

EVALUATION PROTOCOL

Emotion Coaching: a feasibility study

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Evaluation protocol

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2 Introduction

This is the protocol for a feasibility study of the Emotion Coaching (EC) programme, which was originally delivered in a community setting in the US and has been adapted by Solace Women's Aid for delivery in their UK refuge settings. The feasibility study will take place across three Solace Women's Aid refuges in London between February and October 2024.

The Emotion Coaching programme is a parenting programme for non-abusive mothers and children who have been exposed to domestic violence and abuse (DVA). It is delivered across 12 weekly group skills-based sessions. It aims to improve the emotion regulation skills of mothers and children and, in doing so, reduce children's externalising behaviours, including aggression; enhance children's mental health outcomes; increase mothers' confidence in their own parenting abilities and, in the long-term, increase emotional connection between mothers and children.

The feasibility study has been preceded by two prior research phases: a co-design phase between June and July 2023 and an adaptation phase between August and December 2023 (see Appendix 1: summary of co-design and adaptation phases for more information on the activities undertaken during these phases).

During these phases, we have worked closely with Solace Women's Aid colleagues, YEF (Youth Endowment Fund) Race Equity Associate Fatima Husain and the Emotion Coaching service user expert group – a group of former Solace Women's Aid service users with lived experience of living in refuges and/or participating in programmes comparable to Emotion Coaching who are guiding and feeding back on key elements of the study.

3 Background

3.1 Overview

This section sets out the theoretical and scientific background, policy and practice context and rationale for the Emotion Coaching programme and for its delivery in Solace Women's Aid refuges. It also outlines the rationale for conducting a feasibility study for the future impact evaluation of Emotion Coaching in Solace Women's Aid refuges.

3.2 Context

The Emotion Coaching programme was developed in response to the following context:

- a) Children exposed to DVA are at increased risk of anxiety, depression, aggression and emotion dysregulation. The emotion dysregulation may contribute to increased prevalence of externalising behaviours.

- b) Emotion coaching attitudes and practices may enhance mothers' awareness and acceptance of emotion in themselves and their child, and improve mothers' and children's emotion regulation skills.
- c) Emotion coaching attitudes and practices and emotion regulation may increase emotional connection between mothers and children exposed to DVA and decrease the likelihood of mothers exposed to DVA using harsh parenting practices.

The rest of this section discusses each theme in more detail.

3.2.1 Children exposed to DVA are at increased risk of anxiety, depression, aggression and emotion dysregulation. The emotion dysregulation may contribute to increased externalising behaviours.

Evidence shows that children who witness DVA are at greater risk of experiencing conditions such as anxiety and depression (Berg et al, 2022; Kernic et al, 2003), as well as behaviours including aggression and behavioural problems (Evans et al, 2008; Sternburg et al, 2006). There is some evidence to suggest that these behavioural problems can extend to violent behaviour, including perpetrating aggressive behaviour and/or DVA in adolescence and adulthood (Steketee et al, 2021; Arty et al, 2014).

There is growing evidence to suggest that children's exposure to DVA is associated with emotion dysregulation, such as using ineffective emotion regulation strategies and demonstrating greater emotional reactivity (Weissman et al, 2019 Katz et al, 2020). As a result, it is understood that emotion regulation may be a mediator linking DVA exposure and externalising symptoms among children, including externalising behaviours (Fong et al, 2019; Harding et al, 2013).

3.2.2 Emotion coaching attitudes and practices may enhance parents' awareness and acceptance of emotion in themselves and their child, and improve parents' and children's emotion regulation skills.

Experiencing DVA is also known to have a negative impact on parents' emotion regulation abilities (Gurtovenko & Katz, 2020). Parents' perspectives on emotions shape how they express and regulate their own emotions, as well as how they respond to their children's emotions (Katz et al, 2012, Gottman, 1996). Parents who practice approaches grounded in "emotion coaching" attitudes will be (1) more aware of their own emotions; (2) more aware of their children's emotions; (3) able to support their children to work through negative feelings like anger and sadness using understanding, empathy and problem-solving; and (4) improve both their emotion regulation skills and those of their children (Katz et al, 2020; Hurrell et al, 2017). Therefore, increasing parents' emotion coaching attitudes and practices

may improve parents' emotion regulation skills and, in doing so, enhance parents' capacity to respond to children's emotions.

3.2.3 Emotion coaching attitudes and practices and emotion regulation may increase emotional connection between parents and children exposed to DVA and decrease the likelihood of parents exposed to DVA using harsh parenting practices.

Evidence suggests that improving parents' and children's emotion regulation skills may increase emotional connection between parents and children exposed to DVA and, as a result, decrease the likelihood of parents exposed to DVA using harsh parenting practices. This may have long-term ramifications for the relationship between parents and children who are victims of DVA. Within this context there is some evidence to suggest that parents who use emotion coaching may be less inclined to maltreat their children (Shipman et al, 2007). For children who have been exposed to DVA, emotion coaching may help parents build emotional connection with their children (Gus et al, 2015). This may occur through increased use of validation and decreased use of sermonising, lecturing and scolding (Katz et al, 2020). The use of emotion coaching by parents may therefore have a positive impact on reducing behavioural problems in children who have witnessed DVA.

3.3 Rationale for the Emotion Coaching programme

The Emotion Coaching programme was developed as a response to the above context. It was first piloted in the United States by Dr Lynn Katz at the University of Washington to explore whether a parenting programme targeting mothers' emotion regulation skills could lead to better outcomes specifically for families exposed to DVA. It is the first known intervention for families who have experienced DVA which specifically targets improvements in maternal and child emotion regulation within a parenting context (Katz et al, 2020).

Given that emotion regulation predicts child adjustment and parenting outcomes following DVA exposure, the theory underpinning the Emotion Coaching programme is that an intervention which supports mothers and their children to regulate their emotions is likely to result in improvements to child adjustment, including internalising and externalising behaviours; quality of the parent-child relationship and parent's confidence in their own parenting ability. The Emotion Coaching programme being a group intervention was felt by the programme developer to be important to the programme success, given that an extra

element of social support may boost parental confidence and wellbeing (Howarth et al, 2023).¹

3.4 Rationale for delivering the Emotion Coaching programme in Solace Women’s Aid refuges

The Emotion Coaching intervention met YEF’s funding call to fund and evaluate programmes specifically designed for children and families experiencing domestic abuse. The specific question they were seeking to address was *‘Which approaches are most effective in helping families and carers to create a supportive home environment for 6- to 14-year-old children (including looked-after children), reducing the likelihood of them becoming involved in violence?’*

In earlier research conducted by Howarth et al (2023), women receiving services and refuge staff were consulted on potential interventions for Solace Women’s Aid to adapt and implement. The Emotion Coaching programme was viewed positively by both groups, with refuge staff ranking the programme as their preferred option. Women receiving services shared that they wanted a programme focused on emotion regulation and took into consideration their child’s emotions. It also stood out to them that the programme was designed for families experiencing DVA and included sessions to support them have conversations with their children about the violence and/or abuse they had experienced and/or witnessed.

3.5 Rationale for conducting a feasibility for the future impact evaluation of the Emotion Coaching programme in this setting

The decision to undertake a feasibility study rather than move straight into a pilot RCT was informed by the following factors:

- Delivery by Solace Woman’s Aid represents delivery of Emotion Coaching in a different country and setting. The original pilot of the Emotion Coaching programme was delivered in a North American community setting by therapists. This iteration of the programme is being provided to women and children living within a refuge setting in England and delivered by refuge staff. It has therefore been important to explore whether the programme could plausibly be implemented in this new context. Given the change in setting, adaptations have been needed to enhance feasibility and acceptability, which would need to be accounted for ahead of a pilot. An adaptation

¹ Please note this report by Howarth et al, (March 3, 2023) is unpublished research.

phase was included to ensure that the Emotion Coaching programme has been sufficiently adapted to be ready for implementation in the feasibility study phase.

- Understanding whether programme activity could plausibly lead to predicted short- and longer-term outcomes is important to gauge the potential for pilot.
- Given that Solace Women's Aid are fairly new to participating in independent impact-focused evaluations of this nature it was felt that it would be helpful to understand how feasible it is for their staff to implement processes, and to collect and collate data to support RCT evaluation.

4 About the Emotion Coaching programme

4.1 Overview

This section provides a detailed overview of the Emotion Coaching programme as delivered by Solace Women's Aid. It covers the Emotion Coaching theory of change, target audience, activities and intended outcomes.

4.2 Theory of change

In line with the Early Intervention Foundation's 10 steps for evaluation success, Table 1 below presents the Emotion Coaching's theory of change. This has been developed based on:

- Documentation and information provided by Dr Lynn Katz.
- Workshops during the co-design and adaptation phases and project management meetings between Cordis Bright, Solace Women's Aid and YEF.
- A rapid review of evidence.

Table 1: Emotion Coaching theory of change

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short term	Medium term	Long term
<p>The Emotion Coaching programme aims to achieve the following:</p> <p>a) To develop emotional awareness, emotional regulation and emotion coaching skills among mothers exposed to domestic violence and abuse (DVA).</p> <p>b) To strengthen the emotional connection between mother and child.</p>	<p>A parent’s set of beliefs about emotions guide how they express and regulate their own emotions, as well as how they respond to their children’s emotions.</p> <p>Children experiencing DVA are more likely to experience depression, anxiety, PTSD, and other difficulties compare to children who do not experience DVA.</p> <p>DVA negatively impacts on the way parents and children</p>	<p>a) Mothers and children and young people aged 6-14 who;</p> <p>b) Have been exposed to DVA.</p> <p>c) Are settled within a Solace Women’s Aid refuge.</p> <p>d) Have been referred by refuge staff to the Emotion Coaching programme and found to be eligible, i.e.,</p>	<p>Mothers and children are provided support from a family support worker (FSW) which:</p> <p>a) Equips them with skills to develop their emotional awareness.</p> <p>b) Equips them with skills to develop their emotional regulation abilities.</p> <p>c) Supports them to develop their emotion</p>	<p>Children have:</p> <p>a) Reduction in externalising behaviours.</p> <p>b) Improvements in recognition of own emotions.</p> <p>c) Improvements in emotional regulation.</p> <p>Mothers have:</p> <p>a) Improvements in emotional awareness and acceptance of own and child’s emotion.</p>	<p>Children experience:</p> <p>a) Improvements in quality of parent-child interactions: decreased negativity.</p> <p>Mothers experience:</p> <p>a) Improvements in quality of parent-child interactions: increased use of validation.</p> <p>b) Improvements in quality of parent-child interactions: decreased use of sermonising/lecturing/scolding</p> <p>c) Increase in confidence in own parenting abilities.</p>	<p>Mothers:</p> <p>a) Increased psychological adjustment.</p> <p>Children:</p> <p>b) Increased psychological adjustment (internalising and externalising problems).</p> <p>Family unit:</p> <p>c) Improved emotional connection and parent-child relationship.</p>

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short term	Medium term	Long term
<p>c) To decrease harsh parenting behaviours.</p> <p>d) To decrease mental health difficulties in both mothers exposed to domestic violence and abuse (DVA) and their children.</p> <p>e) To develop a sense of social support.</p> <p>f) To prevent or reduce children's involvement in youth violence.</p>	<p>can express and manage their emotions. People who find it difficult to manage their emotions may experience longer and more severe periods of distress.</p> <p>Attending predominantly group-based sessions can help attendees develop a sense of social support.</p>	<p>completed initial practicalities and recognise their experience as DVA.</p> <p>e) Are sufficiently emotionally resilient to participate in the programme.</p>	<p>coaching skills to better understand and validate their children's emotions.</p> <p>d) Gives them knowledge about how to respond to trauma-related emotions like anger.</p> <p>e) Equips them with strategies for talking to their children about the DVA they experienced and their abuser.</p>	<p>b) Improvements in emotion coaching behaviours.</p> <p>c) Improvements in emotional regulation.</p> <p>d) Increase in perception of social support.</p>		

4.3 Who does the Emotion Coaching programme aim to work with?

The target cohort for the Emotion Coaching programme is women living in Solace Women's Aid refuges² with a child aged 6-14. Within this, based on data provided by Solace Women's Aid on the demographics of their refuge residents (as reported in Howarth et al, 2023), the project team expects many programme participants to be from racially minoritised backgrounds, to have English as an additional language and to be from low-income households.

Inclusion criteria are:

- Mother has been previously exposed to DVA and recognises what has previously happened to them as DVA. The former is assessed by the mother being a Solace Women's Aid refuge resident and, if required, reviewing their history of DVA in their case file. The latter is assessed by the refuge worker who works directly with the mother based on their prior conversations about their history of DVA.
- Mother has settled within a Solace Women's Aid refuge and completed initial practicalities. Solace Women's Aid staff have described this as an intensive process typically involving an introduction to the refuge; completion of paperwork, including a support plan, risk assessment and needs assessment; applying for welfare benefits; and registering with local services, such as GP surgeries and schools. Typically, the woman is likely to have been living in the refuge for at least a month for these practicalities to have been completed and for women to feel relatively settled. Solace Women's Aid staff have advised that it would be unrealistic to ask mothers to be involved in a programme while they are completing initial practicalities as their schedules are unpredictable, they lack financial stability and they are still getting used to living arrangements in the refuge.
- Mother is sufficiently emotionally resilient to participate in the programme. Solace Women's Aid staff identified during the adaptation phase that they felt mothers should feel that they are in a sufficiently emotionally stable place to participate in a programme that covers topics that may be sensitive, upsetting or emotionally triggering. This is assessed through a conversation between the mother and the family support worker (FSW) delivering the programme in the refuge where the

² Women who start the Emotion Coaching programme, but leave the refuge during the course of the programme are able to return to the refuge to attend sessions and complete the programme.

mother resides about whether the mother has any concerns about their current emotion wellbeing affecting their ability to engage meaningfully with the programme.

Exclusion criteria are:

- Solace Women’s Aid refuge intends to evict the mother, which would mean that they are unable to return to the refuge premises to complete the programme on site.

Following receipt of initial referrals from refuge workers, FSWs will meet with each prospective programme participant to ensure the referral is appropriate using the inclusion and exclusion criteria outlined here.

4.4 What activities does the Emotion Coaching programme involve?

Table 2 describes the Emotion Coaching programme in line with the Template for Intervention Description and Replication (TiDieR) framework (Hoffman et al. 2014).

Table 2: TiDieR framework for Emotion Coaching in Solace Women’s Aid refuges

TiDieR item	Description
Brief name	Emotion Coaching programme
Why?	<p>The EC programme was developed in response to:</p> <ul style="list-style-type: none"> a) Evidence that children exposed to DVA are at increased risk of anxiety, depression, aggression and emotion dysregulation. The emotion dysregulation may contribute to increased externalising behaviours. b) Evidence that emotion coaching attitudes and practices may enhance parents’ awareness and acceptance of emotion in themselves and their child, and improve parents’ and children’s emotion regulation skills. c) Evidence that emotion coaching attitudes and practices and emotion regulation may increase emotional connection between parents and children exposed to DVA and decrease the likelihood of parents exposed to DVA using harsh parenting practices.

TiDieR item	Description
<p>Who delivers?</p>	<p>The programme is delivered by three full-time Solace Women’s Aid family support workers (FSWs). The FSWs are supported by a Solace Women’s Aid project manager. Each FSW has experience of supporting mothers and children who have been impacted by domestic abuse. All FSWs have received training in Emotion Coaching programme facilitation. They all have enhanced DBS checks and up-to-date safeguarding training.</p>
<p>What is delivered?</p>	<p>The EC programme is a skills-based group-based parenting intervention which aims to improve mothers’ and children’s emotion regulation skills and improve mothers’ emotion coaching behaviours.</p> <p>The sessions focus on fostering emotion regulation in both mothers and children; developing emotion coaching behaviours with mothers; minimising harsh parenting; and encouraging a stronger emotional connection between mother and child.</p> <p>The session structure is as follows:</p> <ul style="list-style-type: none"> • Session 1: introduction including a psychoeducation about DVA and goal setting. • Sessions 2 & 3: mothers' awareness of emotions in herself and her child. • Sessions 4 & 5: emotion regulation abilities. • Sessions 6-9: emotion coaching abilities. • Sessions 10 & 11: responding to anger and talking about the abuse. • Session 12 provides an opportunity to review and summarise essential points of the intervention with the mothers and develop a plan for continuing support of their children. <p>Eight of the 12 group sessions are delivered exclusively with mothers, with groups typically comprising 5-8 mothers. The remaining four group sessions (sessions 6, 7, 8 and 9) are delivered with both mother and child in attendance to allow for in person training and feedback.</p>

TiDieR item	Description
	Each programme session includes discussions, modelling and role playing, case studies and educational didactic presentations. Videos are also used to model the types of behaviours that the intervention is targeting.
When and how much?	The programme consists of 12 sessions which are around two hours in length. They will be delivered once per week over a 14-week period with a two-week break to take into account the Easter school holidays.
How?	Support is delivered face-to-face. Each of the three groups completing the programme will ideally include 5-8 mothers, in line with the original intervention.
Where?	The programme will take place across three Solace Women’s Aid refuges in Bexley, Enfield and Islington. Sessions will take place in the refuges.
Tailoring?	Session topics follow the session structure set out above, meaning session topics are not tailored to individual needs. However, there is scope for some session activities, in particular reflections which mothers are required to complete between sessions, to be adapted based on mothers’ specific learning needs. For instance, for mothers who struggle with writing, there is scope for them to complete these reflections by recording voice notes which they share with FSWs.
How well?	Fidelity to the EC programme throughout the evaluation will be assessed against the programme’s theory of change and documented approach. This assessment will take place through the use of monitoring data and as part of the feasibility study.

4.5 What does the Emotion Coaching programme aim to achieve?

In line with the theory of change presented in Table 1, this section sets out the Emotion Coaching programme’s intended outcomes.

4.5.1 Short-term outcomes

The intended short-term outcomes of the Emotion Coaching programme for children are that they have:

- Reduction in externalising behaviours.
- Improvements in recognition of own emotions.
- Improvements in emotional regulation.

The intended short-term outcomes of the Emotion Coaching programme for mothers are that they have:

- Improvements in emotional awareness and acceptance of own and child's emotions.
- Improvements in emotion coaching behaviours.
- Improvements in emotional regulation.
- Increase in perception of social support.

4.5.2 Medium-term outcomes

The intended medium-term outcomes of the Emotion Coaching programme for children are that they have:

- Improvements in quality of parent-child interactions: decreased negativity.

The intended medium-term outcomes of the Emotion Coaching programme for mothers are that they have:

- Improvements in quality of parent-child interactions: increased use of validation.
- Improvements in quality of parent-child interactions: decreased use of sermonising/lecturing/scolding
- Increase in confidence in own parenting abilities.

4.5.3 Long-term outcomes

The intended long-term outcomes of the Emotion Coaching programme for children are that they have:

- Increased psychological adjustment (internalising and externalising problems).

The intended long-term outcomes of the Emotion Coaching programme for mothers are that they have:

- Increased psychological adjustment.

The intended long-term outcome of the Emotion Coaching programme for the family unit is that they have:

- Improved emotional connection and parent-child relationship.

5 Feasibility study objectives and research questions

The research objective and questions underpinning the feasibility study have been designed in line with YEF guidance on feasibility studies and implementation and process evaluations (YEF, 2022).

5.1 Research objectives

The primary objectives of the feasibility study are to:

- Establish if it has proven feasible to a) adapt and b) implement Emotion Coaching (an intervention created for women living in community settings) in refugee settings.
- Understand if it is plausible that the intervention could lead to the shorter and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes which are the agreed focus for any future impact evaluation.
- Explore to what extent an experimental or quasi-experimental methodology for an impact evaluation of the Emotion Coaching programme is practically possible.

5.2 Research questions

Key research questions are:

1. **Dimensions of implementation:** Has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings) in refugee settings within the context of the following:
 - a. Fidelity/adherence:
 - i) Has it proved possible to operationalise the model agreed during the adaptation phase?
 - ii) Is the intervention being implemented with fidelity to the model agreed? If not, in what ways does it differ and why?

- b. Dosage:
 - i) How much of the intended intervention has been delivered and does this match the dosage agreed in the adaptation phase?
 - c. Quality:
 - i) Is the intervention acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?
 - ii) Are there any potential harms and unexpected consequences of implementation or participation?
 - iii) Would there be an appetite for continued delivery of the programme among Solace Women's Aid colleagues (such as intervention delivery staff and other refuge staff) in the absence of YEF funding?
 - iv) Would there be an appetite for prospective delivery of the programme among Solace Women's Aid VAWG partner organisations?
 - d. Reach and responsiveness:
 - i) Are the proposed numbers of women and children in the selected refuge settings eligible for, interested in and engaging with the intervention?
 - ii) How inclusive is the intervention for minoritised groups and those who have previously been marginalised by services?
 - e. Adaption:
 - i) Are further adaptations to the model or its implementation needed to accommodate context and need?
2. **Programme outcomes:** Is it plausible that the intervention could lead to the shorter and longer-term outcomes specified in the theory of change, and, in particular, the primary and secondary outcomes which are the agreed focus for any future impact evaluation?
- a. Which aspects of Emotion Coaching have supported positive outcomes?
 - b. How have experiences of support differed across sub-groups?
3. **Future implementation:** To what extent is an experimental or quasi-experimental methodology for an impact evaluation of the Emotion Coaching programme practically possible?

- a. To what extent would experimental or quasi-experimental methodologies be acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?
- b. Is the project set up and adequately resourced to support an experimental or quasi-experimental methodology for impact evaluation?
- c. Does the pilot of data collection processes and outcomes measurement tools during the feasibility study suggest that these are appropriate and feasible for future use?
- d. Can a future impact evaluation using experimental or quasi-experimental methodologies be designed and delivered in ways which promote race equity, diversity and inclusivity?
- e. How feasible is it to scale up intervention delivery and what would be the likely reach of the intervention and any related impact study?
- f. Is business as usual in the refuge settings to be included in any future impact evaluation well understood and does it omit any intervention similar to Emotion Coaching?
- g. What would be an appropriate RCT design for any future impact study?
- h. Are there any further factors which might inhibit the success of any future experimental or quasi-experimental impact evaluation? If so, how might these be addressed?
- i. What strengths might Solace Women's Aid and the evaluator build on in order to ensure the success of any future impact evaluation?

6 Success criteria and/or targets

Table 3 sets out the success criteria underpinning the feasibility study. These have been set in line with research questions and based on YEF guidance on feasibility studies and implementation and process evaluations (YEF, 2022).

Table 3: Success criteria for Emotion Coaching feasibility study

	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
<p>Feasibility of recruitment</p> <p>Can X% of the proposed number of eligible participants (<i>N</i> = 28) for the Emotion Coaching intervention be recruited?</p>	If 21 or more participants are recruited (75%+)	If 14-20 participants are recruited (50-75%).	If under 14 participants are recruited (under 50%).
<p>Programme dosage</p> <p>Can X% of recruited participants for the Emotion Coaching intervention complete X number of sessions?</p>	If 75% of recruited participants complete all 12 sessions.	If 50-75% of recruited participants complete all 12 sessions.	If under 50% of recruited participants complete all 12 sessions.
<p>Feasibility of retention</p> <p>Can X% of recruited participants for the Emotion Coaching intervention be retained in the study until completion (i.e., completion of all outcome measures)?</p>	If 75% of recruited participants are retained.	If 50-75% of recruited participants are retained.	If under 50% of recruited participants are retained.
<p>Completion of outcome measurement tool items</p> <p>Can X% of recruited participants for the Emotion Coaching intervention complete X% of outcome measurement tool items?</p>	Participants complete on average 90% of outcome measurement tool items.	Participants complete on average 70-90% of outcome measurement tool items.	Participants complete on average less than 70% of outcome measurement tool items.

	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
<p>Fidelity to programme model</p> <p>Is the intervention being implemented with fidelity to the model agreed? If not, in what ways does it differ and why?</p>	<p>Facilitators report diverging from the model agreed in their fidelity forms on fewer than 3 occasions during programme delivery.</p> <p>Those diversions which are identified are likely to be relatively minor.</p>	<p>Facilitators report diverging from the model agreed in their fidelity forms on 3-5 occasions during programme delivery.</p> <p>Those diversions which are identified are likely to be relatively minor.</p>	<p>1 or more of the identified diversions is major and/or insurmountable.</p>
<p>Intervention implementation (participants' experiences of delivery)</p> <p>What barriers do recruited participants identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?</p>	<p>Fewer than 3 barriers identified to an RCT of intervention based on qualitative data from Emotion coaching participants.</p> <p>Those barriers which are identified are likely to be surmountable because workarounds</p>	<p>3-5 barriers identified to an RCT of intervention based on qualitative data from Emotion coaching participants.</p> <p>Those barriers which are identified are likely to be surmountable because workarounds</p>	<p>1 or more of the identified barriers appears unlikely to be surmountable.</p>

	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
	can be easily identified.	can be easily identified.	
<p>Intervention implementation (staff experiences of delivery)</p> <p>What barriers do Solace Women’s Aid and YEF staff identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?</p>	<p>Fewer than 3 barriers identified to an RCT of intervention based on qualitative data from Emotion coaching staff.</p> <p>Those barriers which are identified are likely to surmountable because workarounds can be easily identified.</p>	<p>3-5 barriers identified to an RCT of intervention based on qualitative data from Emotion coaching staff.</p> <p>Those barriers which are identified are likely to surmountable because workarounds can be easily identified.</p>	<p>1 or more of the identified barriers appears unlikely to be surmountable.</p>
<p>Interest in programme and prospective RCT among external VAWG stakeholders</p> <p>What barriers do external VAWG stakeholders identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?</p>	<p>Fewer than 3 barriers identified to an RCT of intervention based on qualitative data from external VAWG stakeholders.</p>	<p>3-5 barriers identified to an RCT of intervention based on qualitative data from external VAWG stakeholders.</p>	<p>1 or more of the identified barriers appears unlikely to be surmountable.</p>

	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
	Those barriers which are identified are likely to surmountable because workarounds can be easily identified.	Those barriers which are identified are likely to surmountable because workarounds can be easily identified.	

7 Methods

7.1 Methods overview

This study will use a mixed methods approach to evaluate the feasibility of adapting and implementing the Emotion Coaching programme in Solace Women’s Aid refuges. The qualitative evidence captured from semi-structured interviews and observations will be triangulated with quantitative evidence from activity and dosage data, and questionnaires which will capture key outcome measures. Together, these will support evidenced recommendations concerning potential for future development of both the Emotion Coaching initiative and evaluation. Table 4 presents an overview of the methods used throughout the feasibility study. The rest of this section outlines these methods in more detail.

Table 4: Emotion Coaching feasibility study methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ programme model relevance ³
Analysis of activity and dosage data	Activity and dosage data collected by Solace Women’s Aid FSWs	All mothers who have received the intervention (N=28).	Descriptive statistics and bivariate analysis	RQ 1b, 1d RQ 3e, 3g	Dimensions of implementation: dosage, reach and responsiveness Future implementation: feasibility of experimental/quasi-experimental methodologies, including scale-up and RCT design
Self-report outcome measures	Baseline, midpoint and endpoint questionnaires	All mothers who have received the intervention (N=28).	Descriptive statistics and	RQ1c RQ 2a, 2b	Dimensions of implementation: quality Programme outcomes: plausibility of outcomes; differences in outcomes across sub-groups

³ This column sets out which of the key research questions (as set out in 5.2) each research method relates to. Interview topic guides have been prepared for each stakeholder group which contain questions within these overarching research questions appropriate to that specific group. Interview topic guides are available to review upon request.

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ programme model relevance ³
	completed by mothers		bivariate analysis	RQ 3c, 3d	Future implementation: feasibility of outcome measurement tools and EDI-sensitive methodologies
Analysis of fidelity forms	Fidelity forms completed after each session by Solace Women's Aid FSWs	3 FSWs delivering the intervention.	Thematic analysis	RQ 1a, 1e	Dimensions of implementation: fidelity/adherence; adaptation
Observation of practice	Observation of workshops by Cordis Bright evaluation team	One workshop across each of the three refuges where intervention is being trialled.	Thematic analysis	RQ 1a, 1e RQ 3b, 3h, 3i	Dimensions of implementation: fidelity/adherence; adaptation Future implementation: factors affecting feasibility of experimental/quasi-experimental methodologies, including enablers and barriers

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ programme model relevance ³
Semi-structured interviews	Interviews with mothers	10 mothers across the three refuges. This will involve a range of ages, ethnicities and extent of programme completion.	Thematic analysis	RQ 1c, 1e RQ 3a	Dimensions of implementation: quality; adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups
Semi-structured interviews	Interviews with children/young people	10 children of the mothers completing interviews. This will involve a range of ages and ethnicities.	Thematic analysis	RQ 1c, 1e RQ 3a	Dimensions of implementation: quality; adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups
Semi-structured interviews	Interviews with wider stakeholders	Up to 20 key programme stakeholders, including Solace	Thematic analysis	RQ 1c, 1e RQ 3a, 3b, 3e, 3f	Dimensions of implementation: quality; adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups; factors affecting

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ programme model relevance ³
		Women's Aid staff, YEF staff and Dr Katz.			feasibility of experimental/quasi-experimental methodologies, including scale-up and business as usual
Semi-structured interviews	Interviews with VAWG stakeholders	Up to 6 interviews with VAWG stakeholders in commissioning and/or strategic roles.	Thematic analysis	RQ 3a, 3e, 3h	Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups; factors affecting feasibility of experimental/quasi-experimental methodologies, including scale-up and obstacles

7.2 Participant journey overview

Figure 1 presents the participant journey flow diagram for the feasibility study. This shows the following key steps:

- Referrals, identification and screening.
- Collecting informed consent.
- Data collection at baseline and two follow-up points.
- Conducting analysis.

Figure 1: Emotion Coaching participant journey overview

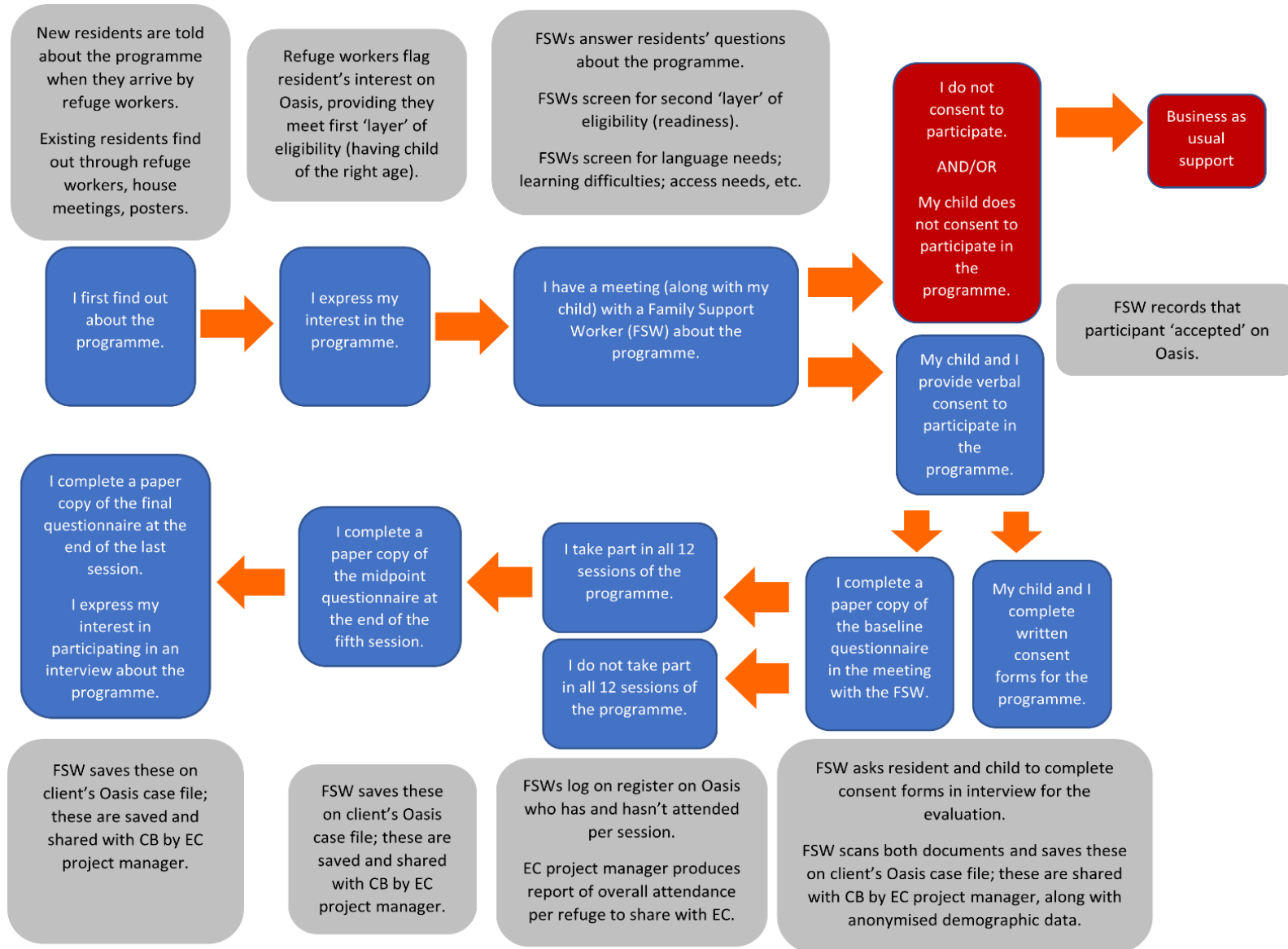


Table 5 presents an overview of the different data types that are collected at each stage of the feasibility study. These are:

- Eligibility data.
- Demographic and socio-economic data.
- Self-report validated outcomes measures.
- Activity and dosage data.
- Evaluation monitoring data.

The remainder of this chapter describes in full how each of the processes in the participant journey will be implemented and conducted, as well as the data types collected at each stage of the journey.

Table 5: Data collection overview

Data type	Data collection source	Data collection point				
		Referral	Baseline	Treatment phase	Midpoint (after 5 weeks)	Endpoint (after 12 weeks)
Eligibility	SWA refuge workers and FSWs	✓				
Informed consent	Mothers and young people	✓				
Demographic and socioeconomic data	SWA refuge workers and FSWs	✓				
Self-report outcomes measures	Mothers with support from FSWs if required		✓			✓
Activity and dosage data	SWA FSWs			✓		
Evaluation monitoring data	SWA FSWs with support from Emotion Coaching project manager	✓	✓	✓	✓	✓

7.3 Eligibility and informed consent

7.3.1 Participant referrals, eligibility and screening

Eligible participants will be identified by refuge workers in the four Solace Women's Aid refuges in the three local authorities where the Emotion Coaching programme will be delivered. They will be identified in line with the inclusion and exclusion criteria and eligibility thresholds set out in section 4.3, i.e., having a child in the eligible age bracket. Before the start of the recruitment period, all refuge workers in these refuges will undergo discussions with the family support workers (FSWs) delivering the Emotion Coaching programme who will explain the eligibility criteria in advance.

Refuge workers will discuss with eligible mothers whether they are interested in finding out more about the programme and if they consent to the FSW for the refuge contacting them to arrange a meeting to undertake a screening conversation. The refuge worker will create a referral for the mother on their case file on Oasis, the case management system used by Solace Women's Aid, to flag their interest in the programme to the FSW.

FSWs will then contact eligible participants and arrange a face-to-face meeting with them and their eligible child. They will ask the mother if they or their child have any language needs. If the mother's (and or/their child's) primary language is not English and they will require translated materials, the FSW will contact the Emotion Coaching project manager to discuss translating the information sheet and consent form into the required language.

In this screening conversation, the FSW will a) explain the programme and evaluation; b) answer mothers' questions; c) screen for mothers' 'readiness' to participate in the programme; and d) screen for any additional needs, e.g., around language, accessibility, etc. If the mother has more than one eligible child who could participate in the programme (i.e., they have more than one child aged 6-14 living with them in the refuge), the FSW will ask them in this screening conversation to select a child based on who has the most presenting needs. How this selection takes place is to be operationalised, though may present challenges given the subjective nature of 'presenting needs'. We therefore anticipate undertaking rapid cycle testing to learn during the early stages of recruitment how mothers and FSWs approach this and are open to changing the selection approach if we find this presents issues, e.g., selecting the child closest to 11, in keeping with YEF's focus on preventing youth involvement in violence. FSWs will then seek verbal consent from the mother and the child/young person to participate in the programme and evaluation (see *Collecting informed consent* below).

Demographic data on sex, age, ethnicity, English as an additional language, SEND (Special Educational Needs and Disabilities) status will have already been inputted on the mother's case file by their refuge worker. The Emotion Coaching project manager will have oversight of eligible mothers' demographic data and review each mother's case file ahead of their

meeting with the FSW. If there are gaps in demographic data for the mother and/or their child on the mother's case file, the project manager will flag this with the FSW ahead of their screening conversation with the mother and their child so they can make sure to gather any missing data during their meeting. In this meeting, the FSW will also check for any accessibility requirements and learning support needs for the mother and/or their child which would impact programme participation and add these to their case file. All data categories will be collected using harmonised data categories, i.e., in line with ONS (Office for National Statistics) and government guidance.

All eligibility and demographic data will be stored and collected securely on Solace Women's Aid servers. This will then be shared via secure transfer with Cordis Bright and stored securely and in line with the Data Protection Act and GDPR (General Data Protection Regulation) on Cordis Bright servers.

7.3.2 Collecting informed consent

Both the mother and their child will be asked to consent to participation in the study. These processes have been designed to adhere to good practice guidelines, including YEF and the Government Social Research Unit's guidance, to ensure they are accessible, inclusive and culturally sensitive.⁴ All information sheets and consent materials to be used throughout the evaluation are provided in Appendix 1: summary of co-design and adaptation phases.

The mother and their child will be asked in the screening conversation with the FSW to provide informed verbal consent to participating in the evaluation. They will be informed by the FSW that taking part in the evaluation is optional, i.e., that if they choose to not take part then they will continue to be able to access all usual Solace Women's Aid services, but that the Emotion Coaching programme will not be available to them. They will also be told that they have the right to withdraw from the evaluation at any point with no adverse consequences, i.e., they would still be able to receive the Emotion Coaching programme if they withdraw from the evaluation at a later date.

Both will be provided with hard-copy information sheets which detail the evaluation in full, as well as a privacy notice for the evaluation. The child/young person will be provided with an age-appropriate version of the information sheet based on their age (there are two versions for children aged 6-11 and 11-14 respectively; see Appendix 2). Both the mother and

⁴ The evaluation includes a disbursement ceiling in case the following is needed: document and tool translation into community languages; simultaneous translation; supporting the delivery of evaluation summaries into community languages.

their child will be given time in the meeting to read their respective information sheets and ask any questions. If the mother and their child provide verbal consent to participating in the programme and evaluation, they will be asked to complete hard-copy consent forms. These will be securely collected by FSWs, who will then upload the forms to Solace Women's Aid servers. All written evidence of consent will then be shared securely with Cordis Bright via secure transfer in line with the Data Protection Act and GDPR (see section 11).

Cordis Bright will provide guidance and training to support the Solace Women's Aid FSWs to explain the evaluation and implications and ensure the messages in the information sheets are clearly communicated to young people and their mothers. We will monitor this process by capturing feedback from the Solace Women's FSWs and project manager to ensure that materials are being used appropriately and that we are capturing informed consent.

We will also work with FSWs around explaining how consent will be stored and transferred to us in line with the requirements of the Data Protection Act and GDPR. Participants will be informed that they may ask for any of the information collected about them to be destroyed at any time up until two weeks after they have completed the third questionnaire, i.e., after around 14 weeks after they have finished involvement in Emotion Coaching, when analysis may already have begun. Participants may withdraw and ask for any of the information collected from them to be excluded from Cordis Bright servers at any time until six years post-evaluation in October 2030 (when data will be transferred for archiving), even if their data has been used as part of the evaluation.

7.4 Monitoring data collection

Activity and dosage data will be collected by the FSW who is responsible for delivering the Emotion Coaching programme in the refuge where they are based. This will involve collecting the following categories of data:

- For each session: date and session topic.
- For each session: whether each mother attended.
- If the mother did not attend a session, why they did not attend.
- Total number of sessions completed for each mother.
- Case closure date: to complete if mother pulls out of the programme before the programme end.
- Case closure reason: to complete if mother pulls out of the programme before the programme end.

Throughout the evaluation, the Emotion Coaching project manager will be responsible for monitoring and recording programme participants' progress throughout the trial. This will include for each participant tracking the following data types:

- Date of screening conversation with FSW
- Confirmation that the mother meets eligibility thresholds around readiness
- If the mother does not meet eligibility thresholds around readiness, why is this?
- Confirmation of the mother's informed consent to participate in evaluation
- If the mother does not consent, what reason(s) are given?
- Confirmation of child's informed consent to participate in evaluation
- If child does not consent, what reason(s) are given?
- Outcome measure completion rates (i.e., baseline, midpoint and endpoint).
- Programme completion.
- Programme withdrawals and attrition.

This data will be collected and stored on Solace Women's Aid secure servers and shared with Cordis Bright by the Emotion Coaching project manager on a fortnightly basis. We will then use it to audit the integrity of data collection and to assess recruitment, retention and exit through the trial. We will also use it to monitor any differences in participation across groups, for example mothers and children from racialised or minoritised backgrounds.

7.5 Outcomes data collection

Outcomes will be measured at the individual level primarily through the administration of self-report validated measures. Self-report data will be collected with assistance from Emotion Coaching FSWs in refuge settings.

7.5.1 Collection points

Measures will be obtained at:

- **Baseline (T1)**, i.e., once informed consent has been achieved from mothers and young people and up to three weeks before the first Emotion Coaching workshop.
- **Midpoint (T2)**, i.e., after the fifth Emotion Coaching workshop to identify any initial impacts at five weeks.

- **Endpoint (T3)**, i.e., after the twelfth Emotion Coaching workshop to see if any observed impacts at five weeks have been sustained twelve weeks after the start of the intervention.

Baseline data collection:

After consent is received, baseline data collection will take place for all mothers at the end of their screening conversation with the FSW, with their support to complete data collection where required. The FSWs will receive training and guidance from Cordis Bright, including scripts, on how to administer the questionnaires. They will support mothers by reading questions or explaining a question if needed and explain that their responses would be kept anonymous and only shared with the evaluation team. Questionnaires will take around 10-15 minutes to complete.

All self-report baseline outcomes collection will be completed on paper copies of the questionnaire. These baseline questionnaires will be scanned by the FSWs and uploaded to each mother's Oasis secure case file. The Emotion Coaching project manager will collate all completed questionnaires and share these with Cordis Bright via secure transfer. Data will be stored securely on Cordis Bright servers in line with Data Protection and GDPR.

If completing baseline outcomes collection is perceived to be upsetting or to trigger welfare issues, a safeguarding intervention will take place, whereby the FSW will follow the safeguarding procedure developed in collaboration with Cordis Bright, which is informed by Solace Women's Aid and Cordis Bright's internal safeguarding policies.

Midpoint and endpoint data collection

All mothers participating in the Emotion Coaching programme will be asked to complete a midpoint questionnaire at the end of the fifth workshop and an endpoint questionnaire at the end of the twelfth and final workshop. This will be completed with support from the FSW if required. Each questionnaire will take around 10-15 minutes to complete. If completing these tools is perceived to trigger any issues, a safeguarding intervention will take place, whereby the FSW will follow the safeguarding procedure detailed above.

7.5.2 Measures in use

Table 6 maps the priority outcomes from the Emotion Coaching theory of change against the validated measures which will be used to capture them. Both the outcomes and measures have been discussed, prioritised and agreed through discussions between Cordis Bright, Solace Women's Aid and YEF. All measures were reviewed to ensure they are in line with Early Intervention Foundation evidence standards, i.e., that they are not amended, that they are standardised and validated, and capture the project's outcomes. In addition, we selected

measures which are brief, use clear and age-appropriate language, and have been validated for use with young people aged 6-14 and from marginalised backgrounds.

Primary outcome measure

The key primary outcome for the evaluation will be child's externalising behaviours. This will be measured by the parent report Eyberg Child Behaviour Inventory (ECBI) used with children 2 to 16 (Eyberg & Ross, 1978).

The ECBI questionnaire is a measure of externalising behaviour from YEF's Measures Database⁵ and was agreed in collaboration with YEF and Solace Women's Aid. The ECBI questionnaire uses a 7-point Likert scale, from 1 (never occurs) to 7 (always occurs).

Secondary outcome measures

The secondary outcomes measures are as follows:

(1) that mothers who participate in the Emotion Coaching programme report that their child experiences:

- Improved emotion regulation (EDI, reactivity subscale).
- Reduction in emotional symptoms of depression (SDQ, emotion subscale).

(2) that mothers who participate in the Emotion Coaching programme experience:

- Improved emotion regulation (ERQ, full measure).
- Improved parenting confidence (PSOC, efficacy subscale).

⁵ See: <https://youthendowmentfund.org.uk/outcomes/>. Last accessed 11 January 2024.

Table 6: Outcome measures

Outcome	Measure	Subscale(s)	Number of items	Collection point(s)	Reasons for using measure
Primary outcome					
Child's externalising behaviours	Eyberg Child Behaviour Inventory (ECBI), Eyberg & Ross (1978)	Full measure	36	Baseline, midpoint (end of workshop 5) endpoint (end of workshop 12)	<ul style="list-style-type: none"> Widely used, valid and reliable parent-report measure of youth emotional and behavioural problems. Validated using a diverse population in terms of race and ethnicity, socioeconomic status, individuals with learning disabilities and age (2-16 years).
Secondary outcomes					
Child's emotion regulation	Emotion Dysregulation Inventory (EDI), Mazefsky et al (2018)	Reactivity subscale	24	Baseline, midpoint (end of workshop 5) endpoint (end of workshop 12)	<ul style="list-style-type: none"> Tool rated positively for its norms, validity and reliability (Mazefsky, 2021). Validated for use with youth with autism and general population (Mazefsky et al, 2018, 2021). Translated versions of the tool available in multiple languages.

Outcome	Measure	Subscale(s)	Number of items	Collection point(s)	Reasons for using measure
Child's depression	Strength & Difficulties Questionnaire (SDQ), Goodman et al (1997)	Emotion subscale	5	Baseline, midpoint (end of workshop 5) endpoint (end of workshop 12)	<ul style="list-style-type: none"> • Tool is YEF's core measure. • Widely used tool rated positively for its norms and reliability (YEF, 2022). • Validated for use with 4–17-year-olds. • Short questionnaire which does not take much time to complete.
Mother's emotion regulation	Emotion Regulation Questionnaire (ERQ), Gross & John (2003)	Full measure	10	Baseline, midpoint (end of workshop 5) endpoint (end of workshop 12)	<ul style="list-style-type: none"> • Widely used self-report tool rated positively for its internal validity and replicability (Preece et al, 2020). • Strong psychometric properties in general community samples (Preece et al, 2020).
Mother's parenting confidence	Parent Sense of Competence Scale (PSOC), Johnston & Mash (1989)	Efficacy subscale	8	Baseline, midpoint (end of workshop 5) endpoint (end of workshop 12)	<ul style="list-style-type: none"> • Widely used self-report tool to measure parenting efficacy and satisfaction. • Evidence of validity and good internal consistency (Ohan et al, 2000). • Translated versions of the tool available in multiple languages.

7.6 Qualitative approaches by the evaluators

The qualitative data collection methods to be employed in the feasibility study are outlined below:

7.6.1 Analysing fidelity forms completed by FSWs

We will be asking FSWs to complete a short written report following every Emotion Coaching workshop describing how they felt the session went and their observations about participant engagement in the material. In addition, FSWs will be asked to identify where they deviated from the programme manual. These brief written reflections, completed after every session, will be analysed to take stock of any challenges FSWs experience, as well as identify any areas of programme delivery that may represent adaptations from how the Emotion Coaching programme was delivered in its original iteration.

7.6.2 Observation of practice

We anticipate conducting three days of observation of Emotion Coaching programme sessions (which allows for one day of observation per site). This will help us understand not only more specific details about the programme, but also key elements of how the programme is delivered on the ground.

The timing of these observation sessions is to be finalised with Solace Women's Aid staff, but will likely take place once intervention delivery is embedded in order to get an accurate picture of implementation and fidelity, whilst also in the first half of the programme when participation is at its highest (i.e., at an early enough stage where the likelihood of reduced numbers due to attrition is lower).

7.6.3 Interviews

This section outlines our high-level approach to interviews with the following stakeholders:

Interviews with mothers and their children

We will conduct in-depth, semi-structured interviews with up to 10 mothers who participated in the programme at the end of the evaluation. For each mother, we will also conduct an interview with their child. We will aim to conduct interviews with mothers and children from each of the three participating refuges. These interviews will be used to help understand mothers' and children's experiences of the Emotion Coaching programme, including its fidelity to the Theory of Change (ToC) and Emotion Coaching manual. We will ensure that we

capture the voices of participants from a range of different ethnic backgrounds, in recognition that minority groups can face different barriers and systematic issues.

We will work with the Emotion Coaching project manager to ensure that our interview sample represents a range of ages, ethnicities, and engagement with the programme. We will gain informed consent from both mothers and young people to take part in the interviews. All interviews will take around 30-60 minutes and will be conducted face to face in the refuge where the mother and their child reside. If the mother and/or young person prefers that we conduct the interview via telephone or video call, we are happy to facilitate this. We will work with Solace Women's Aid staff to arrange the most practical method of conducting these interviews. The FSWs will not be present while the interviews take place, but they will be on hand should issues arise throughout the conversation.

We have designed and agreed topic guides for these semi-structured conversations which have been agreed in collaboration with colleagues from Solace Women's Aid and YEF, as well as the Emotion Coaching service user expert group.

If any safeguarding issues arise in these interviews, as set out in the Emotion Coaching safeguarding procedure, the interviewer will discuss them with the Emotion Coaching project manager and Solace Women's Aid refuge staff. They will follow the Solace Women's Aid and Cordis Bright safeguarding policies as appropriate.

Interviews with operational and strategic programme stakeholders

We will also conduct in-depth, semi-structured interviews with up to 20 programme stakeholders. We anticipate that this will include the following stakeholders:

- Solace Women's Aid managers and staff, including the FSWs, project manager and strategic managers, as well as staff working with the refuge settings such as refuge managers and refuge workers.
- YEF programme manager and evaluation manager.
- Dr Lynn Katz as the intervention originator.

These interviews will be conducted virtually, either by video call or telephone, and will take around 45 minutes to one hour. We have designed and agreed topic guides for these semi-structured conversations which have been agreed in collaboration with colleagues from Solace Women's Aid and YEF, as well as the Emotion Coaching service user expert group. These conversations will explore views and perspectives of how feasible it has proved to adapt and implement the Emotion Coaching project, including dimensions of implementation, factors affecting implementation and guidelines for further implementation.

These will inform our understanding of implementation and support future replication, scale and spread of both the evaluation and intervention.

Interviews with wider Violence Against Women and Girls (VAWG) stakeholders

We will aim to conduct interviews with up to six stakeholders within the wider London VAWG field. These stakeholders will likely be strategic staff from Solace Women's Aid's partner organisations, both within the London VAWG Consortium of which they are a member, and beyond, as well as potential referrers to and/or commissioners of refuge services. Consultation with these stakeholders will focus on understanding their appetite for prospective delivery of the intervention and what this would mean in terms of the potential reach of Emotion Coaching. These conversations will inform our understanding of buy-in to the intervention and any future impact evaluation as a dimension of feasibility.

7.7 Data analysis

This section outlines our high-level approach to:

- Primary and secondary outcomes analysis.
- Exploratory analysis.
- Qualitative data analysis.
- Activity data analysis

7.7.1 Primary and secondary outcomes analysis

Our analyses will be conducted in line with the YEF Analysis Guidance. All analyses will be conducted on an intention to treat basis, which means the data of all those who commence the Emotion Coaching programme will be included.

Because of the very small number of participants in this feasibility study and the absence of a comparison group, the aim of the primary and secondary outcome analyses will be to determine the completeness of the measures and to examine the extent to which their correlations align with theory.

7.7.2 Activity data analysis

Analysis of this data (including number of sessions, types of topics covered) will be used to assess the dimensions of implementation, including fidelity, dosage, and reach.

7.7.3 Exploratory analysis

As discussed earlier in the protocol we propose conducting exploratory data analysis on the following questions:

- Model compliance. This will utilise monitoring data collected by Solace Women's Aid. We will explore evidence concerning what level of dosage is associated with what level of outcome. For example, does attending eight Emotion Coaching sessions out of twelve deliver a similar impact as attending all sessions?
- Sample size. We will conduct power calculations to inform what sample size(s) would be needed to generate statistically significant findings to inform progression to an efficacy trial (potentially with an internal pilot trial).

7.7.4 Qualitative data analysis

All qualitative data will be recorded in a matrix, which maps responses against the feasibility study research questions. Our approach involves deploying a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This is an iterative process, using initial data collected to establish themes, then drawing on these themes to continue to code further data. This allows for constant comparison of the themes and ensures that any theories or judgements are closely linked to the data that they developed from. This mirrors a thematic approach to analysing qualitative data.

7.7.5 Data quality monitoring and support

We will train and provide written guidance to support FSWs with data collection. They will be provided with the evaluation team's contact information so that they can easily contact the evaluation team with questions which can be responded to quickly.

We will conduct a data quality audit for data that has been collected for the first five participants (mother and child) recruited. This will include the data collected in the screening conversation conducted by the FSWs around eligibility and consent, as well as responses to mothers' baseline questionnaires. We will amend administration techniques if required based on feedback from FSWs to ensure that the data collected is high-quality and complete. We will then conduct a data quality audit on the baseline questionnaire completions. This will assess data completeness, reliability and validity including Cronbach's Alpha and correlation analysis to confirm if the scales are performing as we would theoretically expect them to.

8 Outputs

The final output for the feasibility study will be a final evaluation report. The draft version of this report will be submitted to YEF at the end of July 2024. Peer and grantee review will take place in September and October 2024 respectively, with the finalised, reviewed evaluation report signed off in November 2024.

The final evaluation report will provide detailed findings in response to the research questions outlined in section 5.2. The report will conclude with Cordis Bright's judgement of the feasibility of intervention progression to pilot or efficacy study.

At the final session of the service user expert group in August 2024, the group members will be consulted about how the findings from the final report can best be disseminated among programme participants and within Solace Women's Aid more widely. This will include exploring whether there is scope for sharing findings in more accessible outputs, e.g., on a website, blog, or in-person talk.

9 Equality, Diversity and Inclusion

We are committed to delivering this evaluation with equality, diversity and inclusion (EDI) in mind. This section sets out in detail how EDI will inform all elements of this evaluation, from design to data analysis and dissemination of evaluation findings. We will work to ensure that our approach to EDI is rooted in and informed by a) our experience, and b) the existing evidence around what works in conducting research with parents/carers, young people and communities from racialised and minoritised groups.

All of Cordis Bright's evaluation work is delivered in line with our EDI strategy (available [here](#)) and EDI project toolkit (available [here](#)). This sets out our commitment, principles and approaches to ensure that our work is accessible to all. We commit to:

- (1) Providing equal opportunities in all aspects of employment and ensuring that we do not discriminate in recruitment or employment on the basis of a protected characteristic or any other characteristics or identities.
- (2) Opposing discrimination in all its forms, be it at a structural or institutional level or an inter-personal level. This includes direct discrimination, indirect discrimination, discrimination by association, discrimination by perception, victimisation, harassment, and bullying.
- (3) Seeking to build our understanding of the barriers created by discrimination and inequality and ensure fair, equal and inclusive treatment for our staff, clients and the people whom our work aims to support.

All members of our evaluation team are experienced at working with minoritised and marginalised communities, including specifically individuals from these communities who have experienced and/or witnessed DVA. Our research team has frontline experience of working in a refuge and as a result understands some of the barriers to engagement in participation which refuge residents experience. This experience has informed the development of research tools. For instance, interview topic guides for programme participants have been produced with attention to the need for a trauma-informed approach, which ensures we are aware of and sensitive to the potential impact of involvement in the study, including re-traumatisation.

During the adaption phase of Emotion Coaching, we have worked with YEF Race Equity Associate Fatima Husain to build our understanding of designing racially sensitive and equitable interventions.

In addition, we have foregrounded the voices of Solace Women's Aid service users through involving the Emotion Coaching service user expert group in reviewing data collection tools. We have facilitated two interactive workshops with the group during the adaptation phase, which enabled us to collect valuable feedback on how to make research tools more accessible, as well as insights on what prospective participants might most value from the programme.

In line with the commitments set out above, to ensure equality, diversity and inclusion in this feasibility study we will undertake the following:

Programme delivery:

- Provide clear accessible information so that participants from all communities can participate, including through individual meetings between FSWs and prospective programme participants. This may include document and research tool translation into community languages and/or simultaneous translation.
- Use informed consent processes and materials that adhere to good practice guidelines, including YEF's and the Government Social Research Unit's, to ensure they are accessible, inclusive, and culturally sensitive.
- Ensure programme delivery takes account of religious holidays, including Ramadan, Eid and the Easter weekend.

Data collection and analysis:

- Wherever possible and where they exist, ensure that validated outcomes measures which are selected for use in the efficacy study have been developed and validated

with young people from racially marginalised backgrounds to ensure that they are valid for use with the Emotion Coaching programme's target cohort.

- Pilot outcomes measures with the Emotion Coaching service user expert group to ensure that administration techniques are accessible and inclusive. We will provide training and guidance to the FSWs to enable them to support questionnaire completion from mothers and children from different groups.
- Provide support to enable mothers and children with SEND, English as an additional language or literacy support needs to participate in the evaluation as required. This may include document and research tool translation into community languages; simultaneous translation; or supporting tool use for participants with SEND.
- Monitor key demographic information of all participants. This will enable us to analyse any differences in referrals, recruitment, retention, and implementation across different groups, and to assess whether they are representative of similar cohorts in wider society.
- Ensure that participants from a range of racialised and minoritised backgrounds are sampled as part of our approach to qualitative interviews through the feasibility study and that they are explicitly asked about their views and experiences of the intervention in terms of race equity.
- Deploy staff who have completed cultural competency training as well as undertaken projects on equality and inclusion.
- Conduct exploratory subgroup analysis of differences in outcomes achieved by different demographic and socioeconomic groups, including by race/ethnicity.

Dissemination:

- The service user expert group will be informed about study findings and consulted about which mechanism may be most appropriate for disseminating study findings with study participants and Solace Women's Aid staff, e.g., a one-page summary; video; Zoom call; in-person meeting, etc. We can also explore opportunities to involve the lived experience group in producing and/or disseminating a study findings summary.

As part of our commitment to continuous improvement we will continue discussing and working with Solace Women's Aid and YEF colleagues on the most effective ways to conduct the feasibility study in as equitable, inclusive, and accessible a way as possible.

10 Ethics

Ethical approval was granted for the study by Royal Holloway University Research Ethics Committee under reference: REC/4056. The ethics process required the submission of a detailed application which was subject to review and scrutiny from YEF and Solace Women's Aid colleagues.

11 Data protection

For this study, Cordis Bright are joint controllers of personal data throughout the evaluation, as well as data processors, as specified in YEF data guidance (available [here](#)). Cordis Bright will deliver the evaluation in line with our full Data Protection and Information Governance Framework when storing and handling personal data for the evaluation. Cordis Bright are also registered under the Data Protection Act, have Cyber Essentials Plus accreditation and are registered under the NHS Data Security and Protection Toolkit.

For this evaluation, we have:

- A clear legal reason for sharing data with us, e.g., public interest/public task.
- Pseudo-anonymisation where possible i.e., Solace Women's Aid will pseudonymise data before transferring securely to Cordis Bright by removing the name or identifiable information and substituting it with a reference number. Only Solace Women's Aid will have access to identifiable data and the key to link programme participants' names to the reference numbers.
- A robust process to transfer data, i.e., Solace Women's Aid will transfer password protected data by secure methods such as secure email (CJMS) or using Switch Egress. Passwords will be shared via a different medium. Cordis Bright will send anonymous, pseudonymised, non-identifiable individual level data to Professor Darrick Joliffe via secure transfer such as Switch Egress or CJMS.
- Secure storage of data, i.e., Solace Women's Aid stores personal data in paper format in secure and lockable files and electronically on a database managed by a third party called Oasis Case Management Solutions. The database requires two-factor authentication to access, and login details are created only for staff whose primary job roles require access. Data is saved on Cordis Bright's secure cloud-based Microsoft SharePoint server where data is always encrypted, and two-factor authentication is required on new device logins. Data will only be accessed by

designated/authorised members of the team and will require complex passwords to login. All data will be password protected and any personal data will be saved and stored separately from interview, questionnaire and observation data. Anonymous, pseudonymised, non-identifiable individual level data will be stored securely on Royal Holloway servers in line with Data Protection Act and GDPR.

- Data will be deleted securely six years post evaluation, i.e., in October 2030. We will also follow the YEF guidance on data protection, which includes producing information sheets (see Appendix 1: summary of co-design and adaptation phases).

In addition, we have set up processes to fully inform women and their children of data protection considerations regarding data collection and their data collection rights. Participants will be informed that all information about them will be stored securely. Informed consent will be gained from women and their children prior to participation in the intervention and before data can be transferred to Cordis Bright for evaluation purposes. Women and children are able to revoke their consent prior to any data being transferred and processed. If a participant wishes to withdraw consent, they may inform a member of Solace Women's Aid staff.

All identifying information will be stored securely and in accordance with GDPR and the Data Protection Act 2018, for the purpose of correspondence with participants and only members of the research team will have access to it.

Published reports will not identify the research participant at any time. All data will be encrypted and stored securely in password protected files on password protected computers using Office 365 SharePoint and Microsoft Teams storage and only members of the research team will have access to it.

Cordis Bright and Solace Women's Aid are in the process of finalising a Data Sharing Agreement and Data Protection Impact Assessment.

12 Personnel

This section outlines the roles and responsibilities of the delivery team and the evaluation team. There are no conflicting interests of which we are aware that may be perceived to influence the design, conduct, analysis or reporting of the trial.

Solace Women Aid's delivery team

- **Courtney Gray, Project Manager:** Courtney is the Projects and Partnerships Manager at Solace Women's Aid, and she is currently overseeing project management for the

delivery of the YEF-funded Emotion Coaching Programme. She has 8 years' experience of working in the VAWG sector and has managed multiagency projects in accommodation, community, and therapeutic services, for both survivors of domestic and sexual abuse. Courtney has worked with Solace Women's Aid for 4 years and holds a BA from Northeastern University, USA and an MA from Goldsmiths University of London.

- **Javiera Mandiola, Deputy Director of Services:** Javi is the Deputy Director of Services at Solace Women's Aid. She has over 15 years' experience working with vulnerable adults, specifically women and children facing violence against women and girls (VAWG) and multiple disadvantages across a variety of settings. Javi is a proactive Deputy Director who supports a variety of services at Solace Women's Aid from ensuring service excellence to ensuring survivors are at the heart of Solace's services. Javi is passionate and committed to the work that Solace does to end violence against women and girls.
- **Family support workers x 3:** The Emotion Coaching Programme is being delivered by three full-time family support workers (FSWs). Solace Women's Aid have a highly skilled team of FSWs who provide 1:1 practical and emotional support to children and young people, as well as their parents and carers, in our refuges. Solace Women's Aid team of FSWs have a wide range of experience and many years of combined experience of supporting children who have been impacted by domestic abuse. All FSWs have enhanced DBS checks and up-to-date safeguarding training in addition to their training for Emotion Coaching programme facilitation.

Cordis Bright's evaluation team

- **Angela Collins, Principal Investigator and Project Director:** Angela has extensive experience leading high-quality research and evaluation in the area of domestic abuse and youth justice. She also has a PhD in Criminology and Social Policy funded through the University of Oxford, the Open University, Brunel University and the Economic and Social Research Council. As Project Director, Angela has responsibility for ensuring the project is delivered to a high standard and therefore will be involved in, and will quality assure all activities across the study. Responsibilities will include leading feasibility study set-up, including the pre-evaluation adaptation phase; leading workshops during the co-design process; information governance; overseeing baseline and data collection; supporting stakeholder consultation and workshops; quality assuring analysis and producing a final evaluation report; and having lead responsibility for advising on feasibility of randomised design for a future pilot evaluation, with consideration of scalability.

- **Professor Darrick Jolliffe, Co-Principal Investigator:** Darrick is a highly regarded Professor of Criminology at Royal Holloway, University of London. He is a highly cited scholar and has extensive experience of evaluation design and implementation including RCTs. He will lead on methodological decision-making and undertaking statistical analysis concerning recommendations from the feasibility study, including feasibility of the proposed RCT/QED. Responsibilities will include quality assurance and internal challenge; study design; information governance; ethical clearance; quantitative methods and analysis; and reporting.
- **Hannah Nickson, Co-Principal Investigator:** Hannah is a highly skilled evaluator with experience of conducting research and evaluations of domestic abuse services and feasibility studies for impact evaluations. She has worked with many clients, including the Home Office, Department for Education, Department of Levelling Up, Housing and Communities, Offices of Police and Crime Commissioners, local authorities, and voluntary sector organisations, to name a few. She will provide expert input on evaluation methods which include whole system approaches and address interventions with adult victims/survivors and children and young people. She will also advise on the appropriateness and feasibility of experimental and quasi-experimental methods. Responsibilities will include quality assurance and internal challenge; study design; qualitative methods and analysis; and reporting.
- **Kam Kaur, Co-Principal Investigator:** Kam is a highly experienced Social Work England qualified children's services specialist, including in mentoring and restorative justice and has a strong emphasis on tackling disproportionality in the youth justice sector. She will provide expert input on trauma-informed safeguarding and consultation with young people and methods for consulting with survivors and children. Responsibilities will include safeguarding oversight; consultation with key stakeholders and young people; qualitative analysis; and quality assuring reports.
- **Louise Ashwell, Co-Principal Investigator and Project Manager:** Louise is a skilled and experienced project manager with previous experience of research and evaluation of domestic abuse programmes, including feasibility studies. Louise also has previous work experience in domestic abuse settings, including refuges. Using PRINCE2 principles, she will have day-to-day responsibility for project delivery and be the main point of contact for YEF and the project delivery team. Other responsibilities include coordinating and contributing to all aspects of the feasibility study and adaptation phase preceding the study start; supporting the delivery and facilitation of co-design workshops and conducting work with the project team between workshops; coordinating study design; project set-up; producing project management updates; information governance; undertaking qualitative research; supporting monitoring

data; stakeholder consultation and workshops; staff consultation; practitioner support; and final evaluation report drafting.

- **Siah Lesher, Researcher:** Siah is a skilled social researcher. She has experience using a range of both quantitative and qualitative methods and prior experience in domestic abuse. She will be involved in research tool development; reviewing programme documentation; evidence review; practitioner support; consultation; quantitative and qualitative analysis; and report drafting.

13 Risks

Table 7 summarises some key risks to delivery of the feasibility study and proposes strategies to mitigate these. We will review and update this risk register on a rolling basis and use it to support project management to ensure smooth delivery of the evaluation.

Table 7: Summary of key risks and mitigation approaches

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
Challenges with participant recruitment		
Outcomes data is skewed due to selecting children in the programme based on most pressing needs when a mother has more than one eligible child	Likelihood low. Impact low.	<ul style="list-style-type: none"> • Cordis Bright and Solace Women’s Aid collaboratively discuss and decide how to operationalise identifying pressing needs.
The number of participants recruited is low due to resistance	Likelihood low to medium. Impact high.	<ul style="list-style-type: none"> • Intervention offered at least one month into refuge stay in a supportive and encouraging way with information sheets available.

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
in taking part in the intervention; there are not enough eligible participants at one or more site(s); and/or participants are reluctant to be involved in the study		<ul style="list-style-type: none"> • Can consider mixing mothers from different sites to form groups and agree total participant numbers can be lowered. • Collaborate and develop research approach with key stakeholders and delivery partners to ensure relevance of research to participants. • Exploration and application of keep-in-touch techniques used in longitudinal studies.
The number of participants recruited is low because there are not enough eligible participants for the intervention, particularly children aged 6+	Likelihood high. Impact high.	<ul style="list-style-type: none"> • Solace Women’s Aid, Cordis Bright and YEF agree to lower target number of participants if needed. • Continue to encourage eligible participants to engage and promote the Emotion Coaching programme as an opportunity for additional support.
Participant attrition		
Participants exit the intervention as a result of safeguarding incidents in the refuge; and/or because they do	Likelihood low. Impact medium to high.	<ul style="list-style-type: none"> • FSWs to monitor participant engagement during programme delivery and provide opportunities for participants to raise concerns with Solace Women’s Aid staff, including the Emotion Coaching project manager as someone who is not delivering the programme. .

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
not fully engage and drop-out; and/or because there is conflict between participants receiving the intervention		<ul style="list-style-type: none"> • Consult with original study PI on retention strategies used in original study. • Cordis Bright and Solace Women’s Aid have robust established processes for safeguarding and are in the process of agreeing have agreed joint -safeguarding and information sharing protocols.
Participants exit service through move on or eviction before completing intervention	Likelihood low. Impact low.	<ul style="list-style-type: none"> • Accommodate participants who exit through move on by inviting them to continue in the intervention where possible.
Challenges with staff recruitment		
The number of staff recruited is low due to resistance in delivering the programme and/or staff is resistant to engagement with external researchers	Likelihood low. Impact medium to high.	<ul style="list-style-type: none"> • Provide additional ongoing support to staff delivering the intervention. • Promote intervention as a development opportunity to aid buy-in from staff. • Develop research approach, sample and communication strategy in partnership with key stakeholders to ensure full understanding of the project. <ul style="list-style-type: none"> • Embedding recruitment and data collection into everyday practice to minimise burden.

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
Delivery of the programme is negatively impacted due to difficulties recruiting backfill staff and/or backfill staff exiting employment	Likelihood low. Impact medium to high.	<ul style="list-style-type: none"> • Monitor number of backfill staff and continue recruitment when needed. • Put contingency measures in place to cover staff absences.
There is not enough staff to deliver intervention due to delivery staff exiting employment	Likelihood medium. Impact high.	<ul style="list-style-type: none"> • Train two additional staff members in programme delivery in the case of any exits. • If delivery staff need to change scope of work due to personal reasons, additional staff members trained in programme delivery can fill in.
There is not enough staff to deliver the evaluation because evaluation staff exit employment or fall ill	Likelihood low. Impact low.	<ul style="list-style-type: none"> • Include multiple project team members to avoid over-reliance on specific individuals. • In the short-term, re-deploy other team members if required, given the range of skills and expertise in the wider team. • For long-term absences, draw on in-house skills and assign different members of the team to the project swiftly.

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
Difficulties understanding feasibility		
Data collected does not answer research questions	Likelihood low. Impact high.	<ul style="list-style-type: none"> • Ensure co-design approach meets the aims of the feasibility study. • Pilot all tools and amend them with YEF approval where needed. • Include early analysis of data to assure it is fit-for-purpose.
Difficulties maintaining programme fidelity		
Staff lack confidence to deliver intervention and/or data collected not enabling us to judge fidelity to original programme model	Likelihood low. Impact high.	<ul style="list-style-type: none"> • Original study PI agrees to provide ongoing support to staff delivering the programme to allay any issues. • Utilise internal support mechanisms such as clinical supervision and monthly meetings with line managers. • Create a fidelity checklist to have specific criteria relating to fidelity to measure against. • Collaborate with original study PI to identify existing checklist or comparable resource to help measure fidelity.
There are changes in programme delivery approaches	Likelihood low. Impact low.	<ul style="list-style-type: none"> • Build good working relationships and work closely with project staff to understand changes. • Factor in flexibility to the design of the research plan.

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
throughout feasibility stage		<ul style="list-style-type: none"> Ensure all stakeholders are aware of the impact changes have on evaluation during the co-design phase.
Unexpected barrier to programme delivery may arise		
Programme timeline is shifted and therefore shortens the time allotted to recruitment of participants and/or there is a lack of suitable venue space to deliver intervention	Likelihood low. Impact low to medium.	<ul style="list-style-type: none"> Target number of participants recruited is lowered to allow adequate time for family support workers to recruit participants. Establish external contingency venues for refuge space if necessary. Plan for external contingency venues in the project budget.
There is a delay in receiving programme materials from original study PI	Likelihood low. Impact high.	<ul style="list-style-type: none"> Continue follow-up and communication with original study PI. Revisions to materials are expected to be minimal and changes have been explained clearly by original study PI.
There is a challenge in operationalising how participants with more than one eligible child select which child	Likelihood medium. Impact low to medium.	<ul style="list-style-type: none"> Review how staff and the participant respond to selecting which child participates based on presenting need in the early stages of recruitment. Plan for alternative selection approaches if inconsistency identified across

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
participates in the programme based on presenting need.		participants and staff in how presenting need is assessed.
Safeguarding/ data breach/ national crisis		
People share information which needs disclosure; people at risk due to a breach of data; and/or face-to-face work is not possible in the event of a public health or national crisis (e.g., covid-19) which requires restrictions on in-person interaction	likelihood low. Impact low to medium.	<ul style="list-style-type: none"> • Take actions as agreed with YEF/project protocols and identify and plan process of communication to Designated Safeguarding Lead (DSL) at Solace Women’s Aid. • Ensure that there is learning across the team about what happened and what steps could be taken to avoid in future. • If required: introduce additional training; re-visit methodology; re-allocate team members. • Agree and follow process for handling a potential data breach with Solace Women’s Aid. • Use digital first, except where face-to-face is essential.

14 Timeline

Table 8 outlines the key activities, timings, and roles and responsibilities for the feasibility study.

Table 8: Project activities and timeline

Dates	Activity	Staff responsible/ leading
Adaptation phase (August 2023 to November 2023)		
August 2023	Grant agreement and project evaluation agreement reviewed and signed Project management meetings commence Approach agreed and materials developed for the service user expert group Workshop 1 on adaptations and feasibility plans delivered	Solace Women’s Aid Cordis Bright YEF
September 2023	Intervention materials including language and accessibility requirements finalised and participant eligibility requirements agreed Participants recruited Consultation with original study PI on suitable intervention adaptations completed Conduct review on the ToC and deliver workshop 2 on rooting the ToC in the evidence base	Solace Women’s Aid Cordis Bright YEF
October 2023	Staff training and backfill recruitment completed Session 1 of the service user expert group delivered	Solace Women’s Aid Cordis Bright

Dates	Activity	Staff responsible/ leading
	<p>Workshop 3 on reviewing and supporting existing monitoring systems delivered</p> <p>Monitoring systems finalised</p> <p>Workshop 4 on identifying outcome measures (primary and secondary outcomes) delivered</p> <p>Outcomes measurement tools for feasibility study phase agreed</p>	YEF
November 2023	<p>Ethics review to Royal Holloway University submitted</p> <p>Session 2 of the service user expert group delivered</p> <p>Workshop 5 on finalising the adaptation stage and feasibility study protocol delivered</p> <p>Outputs from adaptation phase finalised and recommendations drafted</p>	<p>Cordis Bright</p> <p>Solace Women's Aid</p> <p>YEF</p>
Implement feasibility study (December 2023 to November 2024)		
December 2023	YEF decision to progress to feasibility announced	YEF
February 2024	<p>Expected decision of ethics review submitted to Royal Holloway University</p> <p>Feasibility study protocol finalised, including decision to progress to feasibility</p> <p>'Hearts and minds' all staff meeting held to begin implementation phase</p> <p>Session 3 of the service user expert group delivered</p>	<p>Cordis Bright</p> <p>Solace Women's Aid</p> <p>YEF</p>

Dates	Activity	Staff responsible/ leading
	Monitoring data collation and support commences	
March 2024	Intake of cohort completed and delivery of intervention commences Testing of outcome measurement tools completed and measurement in the field commences	Solace Women's Aid Cordis Bright
May 2024	Final set of monitoring data received and analysed Interviews with external VAWG stakeholders and analysis completed Observation of practice commences	Cordis Bright Solace Women's Aid YEF
June 2024	Interviews with key programme stakeholders, women and children commence Observation of practice and analysis completed	Cordis Bright
July 2024	Analysis of outcome measurement tools and write-up of findings completed Interviews with key programme stakeholders, women and children and analysis completed Drafting of final report commences	Cordis Bright
August 2024	YEF review completed Session 4 of the service user expert group delivered (sense-testing findings)	Cordis Bright Solace Women's Aid YEF

Dates	Activity	Staff responsible/ leading
November 2024	Submission of final, peer and grantee reviewed report Evaluator supports with YEF publication process	Cordis Bright YEF Solace Women’s Aid

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16 Appendix 1: summary of co-design and adaptation phases

16.1 Co-design phase

The primary research objective of the co-design phase was to work with Solace Women's Aid to develop a joint project and evaluation proposal to the YEF Grants and Evaluation Committee (GEC). By the end of the co-design phase, the following research objectives had been achieved:

- Worked with Solace Women's Aid and Dr Katz to understand fully the programme to be evaluated.
- Discussed initial thoughts about how the programme could be evaluated, including presenting a proposed evaluation design to the Solace Women's Aid team.
- Explored key challenges that may arise during evaluation of the programme.

At the end of the co-design phase, Cordis Bright and Solace Women's Aid submitted a joint proposal to GEC, which was approved in early August 2023.

16.2 Adaptation phase



The primary research objective of the adaptation phase was to support Solace Women's Aid to ensure that the Emotion Coaching intervention was ready to be adapted, implemented and evaluated ahead of progressing to the feasibility study phase. By the end of the adaptation phase, the following research objectives had been achieved:







- Establishing a theory of change (ToC) which reflects the adapted Emotion Coaching programme, is rooted in the existing evidence base and includes primary and secondary outcomes of relevance to YEF's objectives and outcomes framework.
- Supporting the adaptation of the Emotion Coaching model by Solace Women's Aid colleagues, in consultation with its originator Dr Katz.
- Ensuring that staffing, other resourcing and all required systems and processes are in place, such that key stakeholders perceive that the programme is ready to be implemented and is suitable for a feasibility study.
- Preparation for the feasibility study phase was deemed to be complete and key stakeholders judged it to be acceptable and feasible. This included the following:

- a. Finalising the feasibility study approach in collaboration with Solace Women’s Aid.
- b. Setting up the women with lived experience reference group (now being referred to as the service user expert group) and seeking their input on study processes and tools, as well as input from the YEF Race Equity Associate.
- c. Establishing consent processes for participation.
- d. Agreeing safeguarding processes and pathways.
- e. Agreeing outcomes measurement tools with key stakeholders to be piloted during the feasibility phase.
- f. Establishing processes and resources for monitoring data collection.
- g. Finalising information governance arrangements.
- h. Seeking ethical approval for the feasibility study from the Royal Holloway Research Ethics Committee.

At the end of the adaptation phase, Cordis Bright recommended that the Emotion Coaching project was ready to progress to the feasibility study stage. YEF approved this on 12 December 2023.

17 Appendix 2: information sheets, consent materials and IGDP documentation

Document name	Document link
Evaluation information sheet and consent form for parents and carers	 Evaluation information sheet anc
Evaluation information sheet and consent form for young people aged 11 – 14	 Evaluation information sheet anc

Document name	Document link
Evaluation information sheet and consent form for young people aged 6 – 10	 Evaluation information sheet anc
Interview information sheet and consent form for parents and carers	 Interview information sheet and consent for
Interview information sheet and consent form for young people aged 11 – 14	 Interview information sheet and consent for
Interview information sheet and consent form for young people aged 6 – 10	 Interview information sheet and consent for
Solace Women’s Aid and Cordis Bright data sharing agreement	 SWA and CB data sharing agreement
Solace Women’s Aid and Cordis Bright data protection impact assessment	 SWA and CB data protection impact assi



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