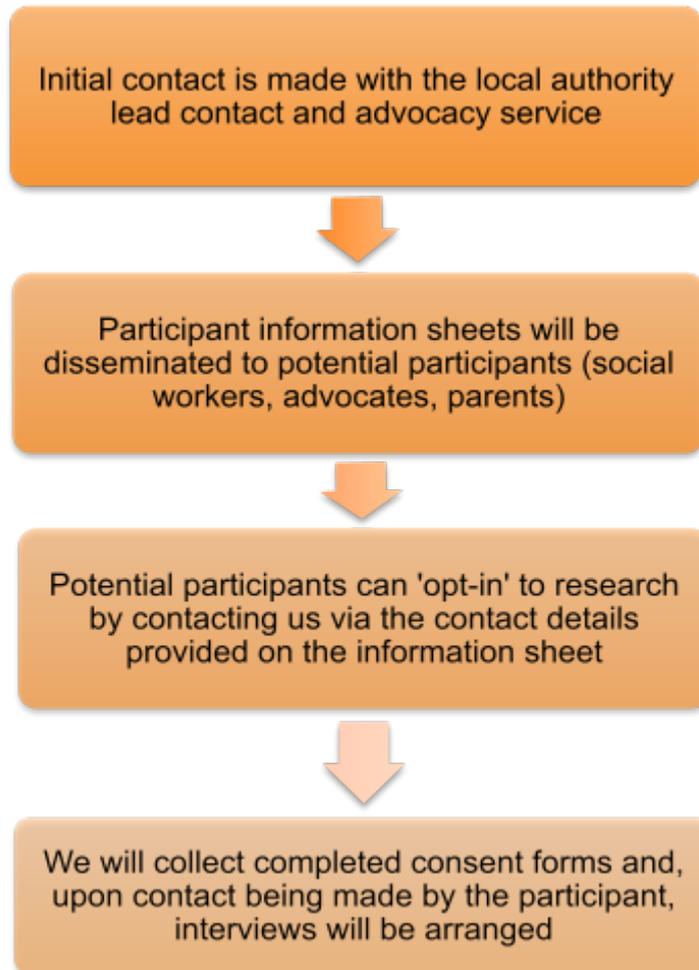
Recruitment

The local authority and the peer advocacy service will act as a gateway to the recruitment of participants. We will provide a detailed outline of the research project in the form of an information sheet written in accessible language. We have already drafted these sheets and have ethical approval from Cardiff University (SREC reference: 28). The information sheet includes an overview of the research, the aims and objectives of the study and will highlight that participants can withdraw from the research at any time prior to data analysis starting. This information sheet will then be shared by the lead contact for each local authority to social workers who have experience of working with a peer parental advocate. The information sheet will also be shared by the staff at the peer parental advocacy service to peer advocates and

parents who have been supported by a peer parental advocate. We will have an 'opt in' policy whereby participants can contact us if they are willing to take part in the study, and our contact details will be available on the information sheet. To ensure that we can still recruit a suitably sized sample, we will ask the peer parental advocates to talk to the parents about the study. Where possible, peer parental advocates can support the parents to make contact with us. We will aim to complete all interviews by May 2022.

We will make contact with parents only via the lead contacts at the local authorities and advocacy service, there will be no direct initial contact between researchers and parents, professionals or advocates. We will not be given participant contact details or any other personal information without their prior consent via the contacts.

Flowchart 1: Recruitment of participants



Sampling

The local authority and advocacy service will be provided with participant eligibility criterion, i.e., parents who have been supported by parental advocates, peer advocates and family group conference co-ordinators who have supported parents in child welfare meetings, senior managers involved in parental advocacy and social workers who have experience of working with peer parental advocates. Sampling of participants will be purposive and led by the developing programme theory. Individuals will be selected on the basis of their potential to shed light on areas of key interest as well as gaps in understanding in relation to how peer parental advocacy works with parents.

Initially, by the end of December 2021, we will aim to complete interviews with 10 parents, 5 peer parental advocates/FGC co-ordinators (who act as parental advocates) and 5 social workers/managers. We will then continue to recruit further parents, professionals and advocates from January 2022 until May 2022 and carry out interviews/focus groups with a further 10 parents and 10 professionals by the end of that period.

The inclusion criteria for participants will include parents who have been supported by PPAs, PPAs who have supported parents and senior managers and social workers who have experience of working with PPAs.

Data collection

Interviews

Interview data may be collected via online software (e.g., Teams) or, in person via a recording device which will be password protected or by phone interviews. The method of data collection will be dependent on the preference of the participant and any potential barriers which may arise due to the Covid-19 pandemic.

If an interview is being carried out via a virtual platform, we will use the recording functions of this online software (e.g., Zoom or Microsoft Teams) to prevent any technical or information security issues that may arise from using speakers (and not headphones) to record with an external device (e.g. losing sound quality in the recording process, having people external to the research group accidentally listening to the interviews, etc.). Recordings will be stored in the cloud and only their audio files will be extracted for us to transcribe. Verbal consent will be stored separately and stored in a separate folder with written consent. If an interview is being carried out in person, a separate recording device will be used and any audio files will subsequently be uploaded and stored within the cloud. If phone interviews are carried out, then we will record the interviews on a separate password protected device.

Observations

We will observe 10 child welfare meetings including child protection conferences. These observations will consider the way in which parental advocacy impacts on meeting dynamics and parents' ability to play a meaningful role in decision making.

Administrative data

We will work with Camden Children's Services data team to access administrative data relating to a number of key points such as how many parents are supported by peer parent advocates each year and how many child welfare meetings (both child protection conferences and child in need meetings) parental advocates have attended.

We will use anonymised administrative data collected by the site in relation to the whole cohort of families involved with the project. We will collect the following types of administrative data: child and participant demographic data; key parent history and risk indicators; start and end intervention dates to help gain an understanding of the particular characteristics of the families that access support from peer parental advocates.

Table 2: Summary of data collection methods

Data Collection Method	Sample Size	Collection Timeline
Interviews	20 parents, 10 peer parental advocates and 10 social workers/managers	October 2021 – May 2022 During the initial development of the programme theory, we aim to complete the initial

		<p>round of interviews between November 2021 and December 2021.</p> <p>In the stages of testing the programme theory, we aim to complete the final round of interviews between January 2022 and May 2022.</p>
Observations of Child Protection conferences	<p>10 CPCs will be observed.</p> <p>We will be observing interactions within the conferences, between parents, professionals and advocates at the Child Protection conferences.</p>	<p>October 2021 – May 2022</p> <p>During the initial development of the programme theory, we aim to complete the initial round of observations between November 2021 and December 2021.</p> <p>In the stages of testing the programme theory, we aim to complete the final round of observations between January 2022 and May 2022.</p>
Administrative data	<p>We will be analysing anonymised administrative data from the whole cohort of families that access support</p>	<p>October 2021 – May 2022</p> <p>During the initial development of the</p>

	<p>from peer parental advocates.</p> <p>We will be working with Camden Children’s Services data team to access data relating to child and participant demographic data; key parent history and risk indicators; start and end intervention dates.</p>	<p>programme theory, we aim to complete the initial analysis of key administrative data between November 2021 and December 2021.</p> <p>In the stages of testing the programme theory, we aim to complete the final analysis of key administrative data between January 2022 and May 2022.</p>
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Analysis

Semi-structured interviews will be audio-recorded and will be fully transcribed by a third-party transcription service. NVIVO 12 (qualitative data analysis software) will be used as an aid to complete thematic analysis of interviews and observations, allowing codes, categories and themes to be developed from the empirical data produced with parents, parental advocacy workers and social workers. Thematic analysis of the data will involve data familiarisation, checking accuracy of transcription, labelling the data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions. Analysis will look for patterns, consistencies and inconsistencies across different informants and time points that might be informative for the research questions.

Dr. Clive Diaz, the Principal Investigator, will complete the initial coding, and then present a draft set of themes to the rest of the research team on a bi-monthly basis.

The team will discuss and refine the codes, develop the analysis in order to finalise the programme theory and identify a set of key findings and recommendations that relate to the research questions, which will have direct practical ramifications for both practice and policy.

The following steps will be taken to ensure rigor in the analysis and reporting of qualitative data:

- Confidence that the findings are an accurate reflection of participant experience will be ensured through presentation of examples of participant responses using quotes, and triangulation between different informants and data collection methods as well as through testing the initial programme theory through interviews and observations of child welfare meetings.
- The extent to which findings are transferable to other contexts will be considered through detailed description of contextual factors, and collection of data from a range of participants to gather a range of perspectives. Transparent reporting of the research and analysis process will ensure the study methods are clear and repeatable

Ethics

The study has ethical approval from Cardiff University (SREC/28) In applying for this approval we considered potential risks to participants and researchers, the likelihood of the study causing harm, and ways such harm might be mitigated. We will remain conscious of ethical issues throughout the study.

We do not anticipate any harm to participants as a result of taking part in the project. The subject matter has a potential to be emotive and difficult to discuss, but we will stress the focus of the study is the parent's experience s of the peer parental advocacy, and not the concerns that the local authority has, or the reasons children's services are involved.

Nevertheless, we will remain aware of the potential for participants to become distressed or upset and sensitive to the changing emotion of the participants. If the professional or parent appears to become upset or distressed in any way, we will remind them of the option to pause the interview for a break or end it completely.

If professionals find the content of the interviews particularly difficult or emotional, we shall recommend that they discuss this with their supervisor or access support from human resources and counselling services, which are available to them as local authority staff or PPA staff. If parents find the interviews difficult or emotional, we will have details to give them of local counselling services and also suggest that they speak about their worries to their advocate or trusted person if appropriate.

We have experience of carrying out research and practice with vulnerable participants and feel confident in being able to respond appropriately and sensitively if a parent or professional becomes upset. In the unlikely event that we become concerned about any practice issues that arise, we may discuss these with DF in the first instance and may take further action (e.g. reporting to a senior manager) if this is deemed necessary. Likewise, if we receive information that a vulnerable adult or their children are at risk of significant harm, we shall take appropriate action depending on the circumstances. This might include making an urgent referral to the head of safeguarding and the child and family duty team in that local authority. We will be clear with all participants that if we have any concerns regarding a child's or adult's safety, we will need to take appropriate action to safeguard these citizens.

Table 3: Ethical issues and mitigating action

Ethical Consideration	Mitigation
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<p>There is a risk that participants will become upset if they start talking about the background to their involvement with peer advocates</p>	<ul style="list-style-type: none"> ● Reassurance that the research is based on individuals' experiences of PPA rather than Child Protection intervention. ● Offer of regular breaks and pause from interviews if needed. ● De-brief with interviewer following interview if needed. ● Details of helplines and counselling services readily available to give to participants if they wish to talk about the emotional impact of their experiences. ● If a professional becomes upset, we will encourage them to speak to their HR department or manager, also providing details of listening services if needed.
<p>Confidentiality and anonymity</p>	<ul style="list-style-type: none"> ● When transcription takes place all names or identifiable data will be removed. Transcripts will be stored using a numbering system. ● Professional and parent respondents' names will not be included in any reports or articles. Permission will be sought to attribute examples of good practice to individual authorities / organisations. If permission is not given, we will simply summarise practice examples from the local authorities involved without identifying individual authorities. ● We shall take robust steps to protect the information that participants share, for

	<p>example storing data on the Cardiff University networks, using encrypted computers and anonymising the identity of participants within any publications and reports. There will be limited transfers of data from the local authority to the researchers and any data that is transferred will be anonymised prior to being transferred.</p>
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Accessibility, Consent and Data Protection

Participants will be provided with an information sheet which is written in a way that is appropriate and easy to read. All documents make clear that the focus of the study is on participants' experiences of working with peer parental advocates, not on their experiences of the child protection system which would potentially be more controversial.

All participants will be informed that participation is voluntary and can be withdrawn at any time, without needing to give an explanation, up to 8 weeks after they took part in the interview or observation. All participants will give written consent to be part of the research or, if this is difficult because of the fieldwork is being carried out online, verbal recorded consent online consent will be required. If the consent for participation in the study is gained verbally, we will read the consent forms and record the agreed consent separately to the interview. Professional participants will need to confirm via the survey tool (which will be on the front page) that they give consent to participate.

When we carry out online or in-person observations of child welfare meetings, we will obtain written consent by all the parties in the meetings to be observed. If any parties do not agree, we will not observe that particular online meeting.

Initially, we will be collecting Personal Data via participant consent forms and if we receive consent from participants, we will be accessing their contact details in order to organise and facilitate interviews. This will be organised in consultation with the local authorities and we will use Egress data security software, intended to protect shared information when sharing personal data.

All participants will be informed that participation is voluntary and can be withdrawn at any time, without needing to give an explanation, up to 8 weeks after they took part in the interview or observation. All participants will give written consent to be part of the research or, if this is difficult because of the fieldwork is being carried out online, verbal recorded consent online consent will be required. If the consent for participation in the study is gained verbally we will read the consent forms and record the agreed consent separately to the interview. Professional participants will need to confirm via the survey tool (which will be on the front page) that they give consent to participate.

We will retain anonymised data in line with the University's Research Records Retention Schedule, which is currently 7 years after the study is completed.

Cardiff University is a registered data controller with the Information Commissioner's Office (ICO) to process personal data for research purposes. Further information about Cardiff University GDPR policies can be accessed here:

<https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection/research-participants-data-protection-notice>

What Works for Children Social Care (WWCSC) will not be a data controller or processor for any data in relation to this project.

Registration

This project was registered with the Open Science Framework (OSF) on 03/11/2021. Registration link: <https://osf.io/8nx4d>

Personnel

- **Dr. Clive Diaz** - Principal Investigator with overall responsibility for the project. Clive will lead field work, data analysis, report writing, and dissemination of findings. He is a Social Worker in two local authorities and has led qualitative studies into children's participation in child protection conferences and child in care reviews. <https://www.cardiff.ac.uk/people/view/1577956-diaz-clive>
- **David Westlake** - Co-investigator, involved in designing study and interpreting results, providing ongoing support to CD, writing up and sharing findings. David has many years' experience of leading large- and small-scale research projects, including pilot evaluations, action research, observational studies, and experimental and quasi-experimental evaluations. He is currently leading a large Randomised Controlled Trial of a school based social work intervention involving 21 local authorities.
- **Dr. David Tobis** - Expert advisor. Member of research team, particularly focusing on supporting the development of the parent expert by experience advisory board as well as commenting on drafts of research instruments, analytical materials and written outputs outside of these.
- **Rachael Vaughan** - Supporting CASCADE Parents research advisory group. Rachael is the Engagement worker at CASCADE, leading on the expert by experience engagement and involvement work. Rachael set up the CASCADE Parents research advisory group in December 2020. Rachael works across CASCADE's portfolio of research supporting involvement and engagement.

Risks

Table 4: This section will outline any potential risks and the steps which will be taken to mitigate the risks.

Risk	Mitigation
Covid-19 (Medium risk)	<p>The evaluation has been designed to factor in potential issues around Covid-19 and face-to-face meetings, e.g., interviews, and can be delivered remotely. Virtual platforms such as Microsoft Teams and Zoom can be utilised to carry out interviews and observations if Covid-19 restrictions prevent in-person meetings.</p> <p>We will ensure that there is a clear handover process between all members of the research team in the instance of staff sickness. This will ensure that any potential delays in the timeline can be mitigated by ensuring staff cover is available.</p>
Recruitment of participants (Low risk)	<p>We have a good relationship with the PPA service in Camden. If there are any issues around not being able to recruit enough participants, we will regularly check in with the service if there is potential to recruit further participants for the study.</p>

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