Est. 1841 | YORK ST JOHN UNIVERSITY

Geddes, Emma, Harford, Therese, Hill, Darren, O'Keefe, Rebecca and Skinner, Amy ORCID logoORCID: https://orcid.org/0000-0002-0790-741X (2023) Evaluation of the Early Help services provided as a part of the Cluster Collaborative in Leeds. Project Report. What Works for Children's Social Care/Early Intervention Foundation.

Downloaded from: https://ray.yorksj.ac.uk/id/eprint/10648/

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version: https://whatworks-csc.org.uk/wp-content/uploads/evaluation-of-the-early-help-services-provided-as-part-of-the-Cluster-Collaborative-in-Leeds-final-002.pdf

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form. Copyright of the items stored in RaY reside with the authors and/or other copyright owners. Users may access full text items free of charge, and may download a copy for private study or non-commercial research. For further reuse terms, see licence terms governing individual outputs. Institutional Repository Policy Statement

RaY

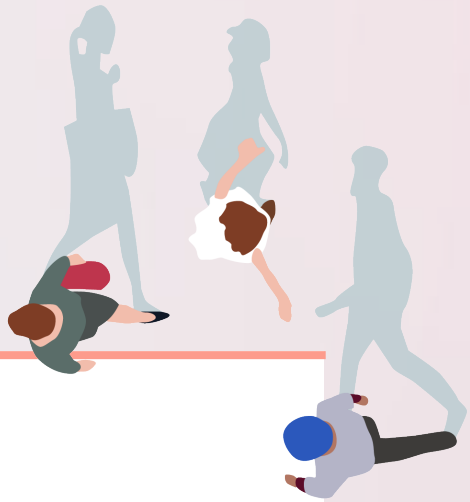
Research at the University of York St John

For more information please contact RaY at ray@yorksj.ac.uk

What Works for Children's Social Care

EARLY INTERVENTION FOUNDATION

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



EVALUATION OF THE EARLY HELP SERVICES PROVIDED AS A PART OF THE CLUSTER COLLABORATIVE IN LEEDS

March 2023

Acknowledgements

We would like to thank the team of staff at the Cluster for giving up their valuable time to work with us on this research. Thanks also to every parent, grandparent and child who contributed their time and views to the project.

Authors

Dr Emma Geddes

Therese Harford

Dr Darren Hill

Rebecca O'Keefe

Dr Amy Skinner

Funding

This research was funded by What Works for Children's Social Care. There are no competing interests to declare.

About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care.

Our new single What Works centre will cover the full range of support for children and families from preventative approaches, early intervention and targeted support for those at risk of poor outcomes, through to support for children with a social worker, children in care and care leavers.

To find out more visit our website at: **www.whatworks-csc.org.uk**

About Leeds Beckett University

Leeds Beckett University is a higher education provider in Leeds, West Yorkshire.

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: info@wweicsc.org.uk

Contents

Executive summary 4
- Introduction 4
- Objectives 4
- Methods 5
- Key findings 5
- Conclusions/implications 7

Introduction 9
- Background 9
- The Cluster Collaborative model 9
- Restorative Early Support (RES) teams 10
- Local context 11
- Terminology 11

Methods 12
- Research questions 12
- Ethical review and protocol registration 12
- Sampling and data collection 13
- Data management and analysis 14

Findings 16
- Evidence of feasibility 16
- Evidence of promise 32
- Discussion 39
  - Complexity 39
  - Features of the Cluster model 39
  - Relationships 40

Limitations 41
- Quantitative data 41
- Qualitative data 41

Conclusions 42

Recommendations 43

References 44

Appendices 48
- Appendix A. Fieldwork documents 48

Executive summary

Introduction

This pilot study aimed to evaluate the services provided by one "Cluster" service offering early help to families in need of support in a deprived area of Leeds. The city of Leeds is divided into 23 "Clusters" or groups of schools and key partners based in small geographical areas, who have pooled funding to provide holistic early help services to children and families. Clusters are staffed by multi-agency teams of professionals and the Cluster Collaborative model operates under the Council's "Right Conversations, Right People, Right Time" strategy for the delivery of early help services (Leeds City Council, 2020).

This project has developed an understanding of how the services provided by the Cluster being studied (henceforth referred to as "the Cluster") were being implemented in practice, contributing to knowledge as to "what works" in the delivery of Cluster services from both families who had received help and the staff involved in supporting them. The evaluation sought to explore the mechanisms for change, contextual factors and potential unintended consequences associated with receipt of Cluster support and ran from September 2021 to December 2022.

Objectives

The pilot aimed to address the research questions set out in the first column of Table 1 below, which have been grouped by evaluation domain. The second column identifies the methods used to address each research question.

Table 1. Research questions

Research questions	Evaluation activities
Evidence of feasibility • What were the referral routes and outcomes at case closure for families receiving help from the Cluster between January and June 2021? • Under what circumstances do families receive short-term intervention from a (RES) Hub[1]while open to the Cluster and what are the outcomes associated with this?	Review of administrative data. Focus groups with practitioners.

[1] RES teams provide support in addition to help offered by the Clusters and are located within the seven Clusters with the highest levels of social work and family support needs in the city, including the Cluster that was the subject of this evaluation. Although the local RES team was not part of this evaluation, the RES team and Cluster operate in tandem with one another. See p.10 of this report for further information.

• To what extent is support from the Cluster delivered as intended and what do practitioners identify as the potential barriers and facilitators for this?	
Evidence of promise • Is there evidence to support or extend understanding of how and under what circumstances support from the Cluster works? • What do families and practitioners perceive to be the impacts of receiving support from the Cluster? • Are there any unintended consequences or negative effects of receiving support from the Cluster?	Surveys. Interviews with families. Focus groups with practitioners.

Methods

Adopting a multi-method approach, this pilot evaluation involved:

- Review of administrative data and case files relating to the 187 families referred for support from the Cluster between January and June 2021
- Interviews with 5 families who had received support from the Cluster between January and June 2021
- Focus groups with 13 practitioners delivering Cluster services
- Analysis of 21 responses to a survey sent to families who had received help from the Cluster.

Key findings

Evidence of feasibility

- 187 children and their families were referred for support from the Cluster between January and June 2021. Case file analysis identified that:
    - Just under 58% of referrals were made in respect of male children, and just over 41% of referrals were made in respect of female children
    - The largest proportion of children referred were aged 9 or 10 years old (accounting for 24% of the referrals combined), with the bulk of referrals made in respect of children aged between 5 and 11 years old (just over 70% of the referrals fell into these age groups)
    - White British children were the most represented in referrals (38.5%), followed by children from “any other white background” (just over 10%) and children classified as “other”, with the Cluster serving a “super-diverse” population (Vertovec, 2007: 1024). Compared with the population of Leeds, non-white children were over-represented in referrals to the Cluster, with 85.4% of people in the city identifying as white in the 2021 census (Leeds Observatory, 2023)

    - 41 children (22% of the referrals) had either a diagnosed special education need (SEN), a disability or a query relating to a potential SEN or disability
    - The most common referral route was via mainstream schools, with just over 65% of referrals being received this way. Referrals from the police were the second most common route (17%). Other referral routes included Children's Social Work Services (6%) and medical services (4%). It is also possible for families to self-refer to access Cluster support
    - Just under half of referrals made to the Cluster in the study period resulted in a Cluster service being offered to the child named on the referral. The remainder of cases were "triaged" to other services, including Children's Social Work Services and local voluntary sector services
    - The most frequent outcome at the end of services was referral to other services, with just over 23.5% of cases being referred elsewhere for ongoing support. In just under 14.5% of cases, the Cluster delivered a package of support which either met or partially met the needs of the family, and the case was closed with no further action. In just under 13% of cases, the case was closed as a result of actions taken by the family. Other reasons for case closure included that support was considered unsuitable (for example, because of Children's Social Work Services involvement), children moving out of the area, changes to staffing or provision within the service or the case remaining open at the time when the analysis for this project took place
- Of the 187 children who were referred to the Cluster during the study period, 7 were triaged and referred to a RES Hub, meaning that there was no ongoing support from the Cluster. In one case, a family was offered support from the Cluster and RES Hub simultaneously. The evidence therefore suggests that the RES Hub and Cluster services largely operated independently of each other during the study period
- It was found that Cluster support was being delivered in accordance with the Leeds Practice Principles as intended, with some flexibility in the way various components of the model were applied
- Practitioners identified some potential barriers for the effective delivery of Cluster support, including:
    - Families living in conditions of poverty
    - Lack of access to appropriate housing, medical care, dentistry and support services
    - Restrictive timescales on the delivery of therapeutic support to children
    - System pressures leading to budget cuts, high staff turnover and diminished provision
    - Difficulties in reaching non-English-speaking families
    - Misalignment of families' and professionals' goals for the intervention.

Conversely, it was perceived by practitioners that the following factors facilitated the effective delivery of Cluster support:

- Effective working relationships between workers and families
- Individual and familial facilitators such as parental motivation and engagement, openness to services and acknowledgement of the need for change.
- Families experiencing a level of need which can be meaningfully addressed at the early help level.

- Effective interdisciplinary working.
- Flexibility in the delivery of support

Evidence of promise

Families and practitioners were able to identify the following impacts of receiving support from the Cluster:

- Improvements in presenting difficulties
- Increased receptivity to receiving support from other services or professionals
- Improved relationships between families and other services due to accompaniment, linking and advocacy support provided by Cluster staff
- Perceptions among families of being valued, respected and listened to.

Practitioners also discussed the difficulty of providing meaningful quantitative outcome data in situations involving such complexity of need and diversity of provision.

The following unintended consequences or negative effects of Cluster support were identified:

- Some families were felt to be accessing Cluster support in order to fulfil criteria to be eligible for diagnostic assessment by another service, making engagement with the Cluster tokenistic
- Some children and families indicated that they would revert to previous unhelpful behaviours in order to secure the help of a Cluster worker again
- Cluster intervention tended to focus on the child and/or primary caregiver and did not routinely involve others in the wider family or informal network who could be valuable sources of support going forward.

Conclusions

Within this evaluation, we have observed Cluster services acting as both a “sticking plaster” and “salve” to problems often beyond their capability to solve. It should be recognised that many of the complex issues experienced by families were often generated or exacerbated by wider social and economic forces, beyond the control of professionals, children and families. It was observed that Cluster teams work best when they support families whose needs fall clearly within the scope of early help. However, what constitutes early help is contested terrain; the concept is both fluid and nomadic and can be seen to be perpetually developing.

In keeping with existing evidence (Edwards et al., 2021), this evaluation found that children and families have increasingly complex support needs. Within an uncertain environment, the Cluster team delivered support to children and families with multifaceted and interrelated needs, providing complex social support to people encountering systemic poverty and deprivation. Families working with the Cluster described improved outcomes and were felt by practitioners to have engaged with other services as a result. The Cluster therefore acted as both an anchor and a foundation for families experiencing social crises, with Cluster workers often supporting families to make links with other services and navigate barriers and

confusing service thresholds. Parents and carers generally described increased satisfaction and motivation as a result of engagement with the Cluster service, highlighting the sense of being valued and listened to as particularly important. The model of service delivery being provided by the Cluster was much welcomed by the majority of those who took part in this evaluation, including practitioners who, despite the many challenges of providing services in such a complex environment, were proud of the work they were doing.

In light of the findings of this pilot evaluation, we make the following recommendations.

- National social and economic factors beyond the control of families and practitioners were found to be having a significant impact on the lives of children and young people growing up within Leeds. There is a wealth of evidence about the detrimental impact of poverty, inadequate housing and lack of access to support services on children's developmental outcomes, which needs to be prioritised by policymakers at both the national and local levels
- A clear, city-wide definition of what early help is should be created, with consideration of which specific early help interventions can be effectively delivered by Clusters
- Training should be developed that supports Cluster staff in delivering social support focused on social pedagogy and advocacy
- Training and support should be provided for professionals working in other services, particularly education, in understanding what constitutes an early help versus a social care referral
- Timescales for therapeutic support should be reviewed, with a possible extension of time, in recognition that social support needs to be delivered to improve the efficacy of therapeutic work
- The funding of posts within the Cluster should be reviewed, with a more clearly defined and centrally organised recruitment and system of delivery being implemented within Clusters; the current experience is fragmented and not synchronous
- Training and support should be developed for staff in working with diverse communities, with a particular focus on supporting Roma diaspora families from central and eastern Europe
- A clear exit strategy and care pathway for children and families from the Cluster should be developed, including members of the wider family and resources in the community.

1. Introduction

1.1 Background

In recent decades, early help has consistently been acknowledged as being important in supporting children and families who experience difficulties that may bring them to the attention of statutory services (Department for Education, 2018; Munro, 2011). However, since 2010 cuts to local authority funding have seen early help services progressively diminished in many parts of England (Kelly et al., 2018). Financial entitlements available to parents via the welfare benefits system have also been progressively curtailed and dramatic reductions have been made to the practical help in place for families (Bamford, 2020; Bywaters et al., 2020; Cooper and Whyte, 2017; Featherstone et al., 2018; Lavalette, 2019). Within this context, local authority spending has been found to have increased in relation to statutory functions associated with child protection and looked-after children and reduced in relation to preventative and discretionary services (Bywaters et al., 2017; Kelly et al., 2018; Parton, 2014; Webb and Bywaters, 2018). Such a shift raises significant ethical concerns about the quality of preventative help offered to families experiencing complex needs to keep children in their care (Featherstone et al., 2014a, 2014b). This project set out to evaluate the services offered by one “Cluster” offering early help in Leeds (henceforth referred to as “the Cluster”), under a model of service delivery that was recognised as outstanding by Ofsted in 2018.

1.2 The Cluster Collaborative model

Leeds’ offer for early help is based on the Cluster Collaborative model. Clusters are 23 groups of schools and key partners located in local communities who have pooled funding to provide holistic early help to families with children aged between 4 and 16 who are attending one of the Cluster schools. Clusters bring together universal, targeted and specialist services for children and families in each local area, including schools, health services, police, social work, the third sector and other relevant services such as housing. The particular configuration of services incorporated into the Cluster varies depending on local need (Leeds City Council, 2021a). All families with a child attending one of the schools in the Cluster are eligible to access support from Cluster services.

The Cluster that was the subject of this pilot evaluation is made up of 13 primary schools and one secondary school and is the most deprived Cluster in the city, receiving the highest level of funding due to the complexity of local need. The area in which the Cluster is located has a transient population and accommodation is mainly provided via the private rental sector. There is a large Roma community in the area and many families speak English as a second language. The Cluster works in collaboration with a well-established network of local support services in providing early help to families in this context.

1.2.1 The Leeds Practice Model

The Cluster Collaborative model for the provision of early help to families is underpinned by the Leeds Practice Model (Harris et al., 2020; Leeds City Council, 2020), which takes a

systemic and collaborative approach to working with families experiencing difficulties and is made up of three key elements:

1.2.2 Rethink Formulation

Rethink Formulation (Leeds City Council, 2021e) is an approach to assessment that identifies and analyses problems with families. After receiving a referral, families and a practitioner meet to identify the issues, which are organised under six headings (referred to as the six Ps): presenting, predisposing, protective, precipitating, perpetuating and predictive factors. This is known as “formulation”, after which families and practitioners devise a plan together, known as “next steps”. Formulations can also take place during group or individual supervision and can be used as a tool for assessing referrals, as well as in multi-agency meetings.

1.2.3 Leeds Practice Principles

The Leeds Practice Principles are a set of core principles for working restoratively with families, involving:

- Collaboration with families
- Taking a relationship-based approach
- Supporting the utility of the family
- Identifying problems early
- Having one lead worker and one plan
- Adopting a systemic approach that is evidence-based and driven by the formulation
- Transparency
- Focus on strengths
- Recognising engagement in education as a protective factor for children
- Accountable, evaluated and sustainable provision.

1.2.4 Outcome-focused supervision

Practitioners regularly meet for group or individual supervision, supporting the process of formulation by making sure that plans are focused on achieving the outcomes that have been decided together with families.

The council’s strategy for early help, “Right Conversations, Right People, Right Time” underpins this approach (Leeds City Council, 2020).

1.2.5 Restorative Early Support (RES) teams

RES teams form a further component of the practice landscape for early help in Leeds (Leeds City Council, 2021c). RES teams provide support in addition to help offered by the Clusters and are located within the seven Clusters with the highest levels of social work and family support needs in the city, including the Cluster that was the subject of this evaluation. Although the local RES team was not part of this evaluation, the RES team and Cluster operate in tandem with one another. Families requiring additional support can be referred by the Cluster for short-term work to the local RES team, with the case sometimes being transferred back to the Cluster on completion of the work. RES teams aim to provide

additional resources that build on existing relationships between schools, Clusters and Children's Social Work Services.

1.3 Local context

This research takes place in a local context within which the city of Leeds has become relatively more deprived over time (Leeds City Council, 2020), with 24% of the city's 482 small areas or neighbourhoods known as Lower-layer Super Output Areas (LSOAs) and ranked as among the most deprived 10% nationally in 2019 (Leeds City Council, 2019). Contextual factors such as welfare reform, the disproportionate impact of COVID-19 on disadvantaged families, the cost of living crisis and growing unemployment all impact on parents' capacity to meet their children's needs in this context (Kong and Noone, 2021). Children's Social Work Services in Leeds have seen consistently rising demand at a time when funding for public services has been progressively reduced; for example, in one Cluster, an average of two pupils in each school class have an allocated social worker (Leeds City Council, 2020). Other contextual factors such as growth in the child population and increased diversity also impact on the challenges faced by local services. There has been a 10.7% growth in the child population in Leeds in the decade to 2016 and the proportion of children from ethnic minorities in Leeds schools doubled from 17% in 2005 to 33% in 2017 (Leeds City Council, 2020). Societal attitudes and the proliferation of "poverty propaganda" in recent decades mean that receipt of welfare and intervention from services can be associated with high levels of stigmatisation and shame for families (Shildrick, 2018: 1), adding a further layer of complexity to families' experiences of receiving early help services.

1.4 Terminology

Language surrounding this area of practice can be inconsistent (Edwards et al., 2021), with terms such as "early intervention", "early help" and "family support" being used interchangeably across geographic areas and services and often indicating major differences in approach to service delivery (Frost et al., 2015; Independent Review of Children's Social Care, 2021). In keeping with the language used within the Cluster, we have chosen to refer to "early help" in this report.

2. Methods

2.1 Research questions

The research questions we set out to answer are shown in the first column of Table 2 below. The second column identifies the methods used to address each research question.

Table 2. Research questions

Research questions	Evaluation activities
Evidence of feasibility • What were the referral routes and outcomes at case closure for families receiving help from the Cluster between January and June 2021? • Under what circumstances do families receive short-term intervention from a RES Hub while open to the Cluster and what are the outcomes associated with this? • To what extent is support from the Cluster delivered as intended and what do practitioners identify as the potential barriers and facilitators for this?	Review of administrative data. Focus groups with practitioners.
Evidence of promise • Is there evidence to support or extend understanding of how and under what circumstances support from the Cluster works? • What do families and practitioners perceive to be the impacts of receiving support from the Cluster? • Are there any unintended consequences or negative effects of receiving support from the Cluster?	Surveys. Interviews with families. Focus groups with practitioners.

2.2 Ethical review and protocol registration

Ethical approval for this study was granted by the Leeds Beckett University School of Health Departmental Ethics Committee in October 2021.

Practitioners and families taking part in focus groups and interviews signed informed consent forms and were made aware of their right to withdraw from the project at any time, without the need to give a reason. To respect respondents' right to anonymity, the specific location of the Cluster is not detailed in this report and respondents are not identifiable. Confidentiality would only have been breached in the event of a safeguarding concern arising during the fieldwork stage; this did not occur. Respondents were provided with an information sheet giving details of the broad topic areas that interviews and focus groups

would cover before deciding whether to take part. Interviews were undertaken by qualified social workers with an attitude of thoughtfulness and respect for respondents' experiences, and families who took part in interviews were provided with a voucher in exchange for their time. Survey respondents were entered into a draw to win a shopping voucher. A data management plan was completed in order to ensure that data was stored and accessed appropriately for the duration of the project.

The protocol for this project was published on Open Science Framework in January 2022 (OSF, 2022). This report will be uploaded at the conclusion of the project.

2.3 Sampling and data collection

2.3.1 Quantitative sampling

The evaluation included a whole population analysis of the records of families who were referred to the Cluster between January and June 2021, a total of 187 children and their families.

2.3.2 Qualitative sampling and recruitment

Surveys and invitations to take part in interviews were distributed by post and email to a stratified random sample of families receiving support from the Cluster between January and June 2021. Families were initially selected based on the particular service they had received from the Cluster, with the aim of reaching an equal number of families who had accessed adult counselling, children's therapy, family support and intervention around school attendance, which are the key components of the services offered by the Cluster. Due to a low response rate, further rounds of random sampling took place until the target number of family interviews (five) was reached. The final sample consisted of families who had received family support, children's therapy and adult counselling; unfortunately, it was not possible to recruit any of the families who had received attendance support for interview. Additional details are provided in Table 3 below.

Table 3. Families who took part in interviews

Parent/carers' pseudonym	Service(s) received
Elaine (grandmother, sole carer)	Adult counselling and children's therapy
Sarah (mother, sole carer)	Family support
Kieran (father, sole carer)	Adult counselling and family support
Linda and Bryan (mother and stepfather)	Family support
Michelle (mother, parenting alongside partner)	Family support

The response rate for surveys was low, with only 6 of a target of 50 surveys being completed and returned by families who had received support between January and June 2021. In this report, respondents who received a service between January and June 2021 and returned a survey are referred to as “Group A” of survey respondents. It was not possible to identify any systematic differences between families who returned the survey and those who did not. To bolster the sample size, it was agreed that surveys would be distributed to a random sample of families who were receiving Cluster support when fieldwork was taking place in 2022, resulting in a further 15 surveys being returned. This group of survey respondents are referred to as “Group B” throughout this report, and their responses brought the total number to 21. Survey data is therefore incomplete due to low response rates. Additional details relating to the 21 families who returned completed surveys can be found in Table 4 below.

Table 4. Families who completed surveys

Service	No. of respondents identifying this service as received
Family support	12
Counselling/children’s therapy	9
Attendance	2
Not specified	1

All practitioners working in the Cluster in 2022 were invited to take part in focus groups and all 13 staff participated. Cluster workers were randomly split into two groups, with each group using the same topic guide as a basis for discussion. Focus groups were facilitated by two of the research team who are also qualified social workers.

2.4 Data management and analysis

2.4.1 Quantitative data

Descriptive administrative data and quantitative data from surveys was managed and analysed using Microsoft Excel.

2.4.2 Qualitative data

Interviews and focus groups were digitally audio-recorded with consent and were anonymised and transcribed by the project’s research assistants. Transcripts of interviews and focus groups and qualitative data arising from surveys were analysed as a team, using the framework approach to qualitative thematic analysis (Hackett and Strickland, 2019; Spencer et al., 2014; Strivastava and Thomson, 2009). Framework analysis is a matrix-based flexible analytic tool (Spencer et al., 2014). The process of analysis involves familiarisation with the data and development of a list of initial emergent ideas, which are arranged with reference to the project’s research questions (Hackett and Stickland, 2019).

The list formed the basis for an initial index of themes and subthemes, which were drawn upon to code data. Each of the transcripts was then worked through by hand, indexing data to generate codes and arranging codes into themes and subthemes. A framework (matrix) was then compiled for each of the subthemes. Microsoft Excel was used to create initial charts and matrices (Spencer et al., 2014). Transcripts were then reviewed a final time to ensure that any outstanding data that was felt to be significant was incorporated.

Throughout the process, matrices remained tentative and were continually reviewed, amended and added to (Strivastava and Thomson, 2009). The matrices formed the basis for the writing-up process.

3. Findings

3.1 Evidence of feasibility

3.1.1 What were the referral routes and outcomes at case closure for families receiving help from the Cluster between January and June 2021?

Demographic information

In total, 187 children were referred to the Cluster between January and June 2021. Of these, 57.75% were made in respect of male children, and 41.18% of referrals were made in respect of female children. As shown in Table 5 below, children referred were between 0 and 17 years old. The largest proportion of children referred were aged 9 or 10 years old (accounting for 24% of the referrals combined), with the bulk of referrals between 5 and 12 years old (just over 70% of the referrals fell into these age groups). In three cases, the age of the child could not be determined from Cluster records and was recorded as "other".

Table 5: Age of children referred

CYP (Children and young people) age in years at time of referral	Number of CYP (out of 187 total)	Percentage of referrals
0–4	7	3.74
5–6	34	18.18
7–8	36	19.25
9–10	44	23.52
11–12	24	12.83
13–14	23	12.29
15–17	16	8.55
Other/unspecified	3	1.60

As shown in Table 6 below, White British children were the most represented in referrals (38.5%), followed by children classified as "other" (just over 10%) and children from "any other white background" (just over 10%). As a result of some difficulties in recording data on ethnicity, which are discussed in the "Limitations" section of this report, just over 11% of cases do not have information on ethnicity recorded. The Cluster serves a "super-diverse" population (Vertovec, 2007: 1024) and compared with the population of Leeds, non-white children were over-represented in referrals, with 85.4% of people in the city identifying as white in the 2021 census (Leeds Observatory, 2023).

Table 6: Ethnicity of children referred

Ethnicity of CYP referred	Number of CYP (out of 187 total)	Percentage of referrals
African	14	7.49
Any other Asian background	6	3.21
Any other black background	10	5.34
Any other ethnic background	4	2.14
Any other white background	19	10.16
Information not obtained	11	5.88
Mixed race	14	7.48
Other	20	10.70
Roma/Roma Gypsy	12	6.42
South Asian	5	2.67
White British	72	38.50

As shown in Table 7 below, of the 187 children referred to the Cluster between January and June 2021, 41 had either a diagnosed special education need (SEN), a disability or a query relating to a potential SEN or disability.

Table 7. Special educational needs and disability

SEN/disability from all spreadsheet sources	Number of CYP (out of 187 total)	Percentage of referrals
CYP with diagnosed SEN/disability	18	9.63
CYP with queried SEN/disability	22	11.76

Seven different diagnoses were referenced in the data, the most common being Autism Spectrum Condition (ASC), with 47% of referrals mentioning diagnosis relating to ASC. Table 8 provides a breakdown of diagnosed SEN/disabilities for the children referred to the Cluster between January and June 2021.

Table 8. Breakdown of diagnosed SEN/disabilities

Breakdown of SEN/disability diagnoses	Number of diagnoses (out of 19 total)	Percentage of total referrals (187)
ASC	9	4.81
Learning disability or other diagnosed SEN	4	2.13

Physical health need	6	3.20

Reasons for intervention

Data collected by the Cluster identifies eight potential reasons for intervention. Children and young people can be assigned to more than one of these reasons; 341 reasons for intervention were identified for the 187 children referred during the study period. Table 9 below illustrates that the most common reason for referral was “social, emotional and mental health presenting behaviours” (SEMH), followed by family difficulties.

Table 9. Reasons for intervention

Reason for intervention (8 spreadsheet reasons)	Number of times assigned (out of 341 total)	Percentage of total referrals (187)
SEMH presenting behaviours	116	62.03
SEMH cause	52	27.81
Family	99	42.25
School	48	25.67
Environment	34	18.18
SEN/disability/physical health needs	10	5.34
Other	2	1.07

Each of the eight reason categories in the Cluster recorded data is divided into sub-reasons giving more detailed information about the referral. As above, children and young people can have multiple entries in the same category. The highest proportion of children and young people were assigned to 1 sub-reason (just under 42%), 2 sub-reasons (just under 25%) or 3 sub-reasons (just under 22%). Table 10 below presents information about the 10 most common reasons for referral, illustrating the complexity of the issues many families were experiencing.

Table 10. Most common sub-reasons for referral for Cluster services

Reason for intervention (of the 8 spreadsheet reasons)	Sub-reasons as recorded in Cluster data	Number of entries	Percentage of total referrals (187)

SEMH presenting behaviours	Anxiety	55	29.41
SEMH presenting behaviours	Behaviour at home	25	13.36
SEMH presenting behaviours	Anger	25	13.36
SEMH cause	ADHD/ASC query	18	9.62
SEMH cause	Confidence/resilience loss	12	6.41
Family	Domestic abuse	30	16.04
Family	Abuse/neglect	20	10.69
Family	SEMH (parent/carer)	18	9.62
School	Attendance	30	16.04
Environment	Housing need	18	9.62

Referral route

Routes for referral to the Cluster service during the study period are listed in Table 11 below. The most common referral route was via mainstream schools, with just over 65% of referrals being received this way. Referrals from the police were the second most common route.

Table 11. Referral routes by category of referrer

Referral routes by category of referrer	Number of CYP (out of 187 total)	Percentage of referrals
Mainstream school	122	65.24
Police	32	17.11
Children's Social Work Services	11	5.88
Community or hospital-based paediatrics/GP	8	4.27
Specialist setting	5	2.67
Other	5	2.67
Self or family	4	2.13

Proportion of referrals receiving an offer of a Cluster service versus proportion of referrals "triaged"

As demonstrated in Table 12 below, just under half of referrals made to the Cluster in the study period resulted in a Cluster service being offered to the child named on the referral. When children are referred to as having been "triaged", this indicates that their case was passed to other statutory or voluntary sector services, or not allocated a Cluster service for other reasons as outlined below.

Table 12. Responses to referrals: services versus triage

Response to referral: service vs triage	Number of referrals (out of 187 total)	Percentage of referrals
Service received	90	48.13
Triaged and passed to other services	57	30.48
Service received and triaged for another service	14	7.49
No action taken due to simultaneous referral to another service, held due to just finishing work with another service	6	2.67
No support appropriate or available due to staffing issues	2	1.06
Support refused	7	3.74
Other (unclear or missing information)	11	5.88

Seventy-seven children received some form of triage and were passed to a total of 26 other local services. The most commonly used service for triage was The Beck, a project offering wellbeing support for children and young people. The second most used service was mainstream schools, with 17% of triaged cases being referred to the child's school for further monitoring. Other frequently used services included SilverCloud (an online mental health course) and MindMate (an emotional wellbeing/mental health website). Children and young people could also be referred to statutory services such as the therapeutic social work team.

Outcomes at case closure:

Eight categories of outcomes have been identified, based on the reasons for the case closure deduced from case files. In 29 cases, it was not possible to identify a clear outcome from the records. A further 21 cases had multiple outcomes: either 2 or 3 closure outcomes were identified for each of these cases.

Table 13. Outcomes at case closure: cases with a single recorded outcome

Outcome at case closure (broad categories)	Number of referrals (out of 187 total)	Percentage of referrals (out of 187 total)
Case closed due to completion of service(s) delivered, including cases where needs were met in full or in part and no further action (NFA) was required	27	14.44
Case closed because Cluster support was considered unsuitable (e.g. because of an ongoing social work assessment), there was no role for the Cluster at this stage or the case was put on hold	10	5.35
Case passed to other services at closure (referral or signposting within or outside of the Cluster), including when parents were given options of further support to consider	44	23.53
Case closed due to the actions of the family, including family disengagement from services, family unable to commit to services, family declined offer of support, unable to contact family	24	12.83
Case closed due to changes in staffing or service provision within the Cluster (e.g. case closed because case worker is leaving, case closed because provision is being withdrawn)	9	4.81
Case closed due to child moving out of Cluster, including referrals to other Clusters (e.g. moving to secondary school outside the Cluster area)	7	3.74
Case not closed at the time of data entry, or family added to (and still on) a waiting list	12	6.42
Other substantial issues raised at case closure that aren't resolved during the case (e.g. safeguarding concerns, legal action taken for attendance)	6	3.21

Multiple outcomes	19	10.16
Unable to identify outcomes due to issues with the CPOMS data	29	15.51

3.1.2 Under what circumstances do families receive short-term intervention from a RES Hub while open to the Cluster and what are the outcomes associated with this?

Of the 187 children who were referred to the Cluster during the study period, 7 were triaged and referred to a Restorative Early Support (RES) team, meaning that they received no ongoing support from the Cluster. There was only one case within the study period when a family was offered support from the Cluster and RES team simultaneously, with the case involving concerns about a child's risky and challenging behaviour alongside the mother's need for therapeutic support for herself. A formulation meeting was offered and the family was transferred to another service, meaning that there is no outcome information available. The evidence therefore suggests that the RES team and Cluster services largely provided support to families independently of each other during the study period.

3.1.3 To what extent is support from the Cluster delivered as intended and what do practitioners identify as the potential barriers and facilitators for this?

Fidelity to the Cluster model

"[The Leeds Practice Principles] underpin everything that we do." (CW7)

As outlined in the introduction, the Cluster operates according to the Leeds Practice Model, which involves the use of Rethink Formulation, the Leeds Practice Principles and outcome-focused supervision. The Cluster model is intended to identify support for families who are most in need of help and to ensure that they are offered the right intervention, at the right time, by the right person, as early as possible in the life of a problem (Leeds City Council, 2020, 2021a). This research found that Cluster support was generally being delivered to families as intended and according to the Cluster model (Leeds City Council, 2021a), with practitioners exercising some discretion in the application of some parts of the city-wide strategy for early help (Leeds City Council, 2020) – for example in the extent to which the Leeds Practice Framework was explicitly referenced in work with families. As will be explored below, some practitioners felt that high demand for the service and long waiting lists meant that the Cluster's emphasis on intervening as early as possible in the life of a problem was compromised.

Evidence from focus groups with practitioners working in the Cluster found that the Leeds Practice Model was operating as "background noise" to the day-to-day work of the service, underpinning everyday practice in a way that was generally felt to be working well. CW7 explained, "It's just what we do ... it's something that we have developed over time." While

adhering broadly to the model's ethos, it was found that Cluster staff had flexibility in the way the various components were applied. Rethink Formulation, for example, was used responsively, with CW1 explaining, "We had a bit of a review of it and felt it was taking over really, it became quite cumbersome, paperwork-wise … we were getting very bogged down in it, [so we thought] let's adapt … what will suit our families?"

There was evidence in case files that some families open to the Cluster had been through the Rethink Formulation process where it was felt by practitioners to be appropriate, and one member of staff was allocated as the Cluster's "Rethink Ambassador". Members of the specialised, city-wide "Rethink Team" had also been invited to provide individualised support to staff and families experiencing complex circumstances. Cluster workers could take cases to the city's "Rethink Forum" and "Progress and Planning" meetings to seek additional support as required. All practitioners working in the Cluster were in receipt of outcome-focused supervision and were generally satisfied with the arrangements for this, although there was some variation in the frequency of supervision depending on the individual funder particular workers were attached to – for example, attendance officers were accountable to the local authority and counsellors and therapists received clinical supervision outside the Cluster team. Flexibility in the application of city-wide policy to local practice emerged as an important feature of the Cluster model, with CW7 explaining, "We're quite fortunate as a Cluster that we can be extremely creative with the work that we deliver and our approaches." The propensity to provide families with an adaptable service is also identified in the literature as being central to the effective delivery of early help (Frost et al., 2015).

Although application of the city's Early Help policy was felt to be generally working well (Leeds City Council, 2020), it was found that some elements did not translate into the practice environment. It was suggested, for example, that the emphasis on "one plan, one worker, one family" did not always work smoothly in practice, due primarily to difficulties with inter-agency working. CW7 explained, "We still have schools do it … social care sometimes do it ... they [want to talk about] one child, not take a whole-family approach. Health visitors are not prepared to talk about school-age children … [They say], 'We don't do Early Help plans; that's not our role, that's somebody else's.'" Issues around inter-agency partners' differing protocols, professional status and identity have emerged as being significant in previous research exploring multi-agency working in the early help context (Moran et al., 2007).

A further aspect of the Cluster service that did not appear to be being delivered as intended was the emphasis on families receiving support "as early in the life of a problem as possible" (Leeds City Council, 2020: 3). Case file analysis and the accounts of both practitioners and parents/carers revealed that many families were experiencing complex problems that had been in existence for years, including concerns relating to domestic violence, substance misuse, asylum, the loss of children to the care system, mental health difficulties, behavioural issues and physical disabilities. There was discussion in focus groups with practitioners about increasing demand on Children's Social Work Services leading to rising pressures across the system, and it was felt that the COVID-19 pandemic has contributed to the complexity of issues families were living with. Delivering a time-restricted service in the face of such complexity of need was described as being "heart-breaking" (CW10) and "deskilling" (CW11) by workers, with many practitioners expressing frustration that the type and frequency of support offered by the Cluster was not sufficient in addressing families'

needs. CW9 reflected, “You get cases where you have in-depth, complex issues that you would normally expect to be seen by social care, not to be dealing with it at an early help level”, and CW13 explained, “We are early help, but we are not early help … I would say 75% of my caseload would not fit an early help criterion.” While complexity has been recognised as an integral feature of work with families, there is evidence that rising demand has led to increased complexity and need seen at the early help level (Hood et al., 2020; National Children’s Bureau, 2018), with services such as the Cluster coming to be conceptualised as “an extension downwards from the statutory threshold” (Lucas and Archard, 2021: 83).

Barriers to the effective delivery of Cluster support

Poverty:

> *“Basic human needs are not always met.” (CW3)*

As discussed above, the city of Leeds has become relatively more deprived over time (Leeds City Council, 2020), with 24% of the city’s neighbourhoods ranked as among the 10% most deprived nationally in 2019 (Leeds City Council, 2019). The Cluster subject to this evaluation is recognised as the most deprived Cluster in the city, and poverty among families arose as a key barrier to the effective delivery of Cluster support, with families often being described as living in inappropriate accommodation and having insufficient income to meet their own basic needs. Lack of an adequate income was understood by practitioners as having a far-reaching impact on the difficulties families were experiencing, with CW8 explaining, “[Poverty] leads to increased anxiety … the home life could be more tense, more struggles, less patience, more examples of something where a slight something might happen but then it’s blown up and that creates more problems.” Lack of financial resources was also recognised as impacting on self-esteem and wellbeing, with practitioners describing cases in which children and young people were known not to have access to regular meals, beds, bedding or appropriate school uniform and to have taken on a sense of responsibility for the financial issues in the home. Practitioners’ concerns about the impact of poverty on families are borne out within the wider child welfare literature; for example, it has been established that household income affects children’s outcomes (Cooper and Stewart, 2021), including a higher prevalence of child maltreatment, with economically insecure children experiencing 3–9 times more maltreatment than their economically secure peers (Conrad-Hiebner and Bryam, 2020).

In-work poverty was understood by practitioners as being a key issue for families, with CW12 explaining, “It’s more working parents that you are seeing struggling, not just non-working parents.” Rent increases in the private sector were identified as causing additional financial pressure, with CW7 reflecting, “10 years ago, the rent ’round here was one of the cheapest in Leeds. And now, families are looking at between £700 and £850 a month, even just for a 2–3 bedroom, back-to-back … Families are struggling to pay that rent.” Staff also described the impact of Britain leaving the European Union (EU) on local families, with some parents being required to apply to the EU Settlement Scheme and having no recourse to public funds in the meantime. Such families were identified by workers as living in conditions of extreme poverty, sometimes leading to involvement in criminality. CW7 explained, “[Families] are going underground, because they are not earning, they can’t get benefits …

They have nothing, and they are really struggling more than anybody else." It was agreed among workers that the value of Cluster support could be limited by the conditions of material poverty in which families were often living, increasing stress within households and adding to the complexity of difficulties experienced by local children and young people.

Lack of access to appropriate housing and services:

> *"You've got families on the top priority for housing waiting for two years to get a house in this area … Private rented … We're looking at families with four children in two-bedroom, high-rise flats, with no access to an outdoor area ..." (CW8)*

Housing stress within families is recognised internationally as being associated with child maltreatment and social care involvement (Chandler et al., 2020). While issues with housing were cited in only 9.63% of referrals to the Cluster during the study period, case file analysis revealed that problems with inappropriate housing were widespread among families receiving Cluster services. CW1 reflected, "Housing probably is one of our biggest things at the moment, and one of the things we have less control over, as well." Similarly, CW9 explained, "I'm going out and saying to families, 'Your attendance needs to get better' … but you've got a family of 10 in a 2-bed, where they're all on mattresses. They need a new house, but that can't happen overnight."

Lack of access to appropriate and affordable housing is heightened in groups already experiencing some form of inequality (Cross et al., 2021) and is associated with increased risk of disease and mental health difficulties in childhood (Cross et al., 2021). Cross and colleagues (2021) identify access to housing as a critical issue for children's social work services, calling for an urgent research agenda in light of the current structural housing crisis. Practitioners who took part in this study identified the impact of overcrowding on local infrastructure, leading to shortages of housing, school places and access to universal services. There was evidence from interviews with families that housing and access to services were key concerns, with services such as child and adolescent mental health services (CAMHS), GP and dental appointments, psychiatry and adult mental health services all being identified by parents and carers as being inaccessible due to long waiting lists and high thresholds. The UK's current crisis in accessing urgent NHS care is well documented (Limb, 2022), with children and young people experiencing mental health issues deemed to be "less severe" being subjected to the longest waiting times for CAMHS services (Edbrooke-Childs and Deighton, 2020).

In focus groups, practitioners spoke of the difficulties in helping families to access other support services, commenting on the changes seen in local provision over recent years. Voluntary sector services intended to support people with mental health difficulties, substance misuse issues, access to employment, social support, anger management and debt relief were all identified as having been closed or dramatically diminished due to funding cuts, causing CW7 to ask, "Where do we go when there's nowhere else to signpost families to?" Just under 6% of referrals to the Cluster during the study period mentioned self-harm and/or suicidal thoughts or behaviours as a concern, and increased thresholds for access to CAMHS caused particular worries for workers, with CW11 noting, "There have

been so many young people who are self-harming or have suicidal ideation, where even though they've … maybe acted on it, they're still not fulfilling the referral criteria." Lack of appropriate accommodation and a robust network of support services was identified as increasing the difficulties local families faced and impacting the effective delivery of Cluster support.

Duration of support and managing unrealistic expectations:

"Bring [Cluster Worker] back to work with me." (Survey respondent)

The limited timescales in place for the receipt of Cluster support emerged as a key issue identified by both staff and families in receipt of services as impacting the effectiveness of Cluster support, particularly in relation to therapeutic services for both adults and children. Due to divergent funding arrangements, the Cluster could in some cases offer a time-limited extension to families receiving family support; however, there was no flexibility to extend the service for those receiving adult counselling or children's therapy. It was also identified that therapeutic elements of the service had been subject to significant cuts in the 12 months preceding the research, with the offer of therapy for children and young people being reduced from 21 to 6–8 sessions. Staff generally did not argue for unlimited support for families, commenting that keeping cases open for too long could be counterproductive; however, workers expressed a need for flexibility and capacity to exercise discretion about the duration of the service being offered where this was felt to be appropriate.

In focus groups, there was discussion among therapeutically trained practitioners about the challenge of offering useful psychological support without re-traumatising clients or opening up issues that could not be meaningfully addressed within the service's limited timescales. It was felt by practitioners that at times the level of help being offered was "woefully inadequate … just going to scratch the surface" (CW13). Part of practitioners' work with families and referrers could sometimes involve managing unrealistic expectations about what Cluster support could achieve, with CW13 reflecting, "Sometimes you are expected to wave a magic wand … and you just can't." Managing high expectations for change while providing a time-limited service was difficult for workers and has been identified as a challenge within previous research exploring drivers of demand for early help and child protection services (Hood et al., 2020).

Families in receipt of Cluster services who took part in interviews and completed surveys often expressed a wish for a longer period of support. Seven of the qualitative comments made by survey respondents related to the duration of the service, with respondents answering the question, "How could the services provided by the Cluster be improved?" with responses such as "By letting me have [Cluster worker] longer" and "I'd like more sessions". One survey respondent who had received adult counselling commented, "The counselling was most helpful; however, [it was] not long enough and you seem to make progress, open up and have run out of time to then be left vulnerable and alone". Three of the five families who took part in interviews also raised issues around the duration of help. Elaine, a grandmother, said that her granddaughter had been "totally upset" when her counselling had come to an end and Sarah, a mother, explained, "It would have been nice if I'd have had that input a bit longer … I did feel it were very short." Practitioners identified restrictive timescales

as a barrier to the effectiveness of Cluster support and valued having the option to extend Cluster support where necessary. Feedback from families also identified that the short duration of help, particularly therapeutic support, could be restrictive and many expressed a wish for a longer period of support.

Complex funding arrangements and system pressures:

> *"We're there to advocate for families … and that sometimes can be a real balance because schools pay our wages, so they need to be happy with what we're doing." (CW7)*

As identified above, divergent funding arrangements impacted on the type and length of service being offered to families by the Cluster, with the Cluster accessing funding streams provided by the local authority, Cluster schools and the clinical commissioning group (CCG) (Leeds City Council, 2021d). Complexities in the arrangements for funding were cited by practitioners as causing difficulties in day-to-day practice, as workers felt keen to maintain positive working relationships with schools as their main funders, while also attempting to provide independent advocacy to families. CW8 spoke of a "constant fear" that schools would choose to move their funding for early help elsewhere, thereby putting staff at risk of redundancy, with CW13 remembering, "We have had [two] schools pull out and say, 'We're going to provide our own people', and I thought, 'Well, for what you pay per year, to the Cluster, you get child therapists, attendance, safeguarding, family support, adult counselling, and you'd spend that on one practitioner' … And actually, [both schools] are now back with us."

Analysis of case files identified that staff turnover was an issue during the study period, with some families being added to waiting lists due to a shortage of attendance officers and family support workers at the time of their referral, impacting on the timeliness of the service. Instability in the arrangements for staffing was a key concern for one of the families who took part in an interview. Linda and Bryan, a mother and stepfather, had a change of worker during the time their son was receiving behavioural support, which impacted on their experience of the service. Linda explained, "[The Cluster] changed their mind about the position that they had offered [Cluster worker], and so she lost her job. Obviously, we had got to know [Cluster worker] and she had just got to know the family situation," later advising, "Take staff on permanent contracts so they don't have to leave."

As with other public sector services, the Cluster has been subject to far-reaching cuts over the past decade, further limiting the number of staff and resources available to support families. CW1 explained, "We are one of the priority Clusters … we do get offered everything first … [But] if you think back to years and years ago when we first started, there were 22, 23 of us … on this team, seven and a half years ago. And over time that has dwindled … halved." Similarly, high caseloads emerged as an issue that practitioners felt was impacting on the effectiveness of the Cluster service, meaning that each worker had less time to devote to supporting each family they were working with. CW9 remembered, "In the past, when I've had lower case numbers, I've really been able to put in time with the families … I think that high level support gets results. But now, because we are on really high case numbers, I can't put that level of support into my families." Concerns about waiting lists for

the Cluster service were shared among practitioners, with CW7 reflecting, “Our waiting list for family support is the longest it’s ever been and we’re probably looking at eight to nine weeks. So, we’re not looking at 6–12 months, but for us we’ve never had that … we are supposed to be working at an early intervention level, and as early in the problem as we possibly can … how can you work as early in the life of a problem as possible when you’ve then got to go on a waiting list?” Lack of resources and increasing need were having an impact on the services delivered by the Cluster and are recognised as a widespread and foundational barrier to the effective delivery of early help services within the literature (Edwards et al., 2021; Frost et al., 2015; Webb, 2021).

Cluster workers also discussed the move away from community-based work and towards individual casework necessitated by cuts to staffing and resources, identifying this as a huge loss for local families. CW6 remembered, “We used to have people coming and doing playgroups here …”, with CW1 adding, “We used to do drop-in coffee mornings … and we’d get specialists in like [the local solicitors] who would come and talk about things … It used to be full of prams, you couldn’t get through the door … I feel we’ve stripped down to our bare bones … There’s no time to do that developmental work and the … really valuable bits … You’re a bit stuck on this [referral] treadmill.” System pressures meaning that workers’ time was spent on the management of referrals and individual casework had created a deficit in the Cluster’s offer of services for the wider community (Frost et al., 2015), and complex arrangements for the funding of particular posts within the team caused difficulties for practitioners, with divergent offers for support and staff turnover being identified as concerns. Funding cuts were found to have impacted staff caseloads, the intensity of help offered to families and the capacity to build informal networks of support for families through use of the Cluster building for group work and other community activities.

Difficulties in reaching non-English-speaking families and misalignment of goals:

> *“I think there’s also an issue of being able to access some of the families we work with … Families [who] don’t have English as a first language, so they don’t know how to access anything, and there’s a lot of reliance on the teachers and the family practitioners to … help them to signpost … to get them interpreters so they know what they can and can’t access … I think there’s an inequality of access to information.” (CW6)*

The area of Leeds in which the Cluster is located is both ethnically and linguistically diverse, with a large Roma community and many families speaking English as a second or third language. As identified by CW6 above, practitioners who took part in focus groups were concerned about inequality in access to information about services for families who do not speak English as a first language. This issue was felt to impact on many of the families who use the Cluster service, with CW1 explaining, “We have an interpreting budget, it’s doubled in the last financial year …” and CW2 adding, “The majority of [school attendance] meetings … if I have ten meetings over two weeks, eight of them I’d need an interpreter for.” It was perceived that information about help available in the local area was not always accessible for families who do not speak English as a first language and that it could therefore be more difficult to reach these vulnerable parents, carers, children and young people. Practitioners also identified that many adults in the local area had a fear of engagement with services, due

perhaps to their own culture or childhood experiences, and perceptions of workers as "a threat" (CW4). It is recognised in the literature that parents and carers can feel stigmatised when they become involved with the child welfare system (de Boer and Coady, 2007: 36), with fears about child removal sometimes leading to "fear, defensiveness and anger" within families. Practitioners identified that addressing such fears and working together to build a positive relationship were important in achieving positive outcomes.

Misalignment of families' and professionals' goals for the intervention:

Some practitioners expressed the view that intervention was often not successful in cases when workers and families had different goals. CW2, for example, discussed difficulties in monitoring school attendance in cases where education did not appear to be highly valued among parts of the community, explaining, "I think some of the families, particularly Roma families, don't hold any value in education and the younger children don't go to school until they're around seven, so trying to get the younger children to school is … they just genuinely don't understand that … attendance is a legal matter." Previous research has identified that Roma children experience many barriers in accessing education, with parents experiencing anxiety about discrimination from those outside the community (Ofsted, 2014). The misalignment of goals was also identified as an issue for families who speak English as a first language, with Linda, a mother who took part in an interview, reflecting, "I were hoping [the Cluster] would sort out some referrals for some … tests … I wanted some CAMHS, somebody mentioned CAMHS … but they never got me a referral anywhere … They were more bothered about me drinking … all they wanted to talk about were me! We never even discussed [my son]." Circumstances in which the goals of professionals and family members appeared to be misaligned were found to result in dissatisfaction and feelings of frustration for families and were identified by practitioners as a barrier to the effective delivery of support.

Facilitators for the effective delivery of Cluster support

Effective working relationships with families:

> *"When you've got the time to really build that really strong relationship with a family, for them to be open and honest, to then be able to support them to make change and to do it for themselves, and to sustain it, [those] are the cases that work." (CW5)*

Focus groups with practitioners identified that building relationships with families was a key concern for Cluster workers and was understood as facilitating the most effective delivery of support to families. During their discussions, practitioners expressed genuine concern for the families they work with and empathy for the extremely difficult circumstances in which families were often living. CW8 explained, "We want [families] to know that they matter … 'People are bothered about me, I matter.'" CW9 added, "[We want people to] feel valued … we really do care." Cluster workers embraced the "human and relational" underpinnings of early help work (Frost et al., 2015: 38), demonstrating a "humanistic attitude and style" in their discussion of families' needs and experiences (de Boer and Coady, 2007: 32).

An overriding theme from surveys and interviews with families was that relationships with workers were valued very highly by parents, carers and children. Many families expressed gratitude for the help that they had received and remembered their allocated workers with fondness. Elaine, a grandmother, expressed, “One day I’d love to see [my two Cluster workers] again, just to thank them … and maybe give them some flowers or some chocolate … they were brilliant.” Similarly, Kieran, a father, said “We still miss [our Cluster worker].” CW4 shared that she regularly bumps into young people she has previously supported when visiting schools, remembering, “Some of the children here I’ve seen for a few years now, they’ll come up to me in the corridor and give me a hug … they see us as a part of their community, I think.” The relationships that Cluster workers were able to build up with families were perceived by practitioners to be vital for successful intervention and were also valued highly by families who took part in interviews and completed surveys.

Individual and familial facilitators for effective support:

> *“When you have a situation when [families] know they are mentally, physically … prepared to tackle things and change … they’re the ones that you tend to see really good success with.” (CW8)*

In focus groups, practitioners identified a variety of individual and familial facilitators for the effective delivery of Cluster support. Characteristics such as parental motivation and engagement, openness to services and acknowledgement of the need for change were all established as working to facilitate effective help, while engaging young people, particularly in cases of poor school attendance, was acknowledged to be challenging. For school-aged children, a supportive educational environment was also felt to be important, with CW11 explaining, “I would say that if parents are on board with it, then it tends to work, because it’s held at home … and school. Parents and school … And the flip side of that is that if parents are not interested then no matter what’s going on in therapy, it’s not going to work.” Individual psychological factors within families and individual parents, carers or children and young people were seen by practitioners as acting as key facilitators for change, supporting the effective delivery of Cluster intervention.

Appropriate level of need:

> *“I think for me, it’s what is appropriate for early help. I think when it goes beyond that, you are perhaps not meeting the need … But, you know, for the kind of low-level … cases, it works, and it works really effectively.” (CW11)*

The issue of defining early help and the increased pressure being experienced across the sector was discussed at length in focus groups with practitioners and is explored in the “Fidelity to the Cluster model” section. Linked to this, and as identified in the quotation from CW11 above, it was felt by workers that cases in which there was a manageable level of need there tended to be more positive outcomes, with some families who were experiencing greater need requiring more intensive help than the Cluster could provide. This is supported in the wider literature, with Edwards and colleagues (2021: 24) identifying that referrals to

early help services for more complex needs “reduced the effectiveness of services”. As explored above, lack of resources to meet the identified need was found to be frustrating for practitioners, who were aware that it could be difficult for families to access other support in the current climate of residualised welfare services. Having the appropriate resources to meet need within families and a sufficient length of time to build up a strong working relationship were each identified by practitioners as facilitators for the effective delivery of Cluster support.

Effective interdisciplinary working:

> *“[Teachers] do come … for expertise … When you’re in schools, people might drop in and say, ‘Can I have a word about this?’ … It’s that kind of … incidental capacity building, it’s not done in a structured way but it’s happening, because you’re sort of … gleaning knowledge from talking.” (CW1)*

This project identified that having effective arrangements for interdisciplinary working in place was a key facilitator for the work of the Cluster. The co-location of Cluster workers within a single building aided regular informal discussions between practitioners of different disciplines, enabling staff to draw informally on each other’s expertise. It was also possible for workers to refer families to other parts of the Cluster, with some families receiving support from more than one element of the service – for example, adult counselling for parents alongside parenting work or children’s therapy. Practitioners agreed that the co-location and shared managerial oversight of services facilitated a flexible and “responsive” (CW1) model of delivery, with CW1 explaining, “The [most effective cases] are the ones that have maybe had a few different practitioners from the Cluster, so like [a family support worker] doing … practical family support, and then maybe a parent accessing adult counselling alongside that … Those are the ones that have the most impact.” CW13 reflected, “It’s nice to have a team with different skills that we can refer to each other.”

It was found that education staff could also facilitate the effective delivery of support to children and young people by engaging with practical arrangements for the work of the Cluster, such as preparing an appropriate space in school for therapy to take place. As identified in the quotation from CW1 above, practitioners spoke of positive working relationships they had been able to build up with school staff, facilitating informal dialogue, information-sharing and the provision of support to teachers. Therapeutic staff working in schools commented on the level of complexity that teachers and school staff are working with, with CW2 reflecting, “Particularly with high school teachers, they could do with a counsellor … they are needing support . ..They deal with complex children … They genuinely are that pressured, it’s a lot.” Effective early help involves the multidisciplinary provision of support to families experiencing holistic problems (Frost et al., 2015), and effective working relationships between professionals working both within and outside the Cluster team were identified as an important facilitator for the effective delivery of Cluster support.

Flexibility in the delivery of support:

> *"I couldn't have done it face-to-face at that point … no way could I have done it face-to-face … I used to look forward to [Cluster worker's calls] … I got the feeling that once I spoke to her, everything were ok." (Elaine, grandmother)*

Following the first wave of the COVID-19 pandemic, the Cluster's adult counselling service had taken on a hybrid approach, with parents being offered either face-to-face, telephone or online counselling depending on their preference. Similarly, online appointments could sometimes be offered to young people, and flexibility in offering this choice emerged as a feature of the Cluster that was valued highly by both workers and families. CW4 reflected, "I have actually worked with a child who had … real long-term Covid complications and I just sat at school and did online with him at home. And that's just an option we can do now, which we wouldn't have thought of." As identified by Elaine in the quotation above, flexibility in the arrangements for the delivery of support was also valued highly by families who took part in interviews. A move to online service provision was found to have been particularly beneficial for teenagers during the COVID-19 lockdowns (Wilson and Waddell, 2020), although it is important to acknowledge that the move to hybrid working is likely to have reduced accessibility for other groups (Wilson and Waddell, 2020).

Flexibility was also evident in other areas of service delivery, with practitioners taking a responsive approach to the assessment of need and supporting families with issues other than those that they had been referred to the service for. Sarah, a mother, remembered "Even though [the Cluster] wasn't involved because of me mental health, they were there helping me to try and get a [house] move, when actually … they weren't actually brought in to do that." CW7 reflected, "It comes back to that creativity, to us being able to say, 'Just because I've got an attendance issue, doesn't mean they wouldn't benefit from family support' … If the child is accessing counselling, maybe it would be helpful for parents to access adult counselling to deal with their trauma." Flexibility in the delivery of Cluster support was highly valued by staff and families who took part in interviews and emerged as an important strength of the Cluster model.

3.2 Evidence of promise

3.2.1 Is there evidence to support or extend understanding of how and under what circumstances support from the Cluster works?

Evidence gathered from families who had received Cluster services suggests that the service is making a positive difference in the local community, with surveys identifying that 5 out of 6 families in Group A and 15 out of 15 families in Group B would recommend the service to other families.

The project identified that practitioners and families perceived that Cluster support works best when:

- Effective working relationships can be built up between workers and parents or carers and children
- Sufficient time is given for families to be able to benefit from support
- The goals of families and professionals are aligned
- Families have the motivation and capacity to work towards change
- Professionals (both within the Cluster service and outside it) work together effectively
- Support is responsive and delivered flexibly according to identified need
- Families are experiencing a level of need that can be meaningfully addressed at the "early help" level.

Conversely, factors that were found to impede the effective delivery of Cluster support included:

- Families living in conditions of poverty and struggling to meet their own basic needs, making engagement with interventions more difficult
- Lack of access to appropriate housing, medical care, dentistry and support services
- Restrictive timescales on the delivery of therapeutic support
- System pressures leading to budget cuts, high staff turnover and diminished provision
- Difficulties reaching non-English speaking families
- Misalignment of families' and professionals' goals for the intervention.

3.2.2 What do families and practitioners perceive to be the impacts of receiving support from the Cluster?

Improvements in presenting difficulties

> *"We've come out the other end, with the help of the team, and that's what I'm glad for." (Kieran, father)*

When considering the difference that Cluster intervention had made to their lives, four of the five families who took part in semi-structured interviews described noticeable improvements in the issues that had led them to need Cluster support. Improvements in parental confidence and boundary setting, children's behaviour at home and school, children's emotional wellbeing, parental mental health and emotional literacy in both adults and children were all reported. Additionally, more than 80% of survey respondents (across both Groups A and B) reported that Cluster services had had a positive impact on their wellbeing and the wellbeing of their child(ren). Qualitative comments made by survey respondents included, "It completely changed my way of thinking", "It helped me to piece everything together and make sense of things" and "It really turned [my child] around." Five out of the 6 survey respondents in Group A and all of the 15 respondents in Group B said that they would recommend the Cluster service to other families. Similarly Elaine, a grandmother, said, "[I'd recommend the service], a million per cent … Because I know how they've helped me and how they've helped [my granddaughter] too … Highly recommend them." There is therefore evidence from the families who took part in this project that the Cluster service makes a difference to local families in receipt of help and is valued highly by those who receive Cluster support.

Receptivity to receiving support from services

> *"[When] we've worked with this family and now [the mother] will work with professionals … that is the most important piece of work we do, for me." (CW7)*

This project found that the complexity of the difficulties that many families were experiencing, in combination with the time-limited nature of Cluster support, meant that it was often not possible to address families' support needs to the depth that practitioners would have liked. However, it was felt among workers that Cluster involvement was often akin to "planting [a] seed" (CW7), with positive experiences of intervention supporting families to feel able to ask for further professional support in the future. Practitioners were aware of high levels of mistrust of child welfare professionals in the local community, with fear of statutory intervention and stigma relating to receipt of services impacting on parents' and carers' receptivity to offers of help. Workers perceived that their involvement could often serve to "break down the barriers" (CW4), increasing the likelihood that families would accept help in future.

Qualitative comments made by parents and carers during interviews and when completing surveys supported workers' ideas about increased receptivity to services among families. It was found that relationships with Cluster workers were highly valued by parents and carers, in some cases acting to challenge long-held negative perceptions of professionals. Sarah, a mother who had previously lost children to adoption, explained, "Anybody who's a professional person, I always associate them with social workers … I've had involvement with social care before and it's really not gone down well." Sarah contrasted the quality of her relationship with her Cluster worker with her previous experiences, remembering "[Cluster worker] was friendly, polite, didn't judge … I can categorically say she wanted to help … She actually treated me like a person … that's not what I've had in the past." Cluster support was therefore found to be effective at promoting families' engagement with other services, providing a positive experience of intervention that workers hoped would encourage families in engaging with other services as required in the future.

Accompaniment and linking

> *"They've helped us all the way, and … they're still helping us now, even though they're not involved with us, because of all the help they put in… It's still going on now, even though [the Cluster] aren't physically involved." (Kieran, father)*

As described in the quotation from Kieran above, some of the families who took part in interviews identified that their Cluster worker had supported them to make positive changes in their relationships with other services, which continued long after the end of Cluster involvement. Kieran explained that his Cluster worker was able to advocate for increased support for his son and was taken seriously by education staff in a way that he felt he hadn't been. He also remembered that the support of his Cluster worker in liaising with housing services had been invaluable. Similarly, one survey respondent shared, "[Cluster worker] just

made everything happen and solved a lot of stuff. She listened, gave advice, was knowledgeable and was still learning herself." Another survey respondent identified that being supported with communication with her children's headteacher had been particularly useful and Sarah, a mother who took part in an interview, described her Cluster worker as "Always [having been] there to fight [our] corner."

Accompanying families to appointments with other services or to access community facilities was also recognised as being valuable by Cluster workers, with CW5 citing an example of how useful this had been for a family she had supported: "[The mother] was telling us how difficult it was to actually take [her child with autism] out to do a supermarket shop … I told her, 'I'll come and observe, let me see how it is.' From observing that, I could see how difficult things were and [was] able to pass that information to other services … That were the turning point for her, somebody had finally gone with her to actually listen and see and observe it … she felt that finally somebody was understanding and seeing what she were seeing." Similarly, CW9 identified supporting ongoing relationships between families and schools as a key part of her role, saying, "I think some of the work that I do is [support] that relationship [which] has broken down between parents and schools, because they don't really understand what's going on for that family." While explaining that it was not always possible due to time constraints, CW2 added that, "Sometimes people need more than just advice of where to go. They need someone to hold your hand and come with you." Advocating on behalf of families, physically going to other services or community facilities with families and supporting the rebuilding of effective relationships between families and schools were all identified as having a positive impact on families using the Cluster service.

Affirmations of value and worth

> *"[Cluster worker] treated me like a human being … She were really good with [the children], she went down on their level … She gave us all respect, you know, every time she walked in, 'Do you want me to take my shoes off?' … You don't often get that." (Sarah, mother)*

In interviews with families, researchers were struck by the warmth with which a number of parents, carers and children spoke about their allocated Cluster worker. Parents and carers mentioned qualities such as availability, genuine concern, good communication and timekeeping, flexibility in rearranging appointments when needed, extending elements of the service when it was possible to do so, collaboration and friendliness, and valued all of these components of their experience with the Cluster. Being given a choice in decisions such as the venue for children's therapy was also highly valued, with Elaine remembering, "They gave me a choice all the way across the board." It also appeared to be very helpful for families to have been told that they could contact the Cluster service again in future if they felt they needed to. In keeping with existing evidence (de Boer and Coady, 2007; Edwards et al., 2021; Frost et al., 2015), it emerged that it was the quality of the relationship that mattered most to families using the service.

It was common for parents and carers to speak in interviews about the perception that their Cluster worker had "gone above and beyond" (Kieran) in offering a personalised service, which was appreciated and remembered within families. Sarah, for example, recalled,

"When [Cluster worker] did stop working with us … and she didn't have to, she send me a load of information about … getting the kids out and about … She did that off her own back, which I thought were nice of her to do … I appreciated the fact she thought about me." Similarly, Kieran, a father who took part in an interview, remembered, "When I went down for my counselling, [my counsellor] asked, 'Do you want a cup of tea?' I even had my own mug … It was just welcoming. It just felt like a second home, it felt like a second family." Children too appeared to value the Cluster's personalised approach to service delivery, with a child who was present at her grandmother Elaine's interview remembering, "On our last day [of therapy] we had a dance party!" Offering practical support such as help with making a housing application, filling in forms and other types of "ordinary help" (Webb, 2021: 1) was also highly valued by families (Thoburn et al., 2010), with CW9 remembering, "It always amazes me that a family I've taken to court, twice, are still really happy when I come back … [they say], 'Oh, you're that helpful lady' … they like it when I go out for a chat … because I'm the one that helps them fill in a form." It was noted that families often remembered their Cluster worker with fondness and gave examples of ways in which they had felt valued and well supported when receiving Cluster support.

Measuring impact for funders

> *"What we do with families isn't about numbers … it's not about whether they've ticked this box, or that box … It's their lives, at the end of the day." (CW7)*

When considering the impact that the Cluster service was making on the local community, practitioners had mixed views. As discussed above, the difficult circumstances families were often living in could cause practitioners to feel that the impact of Cluster support was "very minimal" (CW1), or a "sticking plaster" (CW6). However, it was found that the service was highly valued by families, and practitioners could identify a wealth of examples of cases where they had seen positive change within families. There was discussion in focus groups about the way that impact is measured in early help, with some workers expressing frustration about the link between funding and measurable outcomes. In keeping with existing evidence (Edwards et al., 2021; Frost et al., 2015; Webb, 2021), it was felt among workers that change in families was difficult to measure quantitatively at the level of early help, with CW1 reflecting, "It's … the qualitative feedback that seems more valuable … [outcome measures] are just an absolute snapshot." Similarly, CW13 reflected, "People say stuff like 'When I first came I wanted to die.' And then at the end they might say 'I don't want to die any more' … they can be really profound things … but it's hard to present that to funders." There was evidence of the Cluster supporting families to make positive change; however, workers were concerned that in the face of such complex need and ongoing difficulties, it would be difficult to accurately measure the impact that Cluster support was having within the local community. Nevertheless, practitioners and families provided qualitative evidence of the ways in which help from the Cluster had made a positive impact on the difficulties experienced within families.

3.2.3 Are there any unintended consequences or negative effects of receiving support from the Cluster?

Cluster support as a route to diagnosis

> *"Some of the families just see it as a tick-box, 'Oh, I have to work with you before … the GP will be able to make a referral for an autism diagnosis.'" (CW3)*

During focus groups with practitioners, it was identified that there is a requirement built into local policy that families should have engaged with Cluster support before being able to access more specialist services, and that this was not always helpful. As CW3 explained, "Some of the families are not wanting to make changes because they want a diagnosis of autism, or they're superficially engaging … they know they have to work with us first, then the [specialised service] referral will go through." In such cases, it appeared that the Cluster was acting as a "gatekeeping tool" (Lucas and Archard, 2021: 65), and the goals of professionals and families were misaligned, which, as identified above, acted as a barrier for the effective delivery of Cluster support and could lead to frustration for both workers and families.

Some practitioners were also concerned about the incentives for children to receive mental health diagnoses, which they perceived as being built into the welfare benefits system, speaking of families they had worked with who lived in conditions of acute poverty and were incentivised to seek a diagnosis for their child in order to meet eligibility criteria for Disability Living Allowance (DLA). CW7 expressed, "Some … of our families know that if children have got additional needs and they can claim DLA … the benefit cap is removed. So then, what they hope for is an assessment and diagnosis … so then the child becomes directly impacted by that because there is a lot of negativity about [their] behaviour … Some of our families want diagnosis so they can claim DLA to remove the benefit cap, especially if they have got another four children." With families often experiencing desperate need and living in conditions of acute poverty, it was perceived that incentives for diagnosis had been built into the benefits system in a way that was unhelpful for children and young people.

Efforts to retain Cluster support

> *"I've had young people say that they're not going to change their behaviour in school, because they've enjoyed their sessions … they say, you know, 'If I'm naughty again … will you get to come and see me again?'" (CW3)*

As described in the quotation from CW3 above, some practitioners had experience of working with families in which parents or young people had benefited so much from Cluster support that they had discussed returning to previous challenging behaviours in order to access the service again. Similarly, CW9 spoke of parents who had benefited from the intensive support received in response to concerns about children's attendance and felt a sense of loss when their case was closed saying, "I've built up that relationship … you get to a point where they've offloaded all these different things that they want help with … and they put that trust in you … and you're like, 'Well, I can't carry on supporting you now [that

attendance has improved]' … I've had a few families say, 'I'm just not going to take them back to school so that you'll come back to me.'" In these cases, the short-term support on offer appeared to have been valued so highly that families were incentivised not to maintain the positive changes they'd been supported to implement, in order to be eligible for access to Cluster support again.

Lack of informal support

> *[Cluster worker] just worked with me and the kids." (Sarah, mother)*

The propensity for early help services to bolster informal community and familial support for children, young people and their families is well documented within the literature (Edwards et al., 2021; Frost et al., 2015). However, there is also evidence that opportunities for developing families' informal support networks can often be missed, particularly when services are under pressure (Edwards et al., 2021; Ofsted, 2015). In their 2015 thematic inspection of early help services, for example, Ofsted found that it was common for fathers and male partners to be excluded from early help assessments, even when living in the same household as the child receiving support.

In this project, it was identified in interviews with families that, although feedback about the Cluster service was largely positive, members of children's extended families did not seem to be routinely involved in the support being offered by the Cluster unless acting as the child's main carer, with the service perhaps missing opportunities to ensure that the family was left with a robust informal network of support when Cluster involvement ended. Linda, a mother who took part in an interview with her husband Bryan, felt that Bryan had been excluded from the support offered by the Cluster, explaining, "[My husband] could have been involved more; they didn't really listen to him and his side of stuff. I don't know if it's because he isn't a parent, but he is a stepdad and he is here with [my son]. [My husband] never even spoke to [Cluster worker]."

Lack of a robust network of informal support was also identified as a concern by CW13, who shared, "A lot of the time, people … don't have family support, or it's not safe family support … which impacts their mental health but also impacts their ability to access services to help their mental health." It was suggested that the Cluster did not have sufficient resources in place to be able to work with the wider family network but practitioners identified that this may have been beneficial. In the case of Linda and Bryan's family, it was felt that Bryan had been excluded from involvement with the Cluster worker, which was experienced as frustrating and invalidating within the family. The city-wide emphasis on bolstering the family's informal support network via Family Group Conferencing in safeguarding cases did not appear to routinely extend to the early help level (Leeds City Council, 2021b), with primary carers and children largely being offered individual casework in the face of significant resource challenges.

4. Discussion

This research found that the Cluster model was valued highly by families who had used the service. However, as discussed above, several barriers to the effective delivery of Cluster support were also evident. Data analysis identified the following themes as being significant.

4.1 Complexity

It was found that many families in the community were experiencing high levels of need, with the economic context and issues such as overcrowding, inappropriate housing and limited access to other services adding to the complexity of difficulties that families experienced. It was perceived by staff that many families had needs that fell outside the remit of early help, leading to frustration about what could realistically be achieved with families within the restrictions of the Cluster model. The Cluster is located in a diverse area of the city with a high Roma population, and Cluster workers identified language and cultural barriers as impacting on the efficacy of the support that could be delivered. Practitioners also spoke about the need to measure outcomes for funders, perceiving that the level of need families were living in made evidencing demonstrable change very difficult. Complex arrangements for the funding of the service could also cause tensions, with time restrictions for particular elements of the service being imposed by external funders and workers having different arrangements for supervision and managerial oversight, depending on the funding of their post. These service pressures added to the complexity of the work that the Cluster does.

4.2 Features of the Cluster model

It was found that many features of the Cluster model, such as the co-location of workers from different disciplines within one building, the focus on relationship-building and the ability for workers to offer a flexible and responsive service to families were valued highly by parents and carers and perceived as working well by staff. Advocacy, accompanying families to appointments with other services and supporting the rebuilding of relationships between families and schools were also highly valued. The Leeds Practice Principles were found to underpin everyday work within the Cluster and could be applied flexibly in a way that was perceived by practitioners to be working well. Although there was plenty of evidence about the positive impact that the Cluster was making, workers also discussed the limitations of individual casework, identifying the need for community-based support and groupwork, which was limited due to drastic cuts in Cluster funding in recent years. Process-led elements of the organisation of local services, such as the stipulation that families should work with the Cluster before being referred for diagnostic assessment, were experienced as frustrating by staff. The time restrictions for receipt of some elements of the service were also felt to pose a barrier for some families, with practitioners valuing flexibility and discretion.

4.3 Relationships

The significance of building positive working relationships with families was highlighted by practitioners and consistently commented on by families. Relationship-based support was found to be central to the work of the Cluster, with the kindness and “ordinary help” (Webb, 2021: 1) being provided by practitioners valued highly among families, who noticed and remembered occasions when workers had “gone the extra mile” to support them. There was evidence that positive relationships with Cluster workers could act to change families’ perceptions of professional involvement and it was hoped that families would be more open to accessing support in future as a result of Cluster intervention. Relationships between the Cluster and other services, particularly schools, also proved to be important, with Cluster staff providing teachers with informal support and advice and school staff facilitating the effective delivery of Cluster services by supporting children’s work in therapy and providing safe spaces for children to meet with Cluster workers in school. It was found that, in the face of complex need, the Cluster was providing a valuable service to local children and families.

5. Limitations

5.1 Quantitative data

There were some challenges associated with collecting and collating the quantitative data, resulting in limitations that are discussed below. Despite these, the quantitative element of the study adds important context and was conducted with rigour despite the constraints.

In some instances, the data in case files and spreadsheets held by the Cluster was incomplete – for example, in relation to the recording of children's ethnicity. Where possible, gaps were checked against records; however, some information was missing, and where this was the case it was noted. Similarly, in some instances, the information from Cluster records resulted in multiple categories of data, each applying to a very small number of cases. In these instances, data categories were grouped to create meaningful numbers. In some cases, research assistants were required to make a judgement in interpreting data from case files. As such, where the data was entered by different research assistants, it is possible that different judgements were made.

The response rate to surveys was very low (six), resulting in the decision to distribute surveys to families receiving help from the Cluster at the time of the fieldwork. This resulted in an additional 15 surveys being completed; however, the total falls short of the initial target of 50. The small sample size limits the extent to which conclusions can be drawn from the data. In hindsight, it would have been beneficial to consider completing the qualitative element of the study with families receiving support at the time when fieldwork took place. The 12–18 months that had passed between families being referred for support and being contacted for participation in the study are likely to have contributed to the low response rate.

5.2 Qualitative data

The project set out to recruit a stratified random sample of families who had received attendance support, family support, adult counselling and children's counselling for interview. In practice, it was not possible to recruit any families who had received support with attendance for participation in the study.

6. Conclusions

Within this evaluation, we have observed Cluster services acting as both a “sticking plaster” and “salve” to problems often beyond their capability to solve. It should be recognised that many of the complex issues experienced by families were often generated or exacerbated by wider social and economic forces, beyond the control of professionals, children and families. Acknowledgement of this places the services offered by the Cluster within the context of the reality of modern welfare and social services. As highlighted by Bauman (2009), there has been a reduction in the social state and social welfare, which can be understood as the wilful creation of an “absence of society” (Bauman, 2009: 147), where individuals and families are left to resolve complex issues which are often beyond the capacity of any one person or family to resolve. In the “absence of society” (Bauman, 2009: 147), many services have developed to support children and families in navigating a complex system of social crises, in a shifting landscape of social, education and health services.

The Cluster is located in a diverse area of the city and practitioners were concerned about inequality in access to services for families who do not speak English as a first language, with cultural differences and fear of statutory intervention impacting on families’ uptake of offers of help. It was found that the service was in high demand, in a local context in which access to health, mental health and voluntary sector services was increasingly restricted due to the current economic crisis, with practitioners expressing frustration about the limitations of the support they could offer. It was observed that Cluster teams work best when they support families whose needs fall clearly within the scope of early help. However, what constitutes early help is contested terrain; the concept is both fluid and nomadic and can be seen to be perpetually changing. In keeping with existing evidence (Edwards et al., 2021), this evaluation found that children and families have increasingly complex support needs. Within an uncertain environment, the Cluster team delivered support to children and families with multifaceted and interrelated needs, delivering complex social support to people encountering systemic poverty and deprivation.

Families working with the Cluster largely described improved outcomes and were felt by practitioners to have engaged with other services as a result, although it was expressed by many that a longer period of support, particularly in relation to the therapeutic elements of the service, would have been beneficial. Parents and carers generally described increased satisfaction and motivation as a result of engagement with the Cluster service, highlighting the sense of being valued and listened to as particularly important. The model of service delivery being provided by the Cluster was much welcomed by those who took part in this evaluation, including practitioners who, despite the many challenges of providing services in such a complex environment, were proud of the work that they were doing.

7. Recommendations

In light of the findings of this pilot evaluation, we make the following recommendations:

- National social and economic factors beyond the control of families and practitioners were found to be having a significant impact on the lives of children and young people growing up within Leeds. There is a wealth of evidence about the detrimental impact of poverty, inadequate housing and lack of access to support services on children's developmental outcomes, which needs to be prioritised by policymakers at both the national and local levels
- A clear, city-wide definition of what early help is should be created, with consideration of which specific early help interventions can be effectively delivered by Clusters
- Training should be developed that supports Cluster staff in delivering social support focused on social pedagogy and advocacy
- Training and support should be provided for professionals working in other services, particularly education, in understanding what constitutes an early help versus a social care referral
- Timescales for therapeutic support should be reviewed, with a possible extension of time, in recognition that social support needs to be delivered to improve the efficacy of therapeutic work
- The funding of posts within the Cluster should be reviewed, with a more clearly defined and centrally organised recruitment and system of delivery being implemented within Clusters; the current experience is fragmented and not synchronous
- Training and support should be developed for staff in working with diverse communities, with a particular focus on supporting Roma diaspora families from central and eastern Europe
- A clear exit strategy and care pathway for children and families from the Cluster should be developed, including members of the wider family and resources in the community.

References

Bamford, T. (2020) Introduction. In T. Bamford and K. Bilton (2020) *Social Work: Past, Present and Future*. Bristol: Policy Press.

Bauman, Z. (2009) The absence of society. In Joseph Rowntree Foundation [Eds] *Contemporary Social Evils.* Oxford: Policy Press.

Bywaters, P., Brady, G., Bunting, L., Daniel, B., Featherstone, B. Jones, C., Morris, K., Scourfield, J., Sparks, T. & Webb, C. (2017) Inequalities in English child protection practice under austerity: a universal challenge? *Child and Family Social Work*, 23, 53–61.

Bywaters, P., Brady, G., Bunting, L., Daniel, B., Davidson, G., Elliot, M., Featherstone, B., Hooper, J., Jones, C., Kwhali, J., Mason, W., McCartan, C., McGhee, J., Mirza, N., Morris, K., Scourfield, J., Shapira, M., Slater, T., Sparks, T., Steils, N. & Webb, C. (2020) The Child Welfare Inequalities Project: Final Report. https://www.coventry.ac.uk/globalassets/media/global/08-new-research-section/cih/cwip-overview-final-v4.pdf [Accessed 8 December 2022].

Chandler, C. E., Austin, A., E. & Shanahan, M. E. (2020) Association of housing stress with child maltreatment: a systematic review. *Trauma, Violence and Abuse,* 23 (2), 639–659.

Conrad-Hiebner, A. & Byram, E. (2020) The temporal impact of economic insecurity on child maltreatment: a systematic review. *Trauma, Violence and Abuse,* 21 (1), 157–178.

Cooper, K. & Stewart, K. (2021) Does household income affect children's outcomes? A systematic review of the evidence. *Child Indicators Research,* 14, 981–1005.

Cooper, V. & Whyte, D. (2017) *The Violence of Austerity.* London: Pluto Press.

Cross, S., Bywaters, P., Brown, P. & Featherstone, B. (2021) Housing, homelessness and children's social care: towards an urgent research agenda. *British Journal of Social Work,* 1988-2007.

de Boer, C. & Coady, N. (2007). Good helping relationships in child welfare: learning from stories of success. *Child and Family Social Work,* 12, 32–42.

Department for Education (2018) Working Together to Safeguard Children. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf [Accessed 8 December 2022].

Edbrooke-Childs, J. & Deighton, J. (2020) Problem severity and waiting times for young people accessing mental health services. *BJPsych Open,* 6 (118), 1–7.

Edwards, A., Gharbi, R., Berry, A. & Duschinsky, R. (2021) Supporting and strengthening families through provision of early help: a rapid review of evidence. https://www.ncb.org.uk/sites/default/files/uploads/attachments/20210513_Rapid%20Review_Full%20Report%20-%20FINAL.pdf [Accessed 5 December 2022].

Featherstone, B., White, S. & Morris, K. (2014a) *Reimagining Child Protection: Towards humane social work with families*. Bristol: Policy Press.

Featherstone, B., Morris, K. & White, S. (2014b) A marriage made in hell: early intervention meets child protection. *British Journal of Social Work*, 44 (7), 1735–1749.

Featherstone, B., Gupta, A., Morris, K. & White, S. (2018) *Protecting Children: A Social Model.* Bristol: Policy Press.

Frost, N., Abbott, S. & Race, T. (2015) *Family Support.* Cambridge: Polity Press.

Hackett, A. & Strickland, K. (2019) Using the framework approach to analyse qualitative data: a worked example. *Nurse Researcher*, 26 (2), 8–13.

Hood, R., Gorin, S., Goldacre, A., Mulleya, W. & Bywaters, P. (2020) Exploring drivers of demand for child protection services in an English local authority. *Child and Family Social Work,* 25, 657–664.

Kelly, E., Lee, T., Sibieta, L. & Waters, T. (2018) Public Spending on Children in England: 2000 to 2020. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf [Accessed 8 December 2022].

Lavalette, M. (2019) Introduction. In M. Lavalette [Ed] *What is the Future of Social Work?* Bristol: Policy Press, pp. 1–3.

Leeds City Council (2020) Right conversations, right people, right time: our early help approach and strategy to responding to the needs of children and families in Leeds, 2020–2023. https://www.leedsandyorkpft.nhs.uk/corporate/wp-content/uploads/sites/10/2020/06/Early-Help-Approach-and-Strategy-2020-2023.pdf [Accessed 19 November 2022].

Leeds City Council (2021a) One minute guide: cluster working. https://www.leeds.gov.uk/docs/One%20minute%20guides/One%20Minute%20Guide%20-%20Cluster%20Working.pdf [Accessed 28 November 2022].

Leeds City Council (2021b) One minute guide: family group conference (FGC) service. https://www.leeds.gov.uk/docs/One%20minute%20guides/One%20Minute%20Guide%20-%20Family%20Group%20Conference%20Service.pdf [Accessed 6 December 2022].

One minute guide: Restorative Early Support teams. https://www.leeds.gov.uk/docs/One%20minute%20guides/One%20Minute%20Guide%20-%20Restorative%20Early%20Support%20Teams.pdf [Accessed 6 December 2022].

Leeds City Council (2021d) Leeds Clusters: good governance pack. https://www.leedsforlearning.co.uk/Page/19850 [Accessed 21 February 2023].

Leeds City Council (2021e) One minute guide: Rethink Formulation. https://www.leeds.gov.uk/docs/One%20minute%20guides/Rethink%20Formulation.pdf [Accessed 23 February 2023].

Leeds Observatory (2023) Population report for Leeds. https://observatory.leeds.gov.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3 [Accessed 21 February 2023].

Limb, M. (2022) NHS must prioritise what it can deliver under current constraints, say doctor's leaders. *British Medical Journal,* doi: https://doi.org/10.1136/bmj.o2981.

Lucas, S. & Archard, P. J. (2021) Early help and children's services: exploring provision and practice across English local authorities. *Journal of Children's Services*, 16 (1), 74–86.

Moran, P., Jacobs, C., Bunn, A. & Bifulco, A. (2007) Multi-agency working: implications for an early intervention social work team. *Child and Family Social Work,* 12 (2), 143–151.

Munro, E. (2011) The Munro Review of Child Protection: Final Report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf [Accessed 8 December 2022].

National Children's Bureau (2018) Storing up trouble: a postcode lottery of children's social care. https://www.ncb.org.uk/sites/default/files/uploads/files/NCB%20Storing%20Up%20Trouble%20%5BAugust%20Update%5D.pdf [Accessed 6 December 2022].

Ofsted (2014) Overcoming barriers: ensuing that Roma children are fully engaged in achieving in education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430866/Overcoming_barriers_-_ensuring_that_Roma_children_are_fully_engaged_and_achieving_in_education.pdf [Accessed 6 December 2022].

Ofsted (2015) Early help: whose responsibility? https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf [Accessed 5 December 2022].

Open Science Framework (2022) What works in early help? An evaluation of families' experiences of receiving early help under an innovative new approach to the delivery of early help in Leeds. https://osf.io/t2wmc [Accessed 28 November 2022].

Parton, N. (2014) *The Politics of Child Protection: Contemporary developments and future directions.* Basingstoke: Palgrave Macmillan.

Spencer, L., Ritchie, J., O'Connor, W., Morrell, G. & Ormston, R. (2014) Analysis in practice. In J. Ritchie, J. Lewis, C. McNaughton Nicholls & R. Ormston. *Qualitative Research Practice: Second Edition*. London, Sage Publications Limited, pp. 270–345.

Thoburn, J., Cooper, N., Brandon, M. & Connolly, S. (2013) "The place of 'think family' approaches in child and family social work: messages from a process evaluation of an English pathfinder service". *Children and Youth Services Review*, 35, 2, 228–236.

Vertovec, S. (2007) Super-diversity and its implications. *Ethnic and Racial Studies,* 30 (6), 1024–1054.

Webb, C. J. R. & Bywaters, P. (2018) Austerity, rationing and inequity: trends in children's and young people's services expenditure in England between 2010 and 2015. *Local Government Studies*, 2018.

Webb, C. (2021) In defence of ordinary help: estimating the effect of early help/family support spending on children in need rates in England using ALT-SR. *Journal of Social Policy,* 1–28.

Wilson, H. & Waddell, S. (2020) Covid-19 and early intervention: understanding the impact and preparing for recovery. https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery [Accessed 5 December 2022].

Appendices

Appendix A. Fieldwork documents

Information sheet: family interviews

Participant Information Sheet: What works in early help? An evaluation of families' experiences of receiving support under an innovative approach to the delivery of early help services in Leeds

We are a small team of researchers and are writing to you to take part in a family group interview as part of our research study.

What is the purpose of the study?

The purpose of the study is to find out about families' experiences of receiving help from a Cluster service in Leeds. The project also aims to investigate workers' experiences of providing help to families.

We want to know about:
-The difficulties in your life which led to you needing to access early help services.
- Your positive and negative experiences of being supported by early help services.
- The progress that you made towards your family goals while working with early help services.
- Your views about the impact that receiving early help has had on your life and any recommendations you have for staff working in this area.

Why have I been invited to take part?

You have been invited to take part because you have previously used Cluster services.

What does taking part involve?

Taking part in this study involves a group interview between a member of the research team and the adult members of your family, which could include your child's parents, grandparents, wider family or anyone in your family who was involved in supporting you at the time when you were receiving early help services.

The interview will take place at a time convenient to you and will take around an hour. It can take place in your own home, or somewhere else where you feel comfortable. The interview will be audio-recorded with your permission. If you would like to take part, you will need to sign a consent form at the beginning of the interview.

Do I have to take part?

You do not have to take part and if you do decide to take part you can change your mind about this at any time. Taking part in this project will not affect any of the services you receive.

What are the benefits and risks of participating?

By taking part, you will be adding to knowledge about the experiences of families who need to access early help services. Each adult member of the family taking part will also receive a £10 voucher in exchange for their time. There is a risk that it may be upsetting for you to talk about the time when you needed to access early help services and you should consider this when deciding whether to take part.

Will I be identified in any research outputs?
No information which identifies you will be including in the writing-up of the research project. Anonymous data may be presented in other academic forums (such as in academic journals, at conferences or in teaching). Data will only be used for these purposes and your consent is conditional upon the University complying with its duties and obligations under GDPR and the Data Protection Act.

How will you keep my data secure?
Under General Data Protection Regulation (GDPR), your personal data is collected by the research team on the basis that you have given clear consent for us to process your data for the specific purpose of participating in this research project. You will be free to opt-out of the project at any time. If you decide that you no longer wish to participate, any information which is held about you will be destroyed.

Your personal information and everything you share with the research team will be stored safely and securely. An anonymised transcript of your interview will be stored electronically within Leeds Beckett University's centrally managed network. Your signed consent form will be scanned onto the system electronically and the paper copy will be destroyed. Your data will be retained for a period of 5 years following conclusion of the project in line with Leeds Beckett University's regulations on data storage. Your data will not be passed on to Children's Services or any agency who you are working with or have been involved with in the past.

Leeds Beckett University processes data in line with the UK GDPR. To understand how we collect, look after and share your data you should read this Research Participant Privacy Notice- https://www.leedsbeckett.ac.uk/-/media/files/policies/information-governance/upig_research_participant_privacy_notice.pdf

Who is funding this research?
This research is funded by What Works for Children's Social Care.

How do I find out more information?
If you would like to find out more information about the project or have a discussion about taking part, you can get in touch with Emma Geddes, the lead researcher. Emma's email address is e.geddes@leedsbeckett.ac.uk

How do I make a complaint or raise a concern about the research?
If you would like to make a complaint or raise a concern about the research you can contact Lorraine Agu, Head of Subject. Lorraine's email address is l.agu@leedsbeckett.ac.uk

Information sheet: surveys

LEEDS BECKETT UNIVERSITY

Participant Information Sheet: What works in early help? An evaluation of families' experiences of receiving support under an innovative approach to the delivery of early help services in Leeds

We are a small team of researchers and are writing to you to complete a questionnaire as part of our research study.

What is the purpose of the study?

The purpose of the study is to find out about families' experiences of receiving help from the Inner East Cluster. The project also aims to investigate workers' experiences of providing help to families.

Why have I been invited to take part?
You have been invited to take part because you have previously used services provided by the Inner East Cluster.

What does taking part involve?
Taking part in this study involves completing a short questionnaire about your experience of receiving Cluster services.

Do I have to take part?
You do not have to take part and if you do decide to take part you can change your mind about this at any time. Taking part in this project will not affect any of the services you receive.

What are the benefits and risks of participating?
By taking part, you will be adding to knowledge about the experiences of families who need to access early help services. There is a risk that it may be upsetting for you to remember the time when you needed to access early help services and you should consider this when deciding whether to take part.

Will I be identified in any research outputs?
No information which identifies you will be including in the writing-up of the research project. Anonymous data may be presented in other academic forums (such as in academic journals, at conferences or in teaching). Data will only be used for these purposes and your consent is conditional upon the University complying with its duties and obligations under GDPR and the Data Protection Act.

How will you keep my data secure?
Under General Data Protection Regulation (GDPR), your personal data is collected by the research team on the basis that you have given clear consent for us to process your data for the specific purpose of participating in this research project. You will be free to opt-out of the project at any time. If you decide that you no longer wish to participate, any information which is held about you will be destroyed.
Your personal information and everything you share with the research team will be stored safely and securely. An anonymised copy of your questionnaire will be stored electronically within Leeds Beckett University's centrally managed network. Your signed consent form will be scanned onto the system electronically and the paper copy will be destroyed. Your data will be retained for a period of 5 years following conclusion of the project in line with Leeds Beckett University's regulations on data storage. Your data will not be passed on to Children's Services or any agency who you are working with or have been involved with in the past.

Leeds Beckett University processes data in line with the UK GDPR. To understand how we collect, look after ad share your data you should read this Research Participant Privacy Notice-
https://www.leedsbeckett.ac.uk/-/media/files/policies/information-governance/upig_research_participant_privacy_notice.pdf

Who is funding this research?
This research is funded by What Works for Children's Social Care.

How do I find out more information?

If you would like to find out more information about the project or have a discussion about taking part, you can get in touch with Dr. Emma Geddes, the lead researcher. Emma's email address is e.geddes@leedsbeckett.ac.uk

How do I make a complaint or raise a concern about the research?
If you would like to make a complaint or raise a concern about the research you can contact Dr. Lorraine Agu, Head of Subject. Lorraine's email address is l.agu@leedsbeckett.ac.uk

Information sheet: practitioners

Participant Information Sheet: What works in early help? An evaluation of families' experiences of receiving support under an innovative approach to the delivery of early help services in Leeds
We are a small team of researchers and are writing to you to take part in a focus group as part of our research study.

What is the purpose of the study?
The purpose of the study is to find out about practitioners' experiences of providing early help services through a Cluster in Leeds. The research will also investigate families' experiences of receiving services.

We want to know about:
- Your experiences of providing early help services to families via the Cluster.
- Your views about the barriers and facilitators to the effective delivery of early help services.
- Your perspectives on the impact of receiving early help for families.
- Your ideas about whether there are any negative effects or unintended consequences for families of receiving help from the Cluster.
- Your suggestions relating to how Cluster services could be improved.

Why have I been invited to take part?
You have been invited to take part because you are a member of staff working in the Cluster which is subject to a pilot evaluation which is led by Leeds Beckett University and funded by What Works for Children's Social Care.

What does taking part involve?
Taking part in this study involves taking part in a focus group made up of 6–8 of your colleagues and led by a researcher. The focus group will take place at a time convenient to the team in the team office and will take around 90 minutes. The interview will be audio-recorded with your permission. If you would like to take part, you will need to sign a consent form at the beginning of the interview.

Do I have to take part?
You do not have to take part and if you do decide to take part you can change your mind about this at any time.

What are the benefits and risks of participating?
By taking part, you will be adding to knowledge about the provision of early help services to families experiencing difficulties, contributing to evidence about "what works" in delivering Cluster services within local communities. There is a risk you might feel uncomfortable about expressing views in the focus group which are not compatible with the views of other members of your team and you should consider this when deciding whether or not to take part.

Will I be identified in any research outputs?

No information which identifies you will be including in the writing-up of the research project. Anonymous data may be presented in other academic forums (such as in academic journals, at conferences or in teaching). Data will only be used for these purposes and your consent is conditional upon the University complying with its duties and obligations under GDPR and the Data Protection Act.

How will you keep my data secure?

Under General Data Protection Regulation (GDPR), your personal data is collected by the research team on the basis that you have given clear consent for us to process your data for the specific purpose of participating in this research project. You will be free to opt-out of the project at any time. If you decide that you no longer wish to participate, any information which is held about you will be destroyed.

Your personal information and everything you share with the research team will be stored safely and securely. An anonymised transcript of your interview will be stored electronically within Leeds Beckett University's centrally managed network. Your signed consent form will be scanned onto the system electronically and the paper copy will be destroyed. Your data will be retained for a period of 5 years following conclusion of the project in line with Leeds Beckett University's regulations on data storage. Your data will not be passed on to Children's Services or any agency who you are working with or have been involved with in the past.

Leeds Beckett University processes data in line with the UK GDPR. To understand how we collect, look after and share your data you should read this Research Participant Privacy Notice- https://www.leedsbeckett.ac.uk/-/media/files/policies/information-governance/upig_research_participant_privacy_notice.pdf

Who is funding this research?

This research is funded by What Works for Children's Social Care.

How do I find out more information?

If you would like to find out more information about the project or have a discussion about taking part, you can get in touch with Emma Geddes, the lead researcher. Emma's email address is e.geddes@leedsbeckett.ac.uk

How do I make a complaint or raise a concern about the research?

If you would like to make a complaint or raise a concern about the research you can contact Lorraine Agu, Head of Subject. Lorraine's email address is l.agu@leedsbeckett.ac.uk

What Works *for* Children's Social Care

EARLY INTERVENTION FOUNDATION

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

CONTACT

info@wweicsc.org.uk
@whatworksCSC
whatworks-csc.org.uk