



EARLY
INTERVENTION
FOUNDATION



What Works for
Children's
Social Care

Coming together as What Works for Early Intervention & Children's Social Care

Evaluation of Greenwich's Family and Adolescent Support Service (FaASS) practice approach Annex

Annex A: Evaluation timeline

Month/date	Activity
March 2022	Agree evaluation plan
May–June 2022	Qualitative interviews with practitioners, clinician and unit leaders Observation of unit practice meetings and training Pilot of family outcome measures
June–July 2022	Administrative data shared with evaluation team Survey on outcome measures Analysis of qualitative and quantitative research
August 2022	First draft of report
October 2022	Finalise report

Annex B: Project team

The project team for the evaluation can be found below.

EIF Evaluation team		
Name	Title	Role
Max Stanford	Head of Early Help Evaluation	Overall lead for the evaluation across areas
Helen Burrige	Senior Research Officer, EIF	Lead of evaluation in Greenwich
James Mulcahy	Research Officer, EIF	Supporting the quantitative elements including analysis of administrative and outcomes data

Annex C: Research questions and evaluation activities

FEASIBILITY STUDY

Study dimension	Research question	Quantitative methods			Qualitative methods		
		Administrative data	Survey with FaASS Teams	Family outcomes pilot	Interviews	Observation	
					FaASS practitioners	Training	Practice meetings & family visits
Implementation							
Fidelity	<ul style="list-style-type: none"> Is the systemic practice model's core activities being delivered as intended? What are the barriers and facilitators to implementation of the model from the perspective of practitioners, clinicians and families? 	✓	✓		✓	✓	✓
Adaptation	<ul style="list-style-type: none"> Do the core activities of the systemic practice model vary across the eight FaASS teams? 	✓	✓		✓	✓	✓
Dosage	<ul style="list-style-type: none"> How much of the systemic practice model's core activities are being delivered? 	✓	✓				
Quality	<ul style="list-style-type: none"> Are the systemic practice model's core activities being delivered to a high quality? What is perceived to be critical to the systemic practice approach achieve successful outcomes? 		✓	✓	✓	✓	✓
Participant responsiveness	<ul style="list-style-type: none"> To what extent do practitioners and families engage with the systemic practice model's core activities? What are the barriers and facilitators to engagement? 				✓	✓	✓
Reach	<ul style="list-style-type: none"> Does the systemic practice approach reach the target families in need? What do FaASS practitioners see as the value added of the systemic practice informed approach they use? 	✓			✓		
Intervention differentiation	<ul style="list-style-type: none"> What do other practitioners (from children's services, CAMHS, youth justice etc) working in Greenwich see as the value added of the systemic practice informed approach within FaASS teams? 			✓	✓		

Study dimension	Research question	Quantitative methods			Qualitative methods		
		Administrative data	Survey with FaASS Teams	Family outcomes pilot	Interviews	Observation	
					FaASS practitioners	Training	Practice meetings & family visits
Factors affecting implementation							
Community & system level factors	<ul style="list-style-type: none"> What is the level of need for the systemic practice approach among families in Greenwich? What is the need for FaASS team's systemic practice approach within children's services in Greenwich? 	✓			✓		
Delivery factors and organisational capacity	<ul style="list-style-type: none"> What needs do the FaASS practitioners believe the systemic practice approach addresses? What needs do FaASS and other service managers believe the systemic practice approach addresses? 	✓	✓		✓	✓	✓
Implementation support	<ul style="list-style-type: none"> What strategies and practices are used to support high quality implementation? 				✓		

PILOT STUDY

Study dimension	Research question	Quantitative methods			Qualitative methods		
		Administrative data	Survey with FaASS Teams	Family Outcomes pilot	Interviews	Observation	
					FaASS practitioners	Training	Practice meetings & family visits
Potential benefits	<ul style="list-style-type: none"> What are the potential benefits of the systemic practice approach at the point of ending support with a family; and in the longer term? 	✓		✓			
Unintended consequences	<ul style="list-style-type: none"> What are the actual or potential unintended consequences for practitioners, families, FaASS or other services? 	✓	✓	✓	✓	✓	✓
Evidence for theory of change and logic model	<ul style="list-style-type: none"> Is there any evidence to support or add to our understanding of the theory of change or logic model? 	✓	✓	✓	✓	✓	✓
Evaluation feasibility	<ul style="list-style-type: none"> What is the most feasible approach to evaluation to deliver in the full-scale efficacy study (including evaluation design, sample design, recruitment, randomisation and data processes)? Which outcomes are critical to measuring impact? 	✓	✓	✓	✓	✓	✓
Readiness for impact evaluation	<ul style="list-style-type: none"> Is the systemic practice approach ready to be evaluated in an impact evaluation? Is the systemic practice approach ready to be evaluated in an impact evaluation? 	✓	✓	✓	✓	✓	✓

Annex D: Observation information leaflet

Evaluating Greenwich's FaASS practice approach: Observation information leaflet



What is the research about?

The purpose of our research is to explore effective approaches to supporting families in local early help services. This project is being run by the Early Intervention Foundation (EIF) and the funding comes from the **Department for Levelling Up, Housing & Communities' Supporting Families programme**. This work is focused in four local areas, but will generate lessons of value nationally.

As part of the research, we will be observing areas of your practice and training in your local area. We may also invite you take part in other research activities, such as interviews or a survey, as part of this research. We would like to stress that the research we are undertaking is about understanding your approach and how it supports families and is not about evaluating your performance or that of your local practice and training.

Who are the Early Intervention Foundation?

EIF is an independent charity and What Works Centre which champions and supports the use of effective early intervention for children. You can find out more about EIF on our website: <http://www.eif.org.uk>

What will an observation involve?

A researcher will observe an activity that you would be delivering or attending anyway, either by Microsoft Teams or in person, by taking notes. The researcher will not include any identifiable information in the observation notes. The activity should take place as usual as if the researcher were not there and the researcher will not engage or participate in any way.

Is participation voluntary?

Yes, participation is completely voluntary. You can ask for us not to observe this activity. If you do allow us to observe, you may ask us to stop observing at any point without giving a reason.

Whether you allow us to observe this activity or decide to take part in any of the research (group discussions, surveys, etc) or not will in no way affect you or your local area.

What information will you collect?

We will observe the activities that are taking place and take notes, but we will not audio or video record the activities. The notes we take will be focused on how the activities are delivered. We may note what people say or do, but we will use initials in our notes rather than names. When we write our report, we may quote something that someone says during an activity but we will keep all quotes anonymous. We will not specifically seek to collect personal data other than names but if other personal data is revealed during activities we may capture it anonymously.

What will happen to the information that is collected?

The data that is collected will be treated in accordance with the Data Protection Act 2018.¹ Data will be stored securely and will only be accessed by the research team. Any personal data will be destroyed by the end of December 2022. Anonymised data will be kept for two years after the final date of completion of the project. The end date of the project is scheduled for July 2022 therefore all data collected for this project will be destroyed at the end of July 2024.

Will the information be shared?

The information we collect will be kept within the research team and will only be used at aggregate level with other data to write our report. We will not share any personal data we collect with anyone else. We will only disclose your personal details if you tell us something that indicates there might be harm to you or others, a safeguarding or child protection issue or whistleblowing and/or malpractice issue, or if we are required to for legal reasons.

What will happen to the findings?

Information collected will be used for research purposes only and will help us to understand how your local approach works in practice. At the end of the research, we will use the data we have collected from evaluation activities to write an anonymised report. No information that could directly identify participants will be used in the report.

The findings will make an important contribution to the evidence for future policy development in this area.

Who can I contact with a query or a complaint?

Where we are processing your personal data with your consent, you have the right to withdraw that consent. If you change your mind, or you are unhappy with our use of your personal data, please let us know. If you would like a full copy of our privacy notice, please get in touch. You can contact Max Stanford, project lead, via email max.stanford@eif.org.uk or info@eif.org.uk, telephone: **020 3542 2481**.

Alternatively, you have the right to raise any concerns with the Information Commissioner's Office (ICO) via their website at <https://ico.org.uk/concerns/> or by telephone: **0303 123 1113**.

¹ <https://www.gov.uk/data-protection>

Annex E: Interview information leaflet

Evaluating Greenwich's FaASS practice approach: Local area staff interview information leaflet



What is the research about?

The purpose of our research is to explore effective approaches to supporting families in local early help services. This project is being run by the Early Intervention Foundation (EIF) and the funding comes from the [Department for Levelling Up, Housing & Communities' Supporting Families programme](#). This work is focused in four local areas, but will generate lessons of value nationally.

As part of the research, we will be carrying out interviews with FaASS practitioners to understand views on the practice approach taken in Greenwich. We may also invite you to take part in other research activities, such as observations or a survey, as part of this research. We would like to emphasise that the research we are undertaking is about understanding your approach and how it supports families and is not about evaluating your performance or that of your local practice and training.

Who are the Early Intervention Foundation?

EIF is an independent charity and What Works Centre which champions and supports the use of effective early intervention for children. You can find out more about EIF on our website: <http://www.eif.org.uk>

What will an interview involve?

The interview will last around one hour, either online, by telephone or face-to-face and will be arranged at a time convenient to you. The interviews will be exploring how Greenwich's FaASS practice approach works in practice and the skills, tools, training and support needed to work in this way with families. It will also explore views about how this adds value to families and children.

Is participation voluntary?

Yes, participation is completely voluntary. You can decide not to take part in an interview. If you do decide to take part, you may choose not to answer certain questions or to end the interview without giving a reason.

Whether you decide to take part in the interview or decide to take part in any of the research (observations, survey, etc) or not will in no way affect you or your local area.

What information will you collect?

With your permission, interviews will be recorded using a secure digital recorder or via Microsoft Teams if taking place online. Recordings will be password protected where possible and will be uploaded to a folder which can only be accessed by the research team. Recordings from the digital recorder will be sent to a transcriber by a secure portal. The transcriber is fully GDPR compliant. Recordings from online interviews will be transcribed by Microsoft Teams. All names and other identifiable information will be removed from transcripts.

When we write our report, we may quote something that someone says during an interview but we will keep all quotes anonymous. We may ask for examples of your work with families to illustrate the work you carry out. During the interview, you may decide to refer to family member by their initials or by a fake name to keep the information you are sharing anonymous. We will remove all identifying information, such as names, in the transcript.

What will happen to the information that is collected?

The data that is collected will be treated in accordance with the Data Protection Act 2018.¹ Data will be stored securely and will only be accessed by the research team. Any personal data will be destroyed by the end of December 2022. Anonymised data will be kept for two years after the final date of completion of the project. The end date of the project is scheduled for July 2022 therefore all data collected for this project will be destroyed at the end of July 2024.

Information collected will be used for research purposes only and will help us to understand how your local approach works in practice. At the end of the research, we will use the data we have collected from evaluation activities to write an anonymised report. No information that could directly identify participants will be used in the report.

The findings will make an important contribution to the evidence for future policy development in this area.

Will the information be shared?

The information we collect will be kept within the research team and will only be used at aggregate level with other data to write our report. We will not share any personal data we collect with anyone else. We will only disclose your personal details if you tell us something that indicates there might be harm to you or others, a safeguarding or child protection issue or whistleblowing and/or malpractice issue, or if we are required to for legal reasons.

Who can I contact with a query or a complaint?

Where we are processing your personal data with your consent, you have the right to withdraw that consent. If you change your mind, or you are unhappy with our use of your personal data, please let us know. If you would like a full copy of our privacy notice, please get in touch. You can contact Max Stanford, project lead, via email max.stanford@eif.org.uk or info@eif.org.uk, telephone: **020 3542 2481**.

Alternatively, you have the right to raise any concerns with the Information Commissioner's Office (ICO) via their website at <https://ico.org.uk/concerns> or by telephone: **0303 123 1113**.

¹ <https://www.gov.uk/data-protection>

Annex F: Interview consent form

Evaluating Greenwich’s FaASS practice approach: Consent to take part in the interview



Thank you for reading the information sheet. If you are happy to participate in the interview, please complete and sign the consent form below. You will have the opportunity to ask further questions at the beginning of the interview.

	Yes	No
I understand that my participation is voluntary and that I am free to withdraw at any time or to choose not to answer any questions without giving reason and without there being any negative consequences.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that with my permission the interview will be recorded using a digital recorder or Microsoft Teams.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my data will be stored securely and only accessed by the research team.	<input type="checkbox"/>	<input type="checkbox"/>
I understand my responses will be confidential, and that my data will be used at aggregate level to write a report.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my personal information may be disclosed if I say something that indicates there might be harm to myself or others, a safeguarding or child protection issue or whistleblowing and/or malpractice issue, or if EIF are required to for legal reasons.	<input type="checkbox"/>	<input type="checkbox"/>
I understand extracts from the interview may be quoted in the research report and that quotes will be kept anonymous.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my data will be anonymised, that personal data will be deleted by the end of December 2022 and that anonymised data may be kept for two years after the final data of completion of the project in July 2022 and therefore all data will be destroyed by the end of July 2024.	<input type="checkbox"/>	<input type="checkbox"/>
I understand I have the right to withdraw my consent for processing my personal data and that I can withdraw permission to use the data from my interview within two weeks after the interview, in which case the material will be destroyed.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the interview.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant

Date

Signature

Annex G: Privacy notice

Privacy Notice for the “Evaluating approaches within the Supporting Families programme” research project



1. Introduction

Early Intervention Foundation (“EIF”) is working together with our Associates Naomi Jones and Clarissa White (“Associates”) to carry out evaluations of effective approaches within the Supporting Families programme in four local areas (“Project”). Together EIF and our Associates are known as the “Research Team” (“we”, “our”, “us”). We are committed to protecting the privacy and security of the personal data we collect about our research participants (“you/your”).

The purpose of this privacy notice is to explain what personal data we collect about you when we conduct research for the “Evaluating approaches within the Supporting Families programme” research project. When we do this, we are the data controller.

Before you take part in this project, you will be asked to give your permission to participate. You are also able to remove your permission at any time. If you do decide you no longer wish to participate, let us know as soon as you can. We will remove your personal data from any locations we hold your data and delete any information you have provided to us. We will do this as soon as we can. We may anonymise your data before we begin our analysis activities meaning we would not be able to identify you from the data we have, shortly after you have supplied your information to us. If the analysis of the information has already progressed to a point we can no longer remove your data, we will ensure all identifiable data is removed from our records when the analysis is complete. We will inform you what action we were able to take.

Please read this privacy notice carefully as it provides important information about how we handle your personal information and your rights. If you have any questions about any aspect of this privacy notice you can contact us using the information provided below or by emailing us at DataSecurity@eif.org.uk quoting “Evaluating approaches within the Supporting Families programme” or “P127” in the subject or body of the email.

2. Personal data we collect

We may collect your data in a variety of ways and at a variety of times throughout the project work being conducted. This includes collection and processing of personal data already collected through administrative data, survey research and qualitative research which may include interviews, focus groups and/or observations.

The personal data we may collect includes:

- Your name
- Your email address
- Telephone number (in case email or video calling is not applicable)
- Your place of work
- Your occupation

- Any information you share voluntarily with us within or before the interview/focus group/observation
- A secure recording of yourself within the interview/focus group
- A transcription of the recording of the interview/focus group you attend

3. How we collect information about you

We may collect personal data in a variety of ways and at a variety of times throughout the research study being conducted. The ways in which we collect your personal data for this Project include:

- From your local area who passes on aggregated administrative data (secondary data collection) (indirect data collection)
- From yourself within an online/telephone interview (primary data collection)
- From yourself via an online focus group with which you are taking part (primary data collection)
- From yourself from an observation of an activity (primary data collection)
- From yourself via an online survey (primary data collection)

4. Purposes for which we use personal data and the legal basis

When conducting the research study, we may use your personal data for the following purposes and on the following lawful bases. The table below is relevant to all data subjects involved in the research study:

4.1 Purpose	4.2 Lawful Basis for Processing
To conduct the Project based on the data you have provided.	Processing is necessary for the performance of a task carried out in the public task.
For the goal of the Project which is to conduct research to help local areas evaluate approaches they are taking to support families.	Processing is necessary for the performance of a task carried out in the public interest.
To collect ethical informed consent for participation in the research (you are able to withdraw this consent at any time and where possible the Collaborators will delete your data).	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("Research Team").
For the Research Team to contact you to participate in an interview, focus group, observation or survey.	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("Research Team").
To make further contact with you to clarify or expand upon something you have spoken about in an interview, focus group or survey which is of particular relevance to this research.	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("Research Team").
To identify your data, which would be deleted where possible, should you no longer agree to have your data processed for the purpose of the Project.	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("Research Team").
For EIF to use your personal data to inform the creation of potential "new" projects that are substantially similar to, and compatible with the original reason for collecting your personal data, although not use your data in any new projects that come as a result of using your personal data without asking for permission to do so from you and receiving a response from you confirming you give your permission for participation.	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("EIF").
For EIF to contact you to ask if you would like to participate in any new projects as a participant (you can opt out anytime).	The lawful basis we shall be relying on is the legitimate interest of the Data Controller ("EIF").

5. Sharing your data

We will not share your personal data outside the UK.

Any data shared with the below categories of recipients is the minimum necessary for the task they have been instructed to carry out on our behalf or in conjunction with us. Each category of recipient is subject to pre-approved review to ensure comparative technical and organisational measure for keeping the data secure.

1. Research Associate
2. Web Call-recording platform
3. Survey platform
4. Secure Cloud Storage Providers
5. Secure Email Service Providers

The Research Team takes effort not to disclose your identity to any other parties unless you have instructed us to do so or given your permission for us to disclose your personal data. Please be aware that when participating in online focus groups you may be visible via your web camera and your name (as it appears in the web calling technology) shall be visible to other participants. Should you not want this to be the case please make sure you update your name and remain with your camera off during the focus group session(s).

There may be scenarios where we are subject to a legal obligation to disclose or share your personal data, such as with law enforcement agencies, regulatory bodies or public authorities in order to prevent or detect crime. We will only ever disclose your personal data to these third parties to the extent we are required to do so by law.

We may also share your personal data if we choose to sell, transfer, or merge parts of our business and/or group, or our assets in the future. Or we may seek to acquire other businesses or merge with them. During any such process, we may share your data with other parties. We will only do this if they agree to keep your data safe and private. If a change to our group happens, then other parties may use your data in the same way as set out in this notice. This relates to any instance where the organisation (EIF) merges or gets acquired by another organisation, and all documents including any personal data change ownership (organisational ownership).

6. How long we keep your data

Data shall be reduced, redacted, de-identified and deleted at appropriate times so we retain the minimum amount of data possible throughout the Project. Where we need to retain your personal data for the purposes of subsequent Project reviews or analysis, we shall keep your information for 2 years after the final date of completion of the Project. The end date of the project is scheduled for July 2022, therefore data will be destroyed at the end of July 2024.

Any subsequent use of Project data by EIF for the development of substantially similar projects will also have all data deleted 2 years after the completion of the Project for the original Project for which it was collected.

7. How we protect your data

We implement appropriate technical and organisational measures to protect data that we process from unauthorised disclosure, use, alteration or destruction. Data protection

assessments are conducted for each research project and all recipients of data used within any research data.

The Research Team hold your information on password protected secure dedicated drives on an encrypted laptop and secure cloud backup server. Access is controlled by EIF's secure access policy and Confidentiality and Data Protection policy respectively, and the Associates are subject to contractual clauses for the maintenance of technical security measures for the duration of the research study period and retention period for the data. The Associates are also enhanced DBS cleared.

Information gathered from administrative data, surveys, interviews, focus groups and observations will be used to inform our evaluation. All interview and focus group responses will be anonymised before being analysed. All data will be treated with the strictest confidence – no local area staff or families and young people will be identified in any report arising from the research. The final report will not contain any personal data. We may include quotes but you will not be identified by the way you speak or the things you say.

Any information you say to the researcher will be treated in the strictest confidence unless of course, it relates to a child protection or safeguarding issue.

We will always keep these under review to make sure that the measures we have implemented remain appropriate.

Any personal data is not subject to any automated decision-making.

8. Your rights and options

You have the following rights in respect of your personal data:

- You have the right of access to your personal data and can request copies of it and information about our processing of it.
- If the personal data we hold about you is incorrect or incomplete, you can ask us to rectify or add to it.
- Where we are using your personal data with your consent, you can withdraw your consent at any time.
- Where we are using your personal information because it is in our legitimate interests to do so, you can object to us using it this way. You can ask us to restrict the use of your personal data if:
 - » It is not accurate
 - » It has been used unlawfully but you do not want us to delete it, or
 - » If you have already asked us to stop using your data but you are waiting to receive confirmation from us as to whether we can comply with your request.

You have the right not to be subject to a decision based solely on automated processing (including profiling) that produces legal effects concerning you or similarly significantly affects you. You will not have to pay a fee to access your personal data (or to exercise any of the other rights). However, we may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, we may refuse to comply with the request in such circumstances.

If you wish to exercise your rights, please contact us at DataSecurity@eif.org.uk.

9. How to Complain

You can also lodge a complaint with the Information Commissioner's Office. They can be contacted using the information provided at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline number: **0303 123 1113**

ICO website: <https://ico.org.uk/concerns/>

10. Contact us

If you have any questions, or wish to exercise any of your rights, then you can contact:

Project: "Evaluating approaches within the Supporting Families programme" (P127)

Organisation: Early Intervention Foundation

Address: The Evidence Quarter, Albany House, Westminster, SW1H 9EA

Alternatively, you can email us at DataSecurity@eif.org.uk

11. Changes to this privacy notice

We may update this notice (and any supplemental privacy notice), from time to time as shown below. We will notify you of the changes where required by applicable law to do so.

Last modified 5 July 2022.

Annex H: Practitioner topic guide

Evaluation of Greenwich's FaASS systemic practice approach: Practitioner interview

Aims of the evaluation

The purpose of the evaluation is to explore the current implementation of the systemic practice approach embedded within Greenwich's Family and Adolescent Support Service (FaASS) teams via a feasibility study and an initial pilot study.

About this topic guide

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

The interview will last for around **one hour**.

Introduction

- Introduce interviewer
- Introduce EIF – an independent charity and What Works Centre which champions and supports the use of effective early intervention for children
- Thank participants for agreeing to take part
- Introduce the study
 - » Research exploring effective approaches to supporting families in local early help services.
 - » Funded by the Department for Levelling Up, Housing & Communities' Supporting Families programme.
 - » Research in Greenwich includes theory of change workshop, survey, and interviews and focus groups.
- *Refer back to the information leaflet and talk them through it to make sure they're happy with it. Emphasise:*
- Participation is voluntary – no right or wrong answers and can choose to have a break at any time or not discuss any topic
- Digital / online recording – we would like to record the discussion so we have an accurate record of what is said. Only the research team will have access to the recordings. Data will be kept securely in line with GDPR.

- Findings will be used to inform report – no individual participant will be named in the report.
- Reminder of interview/focus group length – will last around one hour. Check if okay.
- Any questions / concerns?

► **Ask for permission to begin recording**

1. Background and context

Aim: to gather background information about the participant

Participant role and background

- Overview of role and responsibilities – senior role, new to this
- Which Unit
- Length of time in post
- How they find their role
- Typical number of families they work with
- Length of time
- Brief profile of families they work with
 - » Types of challenges that are presented
 - » Fit with expertise (eg allocation of families)
- Professional background – training, previous teams
 - » What has helped to prepare them for this role

2. Training

Aim: to explore participant's views on the training offer for their practice which is supported by the clinicians, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of training to prompt

- a. Systemic training
Trauma informed
- b. Restorative practice training
- c. Social GRACES
- d. On-going/adhoc training

Your choice training – model

Induction training

- Engagement with training
 - » Overview of clinically informed training attended since being in role
 - » Reasons / motivation to attending
 - » What makes it easier / harder to engage with training
- Views of training
 - » **Quality of training**
 - » What works well
 - » Content for training that helps with practice
 - » What doesn't work so well
 - » How training compares to previous training
- Perceived outcomes for practitioners
 - » **What benefits are / added value of training**
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence
 - » How has this happened / why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences

3. Clinical support

Aim: to explore participant's views on the clinical support offer, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of clinical support to prompt

- a. Weekly practice meetings – weekly practice meetings – whole unit – once every two weeks
- b. One-to-one support to practitioners by clinicians
- c. Direct systemic family therapy by clinicians

- What does support model look like
- Engagement with clinical support
 - » Overview of engagement with clinical support since being in role
 - » Reasons / motivation for accessing support
 - » What makes it easier / harder to engage with clinical support
 - » Practical
 - » Reinforce
- Views of clinical support (quality)
 - » What works well
 - » What doesn't work so well
- Perceived outcomes for practitioners
 - » What benefits are / enhance/help practice
Ask open question first, then prompt if needed:
 - » Increased knowledge and skill of systemic practice model
 - » Feeling supported and trusted
 - » Confidence
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences
- Engagement of families
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences

4. Multi-modal tools

Aim: to explore participant's views on the use of multi-modal tools, including use of the different tools, views of what works well and not so well and perceived outcomes for practitioners and families.

Multi-modal tools to prompt

- a. Genograms
- b. Frequency, intensity and duration onset tool
- c. Goal setting
- d. Outcome and sustainability plans
- e. Therapeutic letters

Sustainability

- Use of tools
 - » What tools have used
 - » When
 - » Why
 - » Who
 - » Reasons / motivations for using tools
 - » Engagement
 - » Ask open question first, then prompt if needed:
 - » Training
 - » **Family engagement**
- Views of tools
 - » What about the tools works well / how does it help with practice
 - » What about the tools doesn't work so well
 - » Specific contexts tools work well / not so well and why
- Perceived outcomes for practitioners
 - » What benefits are
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence

- » Why these outcomes have happened / what about tools has done this
- » Any disadvantages/negative consequences
- Engagement of families – how do families find the tools?
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - Ask open question first, then prompt if needed:*
 - » Understanding of strengths
 - » Relationship with practitioner
 - » Why the outcomes have happened / what about the tools has done this
 - » Any disadvantages/negative consequences

5. Reflections on the overall practice approach

Aim: to gather participant's overall reflections on the practice approach

- Overall views on the systemic approach (satisfaction)
 - » For practitioners
 - » From families' perspective
- Barriers / facilitators to engagement
- Overall impact of the support – what do all elements add up to in terms of (valued added)
 - » Impacts/benefits/unintended consequences for practitioners
 - » Impact/benefits/ unintended consequences for families
- If they were designing the support for practitioners, what would they do differently?
- In an ideal world what, if any, changes would they like to see to the approach over the next year?
- Which elements of the approach do they think could be packaged up and offered to other areas effectively?

6. Close

Aim: to give participants to contribute any final thoughts

- Final closing comments – anything else to raise

▶ End recording

- Thank participant for taking part.
- Mention they might be invited to take part in survey / outcome measures
- Ask if any questions about interview or evaluation more widely

Annex I: Clinician interview topic guide

Evaluation of Greenwich's FaASS systemic practice approach: Clinician interview

Aims of the evaluation

The purpose of the evaluation is to explore the current implementation of the systemic practice approach embedded within Greenwich's Family and Adolescent Support Service (FaASS) teams via a feasibility study and an initial pilot study.

About this topic guide

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

The interview will last for around **one hour**.

Introduction

- Introduce interviewer
- Introduce EIF – an independent charity and What Works Centre which champions and supports the use of effective early intervention for children
- Thank participants for agreeing to take part
- Introduce the study
 - » Research exploring effective approaches to supporting families in local early help services.
 - » Funded by the Department for Levelling Up, Housing & Communities' Supporting Families programme.
 - » Research in Greenwich includes theory of change workshop, survey, and interviews and focus groups
- *Refer back to the information leaflet and talk them through it to make sure they're happy with it. Emphasise:*
- Participation is voluntary – no right or wrong answers and can choose to have a break at any time or not discuss any topic
- Digital / online recording – we would like to record the discussion so we have an accurate record of what is said. Only the research team will have access to the recordings. Data will be kept securely in line with GDPR.
- Findings will be used to inform report – no individual participant will be named in the report.
- Reminder of interview/focus group length – will last around one hour. Check if okay.
- Any questions / concerns?

► **Ask for permission to begin recording**

1. Background and context

Aim: to gather background information about the participant

Participant role and background

- Overview of role and responsibilities
 - » Typical number of practitioners supported
 - » Typical number of families
- Which Unit
- Typical number of practitioners / families
- Length of time in post
- How they find their role
- Their clinician focus/background
 - » What has helped to prepare them for this role

2. Training

Aim: to explore participant's views on the training offer for their practice which is supported by the clinicians, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of training to prompt

- a.** Systemic training
 - Trauma informed
- b.** Restorative practice training
- c.** Social GRACES
- d.** On-going/adhoc training

- Delivery of training
 - » Overview of clinically informed training attended / delivered since being in role
 - » Reasons / motivation to attending / delivering
 - » What makes it easier / harder to engage with training
- Views of training
 - » Quality of training
 - » What works well
 - » Content for training that helps with practice
 - » What doesn't work so well
 - » How training compares to previous training

- Perceived outcomes for practitioners
 - » **What benefits are / added value of training**
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence
 - » How has this happened / why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences

3. Clinical support

Aim: to explore participant's views on the clinical support offer, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of clinical support to prompt

- a. Weekly practice meetings – weekly practice meetings – whole unit – once every two weeks
- b. One-to-one support to practitioners by clinicians (consultation)
- c. Direct systemic family therapy by clinicians

- What does support model look like
- Extent to which they think the offer is being delivered as planned
 - » Why
- What they think of the support offered to practitioners
 - » Why
 - » Which elements
 - » *Probe for examples where possible*

- How they are finding it to deliver
 - » Which elements of the support they are finding easier to deliver
 - » Which elements of the support they are finding harder to deliver
 - » Which elements of the support are more resource intensive
- What they think helps / prevents the way support is delivered
 - » Clinician skills
 - » Clinician personality
 - » Culture within the team
 - » Communication within the team
 - » Leadership of the team
- What they think prevents effective delivery of the support
- Engagement with clinical support
 - » Reasons / motivation for providing support
 - » What makes it easier / harder to engage practitioners
- Views of clinical support (quality)
 - » What works well
 - » What doesn't work so well / could be improved
- Any gaps in support being offered
- Perceived outcomes for clinician
 - » What benefits are
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences
- Perceived outcomes for practitioners
 - » What benefits are
 - Ask open question first, then prompt if needed:*
 - » Increased knowledge and skill of systemic practice model
 - » Feeling supported and trusted
 - » Confidence
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences
- Engagement of families
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences

4. Multi-modal tools

Aim: to explore participant's views on the use of multi-modal tools, including use of the different tools, views of what works well and not so well and perceived outcomes for practitioners and families.

Multi-modal tools to prompt

- a. Genograms
- b. Frequency, intensity and duration onset tool
- c. Goal setting
- d. Outcome and sustainability plans
- e. Therapeutic letters

- Use of tools
 - » What tools have advised / used with families
 - » When
 - » Why
 - » Who
 - » Reasons / motivations for using tools
 - » Engagement of practitioners / families
Ask open question first, then prompt if needed:
 - » Training
 - » Family engagement
- Views of tools
 - » What about the tools works well / how does it help with practice
 - » What about the tools doesn't work so well
 - » Specific contexts tools work well / not so well and why
- Perceived outcomes for practitioners
 - » What benefits are
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence
 - » Why these outcomes have happened / what about tools has done this
 - » Any disadvantages/negative consequences

- Engagement of families – *how do families find the tools?*
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - Ask open question first, then prompt if needed:*
 - » Understanding of strengths
 - » Relationship with practitioner
 - » Why the outcomes have happened / what about the tools has done this
 - » Any disadvantages/negative consequences

5. Reflections on the overall practice approach

Aim: to gather participant's overall reflections on the practice approach

- Overall views on the systemic approach (satisfaction)
 - » For practitioners
 - » From families' perspective
 - » Wider service
- Barriers / facilitators to engagement
- Overall impact of the support – what do all elements add up to in terms of (valued added)
 - » Impacts/benefits/unintended consequences for practitioners
 - » Impact/benefits/ unintended consequences for families
- If they were designing the support for practitioners, what would they do differently?
- In an ideal world what, if any, changes would they like to see to the approach over the next year?
- Which elements of the approach do they think could be packaged up and offered to other areas effectively?

6. Close

Aim: to give participants a chance to contribute any final thoughts

- Final closing comments – anything else to raise

▶ End recording

- Thank participant for taking part.
- Mention they might be invited to take part in survey / outcome measures
- Ask if any questions about interview or evaluation more widely

Annex J: Unit leader topic guide

Evaluation of Greenwich's FaASS systemic practice approach: Unit leader interview

Aims of the evaluation

The purpose of the evaluation is to explore the current implementation of the systemic practice approach embedded within Greenwich's Family and Adolescent Support Service (FaASS) teams via a feasibility study and an initial pilot study.

About this topic guide

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

The interview will last for around **one hour**.

Introduction

- Introduce interviewer
- Introduce EIF – an independent charity and What Works Centre which champions and supports the use of effective early intervention for children
- Thank participants for agreeing to take part
- Introduce the study
 - » Research exploring effective approaches to supporting families in local early help services.
 - » Funded by the Department for Levelling Up, Housing & Communities' Supporting Families programme.
 - » Research in Greenwich includes theory of change workshop, survey, and interviews and focus groups
- *Refer back to the information leaflet and talk them through it to make sure they're happy with it. Emphasise:*
- Participation is voluntary – no right or wrong answers and can choose to have a break at any time or not discuss any topic
- Digital / online recording – we would like to record the discussion so we have an accurate record of what is said. Only the research team will have access to the recordings. Data will be kept securely in line with GDPR.
- Findings will be used to inform report – no individual participant will be named in the report.
- Reminder of interview/focus group length – will last around one hour. Check if okay.
- Any questions / concerns?

► Ask for permission to begin recording

1. Background and context

Aim: to gather background information about the participant

Participant role and background

- Overview of role and responsibilities
 - » Typical number of practitioners supported
 - » Typical number of families
- Which Unit
- Typical number of practitioners / families
- Length of time in post
- How they find their role
- Brief profile of families they work with
 - » Types of challenges that are presented
 - » Fit with expertise (eg allocation of families)
- Professional background – training, previous teams
 - » What has helped to prepare them for this role

2. Training

Aim: to explore participant's views on the training offer for their practice which is supported by the clinicians, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of training to prompt

- a. Systemic training
 - Trauma informed
- b. Restorative practice training
- c. Social GRACES
- d. On-going/adhoc training

- Delivery of training
 - » Overview of clinically informed training attended / delivered since being in role
 - » Reasons / motivation to attending / delivering
 - » What makes it easier / harder to engage with training
- Views of training
 - » Quality of training
 - » What works well
 - » Content for training that helps with practice

- » What doesn't work so well
- » How training compares to previous training
- Perceived outcomes for practitioners
 - » **What benefits are / added value of training**
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence
 - » How has this happened / why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about training has done this
 - » Any disadvantages/negative consequences

3. Clinical support

Aim: to explore participant's views on the clinical support offer, including engagement, views of what works well and not so well and perceived outcomes for practitioners and families.

Types of clinical support to prompt

- a. Weekly practice meetings – weekly practice meetings – whole unit – once every two weeks
- b. One-to-one support to practitioners by clinicians (consultation)
- c. Direct systemic family therapy by clinicians

- What does support model look like
- Extent to which they think the offer is being delivered as planned
 - » Why
- What they think of the support offered to practitioners
 - » Why
 - » Which elements
 - » *Probe for examples where possible*

- How they are finding it to deliver
 - » Which elements of the support they are finding easier to deliver
 - » Which elements of the support they are finding harder to deliver
 - » Which elements of the support are more resource intensive
- What they think helps / prevents the way support is delivered
 - » Unit Leader skills
 - » Unit Leader personality
 - » Culture within the team
 - » Communication within the team
 - » Leadership of the team
- What they think prevents effective delivery of the support
- Engagement with clinical support
 - » Reasons / motivation for providing support
- i. What makes it easier / harder to engage practitioners
- Views of clinical support (quality)
 - » What works well
 - » What doesn't work so well / could be improved
- Any gaps in support being offered
- Perceived outcomes for clinician
 - » What benefits are
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences
- Perceived outcomes for practitioners
 - » What benefits are
 - Ask open question first, then prompt if needed:*
 - » Increased knowledge and skill of systemic practice model
 - » Feeling supported and trusted
 - » Confidence
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences
- Engagement of families
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - » Why the outcomes have happened / what about clinical support has done this
 - » Any disadvantages/negative consequences

4. Multi-modal tools

Aim: to explore participant's views on the use of multi-modal tools, including use of the different tools, views of what works well and not so well and perceived outcomes for practitioners and families.

Multi-modal tools to prompt

- d.** Genograms
- e.** Frequency, intensity and duration onset tool
- f.** Goal setting
- g.** Outcome and sustainability plans
- h.** Therapeutic letters

- Use of tools
 - » What tools have advised / used with families
 - » When
 - » Why
 - » Who
 - » Reasons / motivations for using tools
 - » Engagement of practitioners / families
Ask open question first, then prompt if needed:
 - » Training
 - » Family engagement
- Views of tools
 - » What about the tools works well / how does it help with practice
 - » What about the tools doesn't work so well
 - » Specific contexts tools work well / not so well and why
- Perceived outcomes for practitioners
 - » What benefits are
Ask open question first, then prompt if needed:
 - » Knowledge and skills
 - » Confidence
 - » Resilience or wellbeing
 - » Workload/stress levels
 - » Ways of working
 - » Stronger therapeutic alliance
 - » Better understanding of families (eg strengths/needs)
 - » Improved confidence
 - » Why these outcomes have happened / what about tools has done this
 - » Any disadvantages/negative consequences

- Engagement of families – *how do families find the tools?*
- Perceived outcomes for parents and children/young people
 - » What benefits are
 - Ask open question first, then prompt if needed:*
 - » Understanding of strengths
 - » Relationship with practitioner
 - » Why the outcomes have happened / what about the tools has done this
 - » Any disadvantages/negative consequences

5. Reflections on the overall practice approach

Aim: to gather participant's overall reflections on the practice approach

- Overall views on the systemic approach (satisfaction)
 - » For practitioners
 - » From families' perspective
 - » Wider service
- Barriers / facilitators to engagement
- Overall impact of the support – what do all elements add up to in terms of (valued added)
 - » Impacts/benefits/unintended consequences for practitioners
 - » Impact/benefits/ unintended consequences for families
- If they were designing the support for practitioners, what would they do differently?
- In an ideal world what, if any, changes would they like to see to the approach over the next year?
- Which elements of the approach do they think could be packaged up and offered to other areas effectively?

6. Close

Aim: to give participants a chance to contribute any final thoughts

- Final closing comments – anything else to raise

End recording

- Thank participant for taking part.
- Mention they might be invited to take part in survey / outcome measures
- Ask if any questions about interview or evaluation more widely

Annex K: Outcome measures survey

Evaluation of Greenwich's use of outcome measures: Practitioner survey

Survey script

Section A. Introduction

This survey aims to gather your views about the implementation of the outcome measures, the Systemic Clinical Outcome and Routine Evaluation (SCORE15), Me and My Feelings and the Frequency, Intensity, Duration and Onset (FIDO) measures, currently being used within Greenwich's Family and Adolescent Support Service (FaASS) teams as part of a pilot.

The information we collect will be kept within the research team and will only be used at aggregate level with other data to write our report. We will not share any personal data we collect with anyone else. Data will be stored securely and will only be accessed by the research team. Any personal data will be destroyed by the end of December 2022. The raw data will be destroyed and the data set will be published. The end date of the project is scheduled for July 2022 therefore all data collected for this project will be destroyed at the end of July 2024. Further information is available in the Data Privacy Notice: <https://www.eif.org.uk/files/about/data-protection-notice-eif-supporting-families-2022.pdf>.

The survey will take approximately 10 minutes to complete. Please answer all questions and press "finish" to submit your answers.

Section B. Consent to take part

1. Please indicate whether you have understood how this survey will be used and give your consent to take part.

- Yes, I agree to take part
 No, I do not agree to take part

Section C. Participant information

2. What is your job title?

[free text]

3. Which of these teams do you work in?

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> North Unit 1 | <input type="checkbox"/> South Unit 5 | <input type="checkbox"/> ReSET |
| <input type="checkbox"/> North Unit 2 | <input type="checkbox"/> South Unit 6 | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> North Unit 3 | <input type="checkbox"/> South Unit 7 | |
| <input type="checkbox"/> North Unit 4 | <input type="checkbox"/> South Unit 8 | |

4. When did you join FaASS?

- Within the last 6 months
- Between 6 months and 1 year
- Between 1 year and 2 years
- More than 2 years ago

Section D. Score15 questionnaire use

The next set of questions are about the Score 15 measure.

5. Had you administered the Score15 measure prior to the pilot (ie before May 2022)?

- Yes
- No
- Don't know

6. Did you attend training about how to use the Score15 measure as part of the pilot?

- Yes
- No [Skip to question 9]
- Don't know [Skip to question 9]

7. How much do you agree or disagree with the statement 'I am satisfied with the training I received on using the Score15 measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

8. If you felt the training about SCORE15 could have been improved, please explain how in the box.

[Free text]

9. Have you administered the Score15 measure as part of the pilot currently taking place in FaASS (ie since May 2022)?

- Yes [Skip to question 11]
- No
- Don't know [Skip to question 5]

10. Please explain why you have not used the Score15 measure as part of the pilot.

[Free text] [Skip to question 25]

11. Approximately, how many individuals have you used the Score15 with?

12. On average, how much time would you estimate you spend using the Score15 measure per family member? This can include preparation, administering the measure, data entry and troubleshooting etc.

13. How did this compare with what you had anticipated?

- Much less than anticipated
- A bit less than anticipated
- About the same as anticipated
- A bit more than anticipated
- Much more than anticipated

14. How easy or hard was the Score15 measure to use with parents and carers?

- Easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Hard

15. How easy or hard was the Score15 measure to use with children and young people?

- Easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Hard

16. In general, how much do you agree or disagree with the statement 'families respond positively to the use of the Score15 measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

17. If families have reported any dislikes or difficulties using the Score15 measure, please provide details in the box below.

[Free text]

18. How do you use the data from the Score15 measure? Select all that apply.

- Engaging children and/or families in discussions
- Planning session content
- Monitoring progress
- I do not use the data
- Other (please specify) [Free text]

19. Overall, how much do you agree or disagree with the statement 'the Score15 measure is useful in my practice to support families'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

20. Please provide more details in the box below.

[Free text]

21. Please tell us what, if any, additional resources are needed in your practice in order to use the Score15 measure.

[Free text]

22. Was there anything that could be changed about the Score15 measure that you feel could have made the measure more useful?

[Free text]

23. Would you like to continue to use the Score15 measure in your future practice?

- Yes
- No
- Don't know

24. Please explain why.

[Free text]

Section E. Me and My Feelings questionnaire use

The next set of questions are about the Me and My Feelings questionnaire.

25. Have you administered the Me and My Feelings measure prior to the pilot (ie before May 2022)?

- Yes
- No
- Don't know

26. Did you attend training about how to use the Me and My Feelings measure as part of the pilot?

- Yes
- No [Skip to question 29]
- Don't know [Skip to question 29]

27. How much do you agree or disagree with the statement 'I am satisfied with the training I received on using the Me and My Feelings measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

28. If you felt the training about Me and My Feelings could have been improved, please explain how in the box.

[Free text]

29. Have you administered the Me and My Feelings measure as part of the pilot currently taking place in FaASS (ie since May 2022)?

- Yes [Skip to question 32]
- No
- Don't know [Skip to question 44]

30. Please explain why you have not used the Me and My Feelings measure as part of the pilot in the box.

[Free text] [Skip to question 44]

31. Approximately, how many individuals have you used the Me and My Feelings measure with?

32. On average, how much time would you estimate you spend using the Me and My Feelings measure per family member? This can include preparation, administering the measure , data entry, troubleshooting etc.

33. How did this compare with what you had anticipated?

- Much less than anticipated
- A bit less than anticipated
- About the same as anticipated
- A bit more than anticipated
- Much more than anticipated

34. How easy or hard was the Me and My Feelings measure to use with children?

- Easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Hard

35. In general, how much do you agree or disagree with the statement 'families respond positively to the use of the Me and My Feelings measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

36. If families have reported any dislikes or difficulties using the Me and My Feelings measure, please provide details in the box below.

[Free text]

**37. How do you use the data from the Me and My Feelings measure?
Select all that apply.**

- Engaging children and/or families in discussions
- Planning session content
- Monitoring progress
- I do not use the data
- Other (please specify) [Free text]

38. Overall, how much do you agree or disagree with the statement 'the Me and My Feelings measure is useful in my practice to support families'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

39. Please provide more details in the box below.

[Free text]

40. Please tell us what, if any, additional resources were needed in your practice in order to use the Me and My Feelings measure.

[Free text]

41. Was there anything that could be changed about the Me and My Feelings measure that you feel could have made the measure more useful?

[Free text]

42. Would you like to use the Me and My Feelings measure in your future practice?

- Yes
- No
- Don't know

43. Please explain why.

[Free text]

Section E. FIDO measure use

The next set of questions are about FIDO measure.

44. Have you administered the FIDO measure prior to the pilot (ie before May 2022)?

- Yes
- No
- Don't know

45. Did you attend training about how to use the FIDO measure as part of the pilot?

- Yes
- No [Skip to question 48]
- Don't know [Skip to question 48]

46. How much do you agree or disagree with the statement 'I am satisfied with the training I received on using the FIDO measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

47. If you felt the training could have been improved, please explain how in the box.

[Free text]

48. Have you administered the FIDO measure as part of the pilot currently taking place in FaASS (ie since May 2022)?

- Yes [Skip to question 50]
- No
- Don't know [Skip to question 63]

49. Please explain why you have not used the FIDO measure as part of the pilot in the box.

[Free text] [Skip to question 63]

50. Approximately, how many individuals have you used the FIDO measure with?

51. On average, how much time would you estimate you spend using the FIDO measure per family member? This can include preparation, administering the measure, data entry, troubleshooting etc.

52. How did this compare with what you had anticipated?

- Much less than anticipated
- A bit less than anticipated
- About the same as anticipated
- A bit more than anticipated
- Much more than anticipated

53. How easy or hard was the FIDO measure to use with families?

- Easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Hard

54. In general, how much do you agree or disagree with the statement 'families respond positively to the use of the FIDO measure'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

55. If families have reported any dislikes or difficulties using the FIDO measure, please provide details in the box below.

[Free text]

56. How do you use the data from the FIDO measure? Select all that apply.

- Engaging children and/or families in discussions
- Planning session content
- Monitoring progress
- I do not use the data
- Other (please specify) [Free text]

57. Overall, how much do you agree or disagree with the statement 'the FIDO measure is useful in my practice to support families'?

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

58. Please provide more details in the box below.

[Free text]

59. Please tell us what, if any, additional resources were needed in your practice in order to use the FIDO measure.

[Free text]

60. Was there anything that could be changed about the FIDO measure that you feel could have made the measure more useful?

[Free text]

61. Would you like to continue to use the FIDO measure in your future practice?

- Yes
- No
- Don't know

62. Please explain why.

[Free text]

Section F. Anything else to add

63. If you have anything else to add, please write it here.

[Free text]

Section G. Close

Thank you for completing the survey.

If you would like further information, you can contact Helen Burridge via email helen.burridge@eif.org.uk or info@eif.org.uk, telephone: **020 3542 2481**.

Annex L: Observation charting template

Details of observation	Local area	
	Name and type of activity	
	Observer	
	Date	
	Time	
	Location	
Dosage of the activity	Length of activity	
	Frequency of activity	
Fidelity: How is the activity delivered?	Facilitator/lead (eg initials and job title)	
	Participants/attendees (eg initials and job title)	
	Mode of delivery (eg online, in-person)	
	Format of delivery (eg one-to-one, groups)	
Fidelity: Is the activity being delivered as intended?	Is the activity being delivered as intended? / Does it align with our understanding of the activity set out in the theory of change? / Is there evidence that the activity aligns with the local areas practice approach (eg systemic practice)?	

Fidelity: What does the activity involve?	What happens during the activity? What is the structure of the activity? This will include most of the notes from the observation	
	What topics are discussed?	
	What tools, if any, are used and how are they used?	
	What, if any, therapeutic ideas/skills are discussed or practised?	
Adaptation: Has the activity been adapted?	Has the activity been adapted or modified from usual delivery? If so, what changes were made, why and when?	
Participant responsiveness: How do participants engage in the activity?	Do participants appear to be engaged? If so, in what ways? eg asking relevant questions, contributing their ideas, etc	
	What is the relationship like between facilitator/lead and participants/attendees?	
Observer reflections	Observer reflections on the activity. Note any reflections that have not been captured in the charting.	
Anything else	Any other comments or reflections	