

# **ISAFE (Improving Safeguarding through Audited Father-Engagement) Intervention Protocol**

**March 2023**



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## Acknowledgements

Thank you to our advisory group and other stakeholders who have helped us develop the ISAFE programme (see pages 12-13 for more details) and supported with recruitment; to What Works for Children's Social Care for funding this trial; and to Ipsos for evaluating.

## Funding and competing interests

What Works for Children's Social Care provided funding to the Fatherhood Institute to deliver ISAFE, and to Ipsos to carry out an evaluation of the service. What Works for Children's Social Care is funded by the Department for Education, England.

What Works for Children's Social Care seeks to improve the lives of children and families through setting standards in research and generating the best evidence into what works in children's social care. Our vision is for a world in which all children thrive, regardless of their early childhood experiences and that children's services improve the lives of children who need support and protection. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders.

## About the Fatherhood Institute

The Fatherhood Institute works to build a society that values, prepares, and supports men as involved fathers and caregivers. Our work focuses on policy, research, and practice. We collate, participate in, and publicise research; lobby for legal and policy changes; and help public services, employers, and others become more father inclusive. Our partners and clients include government, NHS and local authorities, family service providers and organisations, universities, NGOs, employers – as well as fathers.

Our vision is of a society that gives all children a strong and positive relationship with their father and any father-figures; a society that supports both mothers and fathers as earners and carers; and that prepares boys and girls for a future shared role in caring for children.

## About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University aims to improve the well-being, safety and rights of children and their families, by generating new knowledge about children's social care and sharing new and existing knowledge in ways that help services. CASCADE is concerned with all aspects of community responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption.

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## Summary

Brief name	ISAFE (Improving Safeguarding through Audited Father-Engagement): an online training and organisational development programme for English local authority children's social care departments
Why	To increase systematic engagement with fathers by local authority child protection social work departments
What (materials)	Training sessions for social workers and quality assurance staff
What (procedures)	3-hour online course for quality assurance staff; 2 x 6-hour online course for social workers; 3-hour online course for father-inclusion champions; password-protected website for training recipients.  Post-intervention 90-minute webinar for local authority leaders/ senior managers
Who provided	Fatherhood Institute/ CASCADE
How	Microsoft Teams
Where	Virtual sessions attended in the workplace or at home
When	Once per social work team
Evaluator	Ipsos
Development stage (Full-Scale/Pilot/Feasibility)	Full-Scale

### How to cite this protocol

Davies, Jeremy, Jones, Kathy and Scourfield, Jonathan, 2023. ISAFE (Improving Safeguarding through Audited Father-Engagement): an online training and organisational development programme for English local authority children's social care departments: Intervention Protocol. Intervention delivered by Fatherhood Institute/ CASCADE and funded by What Works for Children's Social Care.



## Intervention

### 1.1. Why

Evidence drawing on hundreds of serious case reviews (e.g. Brandon et al, 2020; Sidebotham et al, 2016; NSPCC, 2017; Ashley et al, 2011) and audits of child protection case files (e.g. Brandon et al, 2017; Swann, 2015; Osborn 2014; Baynes and Holland, 2012), suggests a widespread failure by statutory social work services to systematically engage, assess, challenge and work with fathers and other male caregivers (including stepfathers and mothers' partners).

Where such failures occur, basic information about men may not be gathered, acted on or shared; potential risks posed by men may not be considered or taken seriously; fathers may not be invited or supported to be part of decision-making/ plans to protect their children, and/or their concerns about risk posed to their children (by mothers and/or other father-figures) may not be listened to. Several high-profile cases involving child death have featured fathers being ignored, leading to calls for service reform (e.g., Community Care, 2010; Guardian, 2021; Guardian, 2022).

The reasons for these practice deficits are complex and multi-layered (Gordon et al., 2012; Maxwell ... Tolman et al, 2012), but practitioners' beliefs, attitudes and individual practice, and a lack of systemic focus on father-inclusion in local authority processes, are implicated.

The ISAFE intervention builds on and updates two interventions that showed promise in pilot and feasibility studies – a two-day training course from CASCADE (Maxwell et al., 2012; Scourfield et al., 2012) and a systemic workforce and policy intervention from the Fatherhood Institute (Scourfield et al., 2015).

ISAFE's aim is to achieve measurable increases in systematic engagement with fathers, via two pathways to impact:

First, promoting and supporting father-inclusive practice by child protection social workers, via two days of online training which aim to achieve positive changes in their awareness and knowledge of fathers' impact; challenge negative beliefs and attitudes; enhance their skills and confidence; and inspire routine, assertive father-inclusive practice.

Second, promoting and supporting father-inclusive processes and performance management at team and local authority level, via quality assurance training and guided case file audits; additional training for social work team leaders to act as father-inclusion 'champions'; and a webinar for social work department leaders/senior managers. These will aim to achieve improved collection and analysis of data about fathers; supportive team cultures; and strong leadership around, and advocacy for, father-inclusive approaches.

### 1.2. What (materials)

ISAFE comprises five complementary training sessions, which are delivered in sequence to key groups of staff that contribute to local authorities' child protection social work function.



All the sessions are delivered virtually via Microsoft Teams by Fatherhood Institute trainers using ISAFE course materials, which include PowerPoint training slides, and an ISAFE training manual, to guide them through delivery and help ensure fidelity to the intervention content.

Training participants have access to PDF versions of the slides, and a password-protected website housing a range of related resources, including short films co-produced with fathers who have lived experience of navigating social care systems; summaries of key evidence; and top tips for practitioners.

### 1.3 What (procedures)

The five training sessions that make up the intervention are delivered sequentially to small groups of relevant staff in each local authority, as set out below.

First, quality assurance staff and an identified 'data champion' (one per local authority) take part in a three-hour online course that covers three elements: 1) Presentation of evidence about father-engagement in social care, including reviews of serious case reviews; and about the potential benefits, to children, mothers and fathers themselves, of improved father-engagement; 2) Supported exploration of barriers to effective father-involvement; and 3) Supported exploration of locally appropriate methods for auditing social work case files in order to assess the breadth and depth of record-keeping about practice with fathers.

Next, child protection social workers take part in a six-hour father-inclusive practice awareness course that covers five areas: 1) Group work to explore the social framing of fatherhood, including stereotypes and assumptions; how these intersect with protected and other characteristics, including age, religion, sexuality, ethnicity and socio-economic status; and how this may impact on fathers' parenting and interactions with universal and specialist services; 2) Exercises to explore the role of participants' own personal experiences of fathers and fatherhood, and how these might impact on service delivery; 3) Presentation of key research evidence about fathers' impact on children, mothers, couple relationships, and on men themselves; and about fathers' experiences of services; 4) Presentation and group work focused on key themes highlighted by evidence relating to child protection services, including serious case reviews; and 5) Presentation and group work to support action planning around gaps and opportunities to improve individual practice, systems and team culture - including through improved quality assurance methods.

A second, six-hour course for the social workers focuses on the development of direct practice skills for interacting with fathers. Skills are developed via an introduction to, and practice in some aspects of, motivational interviewing - employing typical father-work scenarios, case studies and role-play exercises to develop their skills for working with resistance and understand how to have difficult conversations with fathers about child protection concerns, in ways more likely to foster meaningful dialogue.

Following the two social worker training days, team leaders and other nominated senior practitioners take part in a three-hour 'father-inclusion champion' training workshop, focused on building capacity and confidence in key areas, including: 1) Identifying, monitoring and addressing non-inclusive practice; identifying and creating helpful processes; and working



with practitioners to develop and deliver on individualised action plans; 2) Approaches to supporting practitioners' father-engagement through supervisions and reflective learning opportunities; and 3) Collaborating with quality assurance and practitioner colleagues to embed and advocate for father-inclusion in systems, processes and day-to-day practice.

Finally, senior managers and team leaders attend a 90-minute webinar summarising progress and challenges since the initiation of the ISAFE intervention; exploring impacts on practice and team dynamics; and identifying ways to embed, sustain and build on the learning within and across organisations.

### **1.5 Who**

The intervention is delivered by Fatherhood Institute trainers, who are all experienced trainers with a background in social work, health or education, and who have undergone specific training to ensure they understand the evidence about fathers' impact (positive and negative), and about successful strategies for father-engagement and support. All the trainers have received training in how to deliver the ISAFE intervention specifically.

### **1.6 How**

The training courses are delivered online to groups of up to 15 participants per session, using Microsoft Teams.

### **1.7 Where**

The intervention is delivered virtually to staff, who log in to the training sessions from their workplace or home.

Trainers will be briefed to keep a manual record of whether social workers stay for the full session.

### **1.8 When and how much**

Each element of the intervention is delivered once per participating team/ staff group, on a date agreed with the local authority lead contact, to give participants plenty of notice to block out their work calendars. Each element of the intervention is delivered once.

The quality assurance training lasts for three hours. The social worker training lasts 12 hours in total, spread across two days. The 'father-inclusion champion' workshop lasts three hours. The leaders' webinar lasts 90 minutes.

### **1.9 Tailoring**

All participants receive an identical intervention: it is not adapted according to local authority, team or individual characteristics.

### **1.10 Fidelity**

No variation from intervention model planned at present.



## Business as usual

All social workers complete a social work degree that is approved by Social Work England for initial qualification. This can be either at the undergraduate or postgraduate level and it is generic – i.e., covers work in adult social care as well as work with children and families. They also undertake additional training as part of their first-year post qualification, in line with the Assessed and Supported Year in Employment (ASYE) framework: a 12-month employer led and employment-based programme of support and assessment for newly qualified social workers (NQSWs). Staff undertaking ASYE are assessed using the Child and Family Post Qualifying Standards (DFE, 2018a), which set out expectations around relationship building, communication, assessment of adult behaviours, parental capacity and risk. Given the employer-led, employment-based nature of the ASYE and assessments, the level of specific attention paid to fathers is likely to vary by locality.

To maintain professional registration, all social workers must complete two pieces of continuing professional development each year, one of which is a peer reflection. To the best of our knowledge, father-inclusive practice is not covered in any depth as part of social workers' initial or post-qualifying courses, nor is there any requirement for it to be studied and/or reflected on as part of their continuing professional development.

Working Together (DFE, 2018b) – the key safeguarding policy document for England – makes no explicit mention of the need for services to engage effectively with fathers, although they are required to communicate with all parents (including fathers) who have Parental Responsibility for children, under certain circumstances.

At an organisational level there is no national requirement for data about fathers to be recorded and included in local authorities' annual Children in Need census returns. This provides the context in which quality assurance staff work.

The breadth and depth of attention paid to fathers in local authorities' systems, and individual professionals' training, practice and CPD may vary. Given the context outlined here and in section 1.1 above, father-inclusion may be ad hoc and minimal.

We expect that local authorities taking the opportunity to receive the ISAFE intervention are likely to be more than averagely interested in father-inclusive approaches; however, assessing the detail of this in advance of delivery is not part of the intervention.



## Theory of change

### 3.1. Does the intervention work?

The ISAFE intervention builds on and updates two interventions that showed promise in pilot and feasibility studies – a 2-day training course from CASCADE (Maxwell et al., 2012; Scourfield et al., 2012) and a systemic workforce and policy intervention from the Fatherhood Institute (Scourfield et al., 2015). It also draws on two evidence reviews the Fatherhood Institute conducted for the National Child Safeguarding Practice Review Panel about the prevalence of, and risk factors for, non-accidental injury of infants by male caregivers (Davies and Goldman, 2021); and additional evidence from the Panel's *Myth of Invisible Men* report (NCSRP, 2021).

The CASCADE training course on which part of our intervention is based, led to increased practitioner self-efficacy in all work with fathers and increased engagement (social worker report) of lower-risk fathers, especially 'own household' fathers (Scourfield et al, 2012); the previous FI intervention which has also fed into the development of ISAFE, improved self-efficacy (Scourfield et al, 2015), and saw increases in fathers' participation in case conferences (CYPNow, 2015).

We are confident that ISAFE will help children's social work departments get better at identifying and working systematically with men in families and put in place systems to make sure this happens. Our ultimate aim is to put the professionals in a stronger position to prevent harm to children; reduce domestic abuse and increase the chances of children staying safely in the care of family members.

### 3.2. How is the intervention expected to work?

We have designed ISAFE around two pathways to impact, as set out in the theory of change diagram/logic model in Appendix 2. The 'practice pathway', comprising a learning package for social workers, aims to achieve positive changes in social workers' awareness and knowledge of fathers' impact and the importance of father inclusion; in their skills and confidence – including in skills for more effective engagement with fathers; and in their beliefs, attitudes and everyday practice. The practice pathway's key mechanisms are improvements in practitioner awareness and knowledge; their attitudes toward working with fathers; and their skills and confidence.

The 'systems pathway' – consisting of quality assurance training and guided case file audits; 'father-inclusion champion' training; and a webinar for social work department senior managers (after the trial data have been collected) – feeds into and bolsters this work, aiming to achieve improvements in routine collection and analysis of data about fathers; enhanced support for social workers; and stronger leadership around, and advocacy for, team-wide father-inclusive approaches. Mechanisms include the embedding of father awareness into routine required tasks such as inputting data on cases; the incentive that this aspect of practice will be monitored; and, through influencing leaders and local policy, a shift in organisational culture towards recognition of the importance of work with fathers, and systems to support this.



We expect the combination of these two pathways to lead to measurable increases in systematic engagement with fathers – and for this, in turn, to enable better identification of risk in families, and better-informed, more assertive decision-making. This may lead to greater inclusion, where it is safe, of fathers and/or paternal relatives in child protection plans and kinship care placements; and in some cases, to a strengthening of protective measures.

Through our extensive work to embed father-inclusive approaches in family services, including in social care, we find consistently that there are limits to what one can achieve through practitioner training on its own (e.g., Humphries & Nolan, 2015). Barriers to father-inclusion are often systemic, with changes required at many levels, including routine administration (e.g. making space for fathers' information on referral forms); social worker practice (e.g. assertive outreach to identify, engage and assess fathers); and culture (e.g. creating a clear expectation that father-inclusion should be routine, evidenced and 'within scope' for team discussions and support within supervisions).

This ISAFE trial will measure the impact of practitioner training on individual social workers, situated within a context of wider support for systems change, including team and whole-organisation culture.

### 3.3. Is the intervention expected to work differently for some groups?

We do not have evidence about likely differential impacts, although we tentatively expect there to be some differences between practitioners who have previously received training in and/or have used father-inclusive approaches versus those who have not; between practitioners of different ages and levels of experience; and by practitioner gender.

### 3.4. Is the intervention expected to work differently in some places?

We anticipate that different local authorities with varying approaches to leadership on the issue of fatherhood may be at different stages in their approach to father engagement. The QA element of the ISAFE intervention offers scope for each local authority to set locally defined aspirations for ongoing performance management using data about father-inclusive practice. Following initial scoping we have identified three possible approaches to data collection and analysis, as set out in **Appendix 1**. Local authorities' positions on this may shape the overall impact of the intervention. We would expect LAs which opt for approach A) or B) to data collection, as set out in Appendix 1, to show greater impact in the systems pathway, because these options involve greater senior level 'buy in' to a father-inclusion agenda.



## Stakeholder engagement

During the set-up phase we identified advisory group members from among existing contacts of the Fatherhood Institute and CASCADE, selecting them based on the relevance of their expertise. We invited them to take part, outlining the commitment required and offering a small honorarium. We have consulted with our advisory group (made up of academics from various disciplines with knowledge/ experience/ expertise of fathers and safeguarding senior social work leaders; and fathers with lived experience) via online meetings and emails, to help us ensure the content of the intervention reflects the best available evidence; highlights the experiences of fathers and mothers in the child protection system; and will resonate with the 'real world' concerns of social workers and their colleagues. They have provided feedback about the content and tone of our training materials, suggesting ideas for useful resources and highlighting potential challenges in achieving our desired outcomes within such a short intervention. An example is that SW2 is designed to support social workers to engage confidently with fathers who may be angry and resistant; ideally one might address this in a series of training sessions but to keep the intervention 'manageable' for LAs in terms of staff time, we will only have one session in which to address this.

We have also consulted via in-depth interviews with key informants, including Dr Tara Dickens and Dr Lee Sobo-Allen (both advisory group members) and Dr Simon Haworth (social work lecturer at Birmingham University), and practising social workers - to inform our understanding of social work training, and key issues and perspectives relating to social work practice with fathers.

We have consulted with several groups of parents with 'lived experience' of social work involvement, via small group and individual interviews: marginalised young fathers, fathers of colour and mothers. We have co-produced three short films with young fathers from the Northeast Young Dads and Lads project and made another film using audio clips from interviews with fathers of colour, conducted by Future Men. These films, and key messages/ quotes from other interviews, are incorporated into our SW1 training module and supporting resource library.

We have consulted with local authority managers about their data systems relating to fathers in child protection social work case files, to help shape the design of the quality assurance and social work training elements of the intervention.

At the end of the evaluation, we plan to share early findings from the trial with our informant groups and will invite selected participants to take part in our post-intervention communications.



# Project management

## Roles and responsibilities

### Project Team

Team details	Roles and responsibilities
<b>Dr Jeremy Davies (JD) – Fatherhood Institute, Head of Communications &amp; Impact</b>	<b>Role:</b> Project Lead <b>Responsibility:</b> Day-to-day management of programme; co-development of training assets; stakeholder engagement; risk management; liaison with evaluators; dissemination of results
<b>Jeszemma Howl (JH) – Fatherhood Institute. Head of Training</b>	<b>Role:</b> Training & safeguarding lead <b>Responsibility:</b> Review and updating of social worker training and Champions training courses; supervision of trainers
<b>Dr Mark Osborn (MO) – Fatherhood Institute, Associate</b>	<b>Role:</b> Audit lead <b>Responsibility:</b> Revision of audit tool; design and delivery of QA training
<b>Frankie Johnson (FO) – Fatherhood Institute, Programme Development Lead</b>	<b>Role:</b> Project administrator <b>Responsibility:</b> Site liaison; trial communications; management of training calendar
Project Support	
<b>Katherine Jones (KO) – Fatherhood Institute, co-CEO</b>	<b>Responsibility:</b> Participate in the advisory group, liaise with trustees and key stakeholders, including Ipsos, and ensure high quality governance systems such as risk-management, data-protection and financial management protocols are in place to enable this. She will also provide line management supervision to the FI project team.
<b>Professor Jonathan Scourfield (JS) - CASCADE</b>	<b>Responsibility:</b> Attendance at project management group meetings; management of CASCADE input into training
<b>Dr Nina Maxwell (NM)- CASCADE</b>	<b>Responsibility:</b> Attendance at project management group meetings; Literature reviews to update evidence base, for inclusion in training materials
<b>Professor Donald Forrester (DF) - CASCADE</b>	<b>Responsibility:</b> Preparing and delivering training to trainers on motivational interviewing for work with fathers in a child protection context
<b>Dr David Wilkins (DW) - CASCADE</b>	<b>Responsibility:</b> Preparing and delivering training to trainers on motivational interviewing for work with fathers in a child protection context



## External experts or Advisory group(s)

Details	Roles and Expertise
<b>Dr Tara Dickens – Canterbury Christ Church University</b>	<b>Role:</b> Director of Policing and Principal Lecturer <b>Expertise:</b> Research interests include unexpected deaths in children; high risk of domestic abuse; and public protection
<b>Mark Gurrey – Wiltshire Council</b>	Chair - Wiltshire Local Safeguarding Children Board
<b>Dr Gavin Swann – Kent County Council</b>	Social Work Service Manager
<b>Dr Georgia Philip – University of East Anglia</b>	<b>Role:</b> Lecturer in Social Work and Sociology <b>Expertise:</b> Research interests include fatherhood and children's social care services; care planning for looked after children; fathers-inclusive interventions.
<b>Dr Lee Sobo-Allen – Leeds Beckett University</b>	<b>Role:</b> Senior Lecturer in Social Work <b>Expertise:</b> Qualified social worker in child protection, children with disabilities and adults with learning disabilities. Research interests includes social work engagement with fathers.
<b>Professor Margaret O'Brien - University College London</b>	<b>Role:</b> Director of Social Research Institute <b>Expertise:</b> Research interests include fathers, work and family life, with a policy and parenting support focus.
<b>Nina Maxwell – CASCADE</b>	<b>Role:</b> Principal Research Fellow <b>Expertise:</b> Mixed methods researcher with interests in adolescence, workforce development and private family law
<b>Gill Gorell-Barnes - Tavistock Clinic</b>	<b>Role:</b> (Former) Family therapist and researcher; and psychiatric social worker <b>Expertise:</b> Parental mental illness; fractured and reformed families;
<b>Will - North East Young Dads and Lads</b>	Expert by Experience

## Timeline

Dates	Activity	Staff responsible/ leading
Oct 2022 – Dec 2022	Advisory Group appoint and first two meetings held	FI (JD and FJ)



Dec 2022 – Jan 2023	Recruitment of local authorities	FI (KJ)
Oct 2022 – Mar 2023	Intervention materials developed: training course slides	FI: SW1 (JH); QA (MO/JH); FC (JH) CASCADE: SW2 (DF)
Nov 2022 – Mar 2023	Intervention materials developed: ISAFE library	FI (JD and FJ)
Jan 2023 – Mar 2023	Clarification re data sharing agreements and finalising of MoUs	FI (KJ and FJ)
Mar 2023	Cohort A MoUs signed	FI (FJ)
Apr 2023 – Jul 2023	Cohort A training sessions delivered	FI (JH)
Apr 2023 & Sep 2023	Cohort A within-intervention QA audits	FI (MO)
Oct 2023	Cohort A leaders' webinar	FI (JD/JH/MO)
Sep 2023 – Dec 2023	Cohort B training sessions delivered	FI (JH)
Oct 2023 & Mar 2024	Cohort B within-intervention QA audits	FI (MO)
Apr 2024	Cohort B leaders' webinar	FI (JD/JH/MO)

## Project-related risks

Risk	Mitigation
<p><b>Recruitment of social workers</b> - Lower than expected numbers at recruitment would reduce the sample size, which could reduce the chances of detecting an effect (unless there is a large effect).</p> <p><i>Likelihood: 1</i> <i>Impact: 3</i></p>	<p>We have worked hard to successfully recruit eight LAs to the trial, having held initial discussions with 15 potential sites, seven of which dropped out.</p> <p>With each site we have held conversations and made agreements with system leaders to ensure they understand the commitment required of social workers to participate in the trial, and have written this into the MoUs, which we expect to have signed by the middle</p>



	<p>of March 2023. Alongside this each local authority has created and shared with us a list of teams of social workers nominated to participate in the RCR.</p>
<p><b>Low attendance at training sessions –</b> The trial assumes 10 social workers per team attending two training sessions. Achieving less than this number would reduce the power of the evaluation.</p> <p><i>Likelihood: 1</i> <i>Impact: 3</i></p>	<p>We have asked LAs to nominate a minimum of 15 social workers per team, to allow for a third of potential participants not turning up.</p> <p>We have agreed training dates with LAs, who will block out the calendars of ALL trial participants pre-randomisation, to reduce the chances of non-availability. Those assigned to the control group, and therefore not receiving the intervention, will then have their calendars opened up again.</p> <p>By providing the training online rather than in-person, and timing it to avoid key holiday periods, we believe that we will protect against dropout as much as possible.</p> <p>We offered a choice of dates for social worker training and have a plan in place to offer additional dates if there is low turnout, high churn of staff etc. We will provide clear information about the training sessions well in advance, and send reminders a week ahead of time, and the day before the session.</p>
<p><b>Low response rates for outcome measures</b> - Decrease statistical power of the analysis and reduce the chance of finding a positive impact, where one exists (i.e., incorrectly accepting the null hypothesis).</p> <p><i>Likelihood: 2</i> <i>Impact: 3</i></p>	<p>We are working closely with Ipsos to encourage participation in outcome measurement – for example we have set out evaluation participation requirements in MoUs, and will assist as required with chasing responses.</p> <p>In the intervention group ‘champions’ will be briefed and supported with briefings and techniques and the information they need to ensure all staff participate in the evaluation.</p> <p>In the control group an identified staff member will be a single point of contact in each LA to ensure evaluation data is submitted. This staff member will be well supported through a one-to-one relationship with a key FI team member and will have a clear process of prompts and nudges to support them to collect data from SWs.</p>



	<p>For the intervention group we will set up a rigorous system of nudges and reminders to ensure staff receive a link to evaluation materials at agreed time points throughout the trial</p>
<p><b>Retention and attrition</b> - Severe attrition would reduce the sample size, which could reduce the chances of detecting an effect (unless there is a large effect).</p> <p><i>Likelihood: 3</i> <i>Impact: 3</i></p>	<p>Staff turnover will very likely occur during the evaluation, meaning some participants will be lost to follow-up. Local authority systems leaders and fatherhood champions have an explicit role to play in ensuring staff who leave after recruitment and before training are replaced by newly appointed staff. As above, we will support Ipsos in their efforts to chase up participants. However, critical to the success of the trial is the number of teams participating rather than individual social workers.</p>
<p><b>Potential for contamination</b> - Contamination across teams within a LA is possible, which could dilute the observable effect of the intervention.</p> <p><i>Likelihood: 2</i> <i>Impact: 2</i></p>	<p>The evaluation team has spoken with LAs about the structure of their services to understand the likelihood of contamination, which was not expected to be high. We are asking LAs to request that social workers in the treatment group do not discuss the training with other teams (especially those in the comparison group) and will include a clear directive to this effect at the start and finish of every training session.</p>
<p><b>Data access and quality</b> – It is still unknown how much administrative data on father engagement is available and its quality, meaning the primary outcome relies on self-reported data.</p> <p><i>Likelihood: 3</i> <i>Impact: 1</i></p>	<p>Following conversations with LAs we have scoped the availability of existing relevant data. We have communicated with them our requirements for data to be provided in support of the intervention, and our recommendations for different ways this might be collected. We will share 'high level' aggregated data within the intervention, and with the evaluators. LAs have signed data sharing agreements confirming details of what data will be required, and how and when it will be shared.</p>
<p><b>Timetable delays</b> - Preparing for an RCT and ensuring all partners are aware of the requirements can take time, which could result in delays to the timetable.</p> <p><i>Likelihood: 2</i> <i>Impact: 2</i></p>	<p>The timetable for the set-up stage was extended to account for recruitment, material development, and data protection processes. We do not currently expect timetable delays once the trial begins.</p>



**Impacts of COVID** e.g., staff sickness

*Likelihood: 1*

*Impact: 1*

Most training and evaluation activities will be delivered remotely e.g., online training and online surveys. The window for data collection will be sufficiently long to mitigate issues of staff sickness (excluding long-term sick leave). All courses will be delivered by two staff, and we will have a bank of reserve trainers to cover any sickness

## Safeguarding risks

The Fatherhood Institute has two safeguarding policies, one that is specific to children and another which covers the safeguarding of vulnerable adults. The Designated Safeguarding Lead for the FI is Jeszemma Howl (Training Lead).

In terms of the direct risk to children's services staff of participating in I-SAFE, the level of risk is low. If a safeguarding concern were to arise for a member of staff, this would be discussed with the Fatherhood Institute's Designated Safeguarding Lead and if appropriate, the local authority would be informed.

Preventing harm to children is the social workers' job so there will be considerable discussion of anonymised real-life risk scenarios during the training. Our assumption is that any risks to children and adults' social workers brought up for discussion during the training will already be known about within the organisation – and we will state this at the start of each training session. If any scenario arises where very poor social work practice is thought to be putting people at risk, and that the local authority may not be aware of this, information may need to be communicated to the LA at a senior level. We will explore within the 'group agreement' discussion at the start of each training session, what participants should do if risks are realised after discussion during the training.

Safeguarding is of course the subject of the intervention, and the intention is that safeguarding practice will be improved as a result of I-SAFE. This is complex terrain. The challenge of striking a responsible balance of avoiding risk of harm whilst promoting civil liberties is a constant reality for social workers in their daily practice. I-SAFE should help them with this challenge but very difficult dilemmas will remain.

## Risks to Inclusivity

ISAFE is a workforce development intervention. Our participants will be social work professionals and quality assurance staff whose work focuses on families that include members with a range of protected characteristics. The intervention is designed to support them to be as inclusive as possible in their thinking and practice. ISAFE includes a specific exercise that prompts participants to think about different 'types' of fathers and the



challenges they may face, and equality, diversity and inclusion (EDI) considerations are threaded throughout the intervention.

As qualified social work professionals, we expect participants to have well-developed thinking about EDI; within ISAFE our focus is on supporting them to apply inclusivity principles to their work with fathers, and to do so with due consideration of intersectional aspects. We will address resistance within sessions, and the Champions training will include a focus on how to promote and support inclusive approaches on an ongoing basis. It is beyond the scope of the intervention to police or follow up on participants expressing non-inclusive beliefs or attitudes during sessions.

<b>Protected Characteristics</b>	<b>Potential impact on each of these groups?</b>	<b>Actions to mitigate impact and advance inclusivity of programme?</b>
Age	Young fathers (aged under 25) are likely to be over-represented in social workers' caseloads, and may experience high levels of exclusion from their children's lives, and from social work and other services; those who have been through the care system even more so (Tarrant & Neale, 2016).	Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. We will invite social workers to reflect on the barriers and challenges young fathers face. These are explored in depth in three short films co-produced with young fathers for ISAFE, to be shown within the training session and available on the supporting website.
Socio-economic class	Fathers with low socio-economic status is likely to be overrepresented in social workers' caseload; evidence suggests associations between SES and poverty and parenting practices (Roubinov & Boyce, 2017), and child maltreatment (Walsh et al, 2019).	Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. We will invite social workers to reflect on the barriers and challenges unemployed and low-income fathers face.
Disability	Fathers with disabilities, and fathers of children with disabilities, may experience particular challenges in their parenting, and access to services.	Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. We will invite social workers to reflect on the barriers and challenges disabled fathers, and fathers of children with disabilities or SEND, face.
Ethnicity	Black and other fathers of colour may experience particular challenges in their parenting, and access to services.	Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. Adverse views will be examined



		<p>and challenged, if necessary, within the boundary of the training day. We will invite social workers to reflect on the barriers and challenges fathers of colour face. These are explored in depth through quotes from black fathers with lived experience of social care involvement – some of which will be shared in SW1, with the remainder available as a supplementary presentation available on the ISAFE website.</p>
Religion or belief	<p>Fathers' religious and other beliefs may shape their parenting, and access to services.</p>	<p>Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. We will invite social workers to reflect on the barriers and challenges fathers of different faith groups may face.</p>
Gender	<p>ISAFE aims to improve services' engagement with fathers and other (potential) male caregivers, including maternal and paternal grandfathers. Its underpinning ethos is that services should be inclusive of such men, as well as mothers and other female caregivers (including maternal and paternal grandmothers) – and should not make the default assumption that looking after children, or taking responsibility for this, is the task of women.</p>	<p>Within our training we will explore how gender expectations and roles interact with fathers' parenting; their experiences of, and responses to, family services; and social work practice. We will provide 'safe space' within the session for participants to reflect on and discuss their own experiences, beliefs, attitudes and biases around gender – taking full account of the likelihood that most social workers we train will be female, and that their gender will have shaped their journeys as practitioners.</p> <p>We will include exercises designed to support participants to manage difficult conversations that have a gendered dimension, with mothers, fathers and other family members – including men who are, or may seem to be, 'risky'.</p>
Sexual orientation	<p>Fathers' sexual orientation may shape their parenting, and access to services.</p>	<p>Within our training we will address intersectional aspects of fathers' exclusion and marginalisation within families and by services – and steps social workers can take to be more inclusive. We will invite social workers to reflect on the barriers and challenges gay, bisexual and trans fathers, face. We will include a research summary about fathers in LGBTQ+ families, and barriers and facilitators to effective involvement, on the ISAFE website.</p>
Gender reassignment	<p>Fathers' gender identities may shape their parenting, and access to services.</p>	<p>See above.</p>



English as an additional language	Fathers' English language skills may shape their parenting, and access to services.	Within our training we will invite social workers to consider explore the additional challenges for EAL fathers around parenting and access to family services; and how they might help them overcome these.
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## Appendix 1: Collecting data to inform the ISAFE intervention

The local authority will need to evidence the following **separately for intervention teams and control teams** before and after the intervention:

1. Percentage of fathers who are named on case files in relationships at time of referral
2. Percentage of mothers who are named on case files in relationships at time of referral
3. Percentage of fathers for whom there is a. date of birth, b. phone number and c. address
4. Percentage of mothers for whom there is a. date of birth, b. phone number and c. address
5. Percentage of fathers invited to and attending Initial Case Conferences and most recent Review case conferences
6. Percentage of mothers invited to and attending Initial Case Conferences and Review case conferences

In addition to this, local authorities **should also consider** looking to evidence:

7. Percentage of mothers and fathers attending CIN Reviews
8. Percentage of mothers and fathers involvements in CLA reviews
9. CLA placed with parent, who is father
10. CLA placed with paternal friend/relative carer
11. Number of fathers attending programme aimed at supporting them in their parenting role (e.g. Caring Dads)
12. 18+ Team Care Leavers who are fathers

In the categories above the term 'father' applies to birth fathers, stepfathers and other men who play a role in the nurturing of the child who is or has been in a relationship with the mother (not including her relatives).

### How to produce the data

We have identified three approaches to collecting the necessary data in 1 to 6 above:

- a. Ideally, the local authority would create a dashboard (e.g. Power BI) so that this information can be regularly reviewed to inform performance management. This is the best approach as it will enable ongoing attention to be paid to father engagement within the local authority beyond the life of the ISAFE project. It will require some time to set up but once this is done it can be reviewed without the need to set up further searches. This will be the most time consuming of the three approaches but also the most valuable: to effectively respond to [The Myth of Invisible Men](#) report a change in the culture is necessary and performance management is essential to achieve this.
- b. If this is not considered possible within the capacity of the organisation, the information should be taken comprehensively from the recording system (Liquid Logic for example) so that there is information across all cases. This will not take as long as a) to set up but will only provide a one-off snapshot of father engagement and will need to be done once before the intervention and once afterwards. This will



provide accurate information about the engagement with fathers for each of the teams.

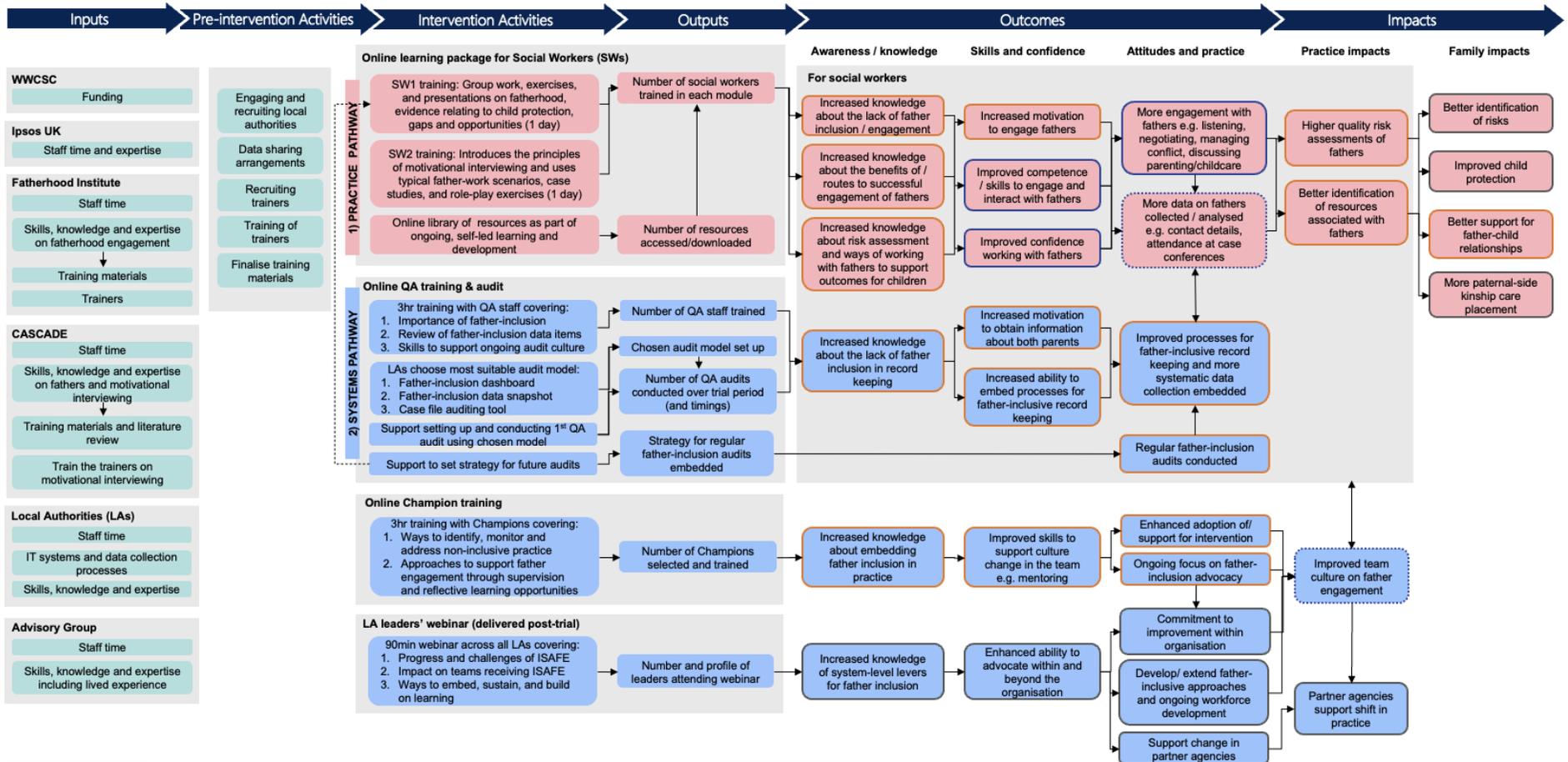
- c. If this is not possible, the information should be collected through a case file audit using the ISAFE audit tool using 20 case files as a minimum for each cohort. This will provide a good indicator of the level of father engagement for each of the teams and will need to be carried out before and after the intervention. This is likely to be the least time consuming.

Each local authority needs to identify and let us know which approach they are able to take from a), b), and c) above.



## Appendix 2: Theory of change diagram

**Rationale:** Fathers, like mothers, can be a resource for their children. However, some fathers pose a risk to children. Although social work should routinely engage with all parents and adults around the child with both risk and potential benefits in mind, high-profile inquiries into cases where children have died or been seriously injured highlight a systemic failure in children's social care to routinely and systematically engage, assess, support and challenge men in family cases. The reasons for this are complex and multi-layered, including fathers being less likely to engage as well as social workers' beliefs, attitudes, confidence and individual practice. The evidence also suggests a lack of systemic focus on father-inclusion in local authority processes, leading to low recognition of this issue.



### ASSUMPTIONS

- (Delivery) SWs need distinct father engagement training to achieve outcomes.
- (Delivery) SW teams and wider LA staff have the willingness, capacity and resources to engage in the training.
- (Delivery) Trainers deliver training of a sufficient quality to achieve outputs.
- (Delivery) Staff continuity/ retention sufficient to support training delivery.
- (Theory) Increase in awareness/knowledge/ skills confidence lead to improved motivation to engage fathers (and practice).
- (Theory) Better father engagement leads to better outcomes for children in social care (no evidence to support this, though there is evidence to demonstrate the reverse of this).
- (Delivery) Data collection contains relevant and quality data on father engagement to support case file review processes.
- Performance management in local areas supports the delivery of systems change regarding fathers engagement.

### CONTEXT

- Enabling factors:**
- Ability to show good practice in response to National Safeguarding Panel Report
  - Acknowledged need to reduce looked-after-children rates
  - Low baseline of father engagement so good potential for progress
  - Good practice to show Ofsted
  - Avoidance of negative publicity around lack of attention to fathers in isolated cases of child death
- Inhibiting factors:**
- Traditional assumptions about gender in practitioner culture
  - Fear of aggressive men and lack of services to refer to
  - Very high percentage of domestic abuse on caseloads
  - Very high staff turnover & lack of time for training

### Key

- RCT primary outcome
- RCT secondary outcome
- Broader evaluation
- Out of scope
- Practice pathway
- Systems pathway