HAS THE EARLY HELP AGENDA FOR PARENTING ABILITY BASED TARGETED EARLY HELP, HELPED?

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Abstract

In the United Kingdom, the recent emphasis on early help for families reflects a dynamic change in a culture towards early help for supporting/improving parenting capability. This study investigates targeted early help for families where there are parenting ability concerns and provides a novel insight into the perspectives, experiences and outcomes of people who use Nottinghamshire's Family Service, the service's staff and further stakeholders of the service.

The research adopts a systemic approach, utilising Bronfenbrenner's (1979) Ecological Systems Theory as the conceptual framework and a mixed methodology to address the aims and objectives. Qualitative methods consisted of focus groups (with service providers n=22 and stakeholders n=6), and interviews (with previous service users n=10) with analyses using a Constructivist Grounded Theory approach. Focus groups (n=5) and interviews (n=10) explored the perspectives, including supports and barriers affecting targeted early help for parenting ability provided via the Family Service. Quantitative methods consisted of analyses of secondary data (n=1,258) using descriptive and non-parametric inferential statistics and explored the effectiveness and experienced outcomes of parenting ability support from the Family Service. Triangulation of the data was performed to answer the research question – Has the early help agenda for parenting ability based targeted early help, helped?

The findings demonstrate that the Family Service have adopted a preventative approach to working with children, young people and families and a positive shift towards a culture of early help is underway. Further findings highlight the importance of high-quality open and honest relationships and suggest an increasing unspoken level of need. Similarly, the findings reveal that families go on a journey of awareness in terms of the parenting ability and achieve either transactional or transformational outcomes.

Overall, the research provides an evidence informed approach to service delivery/configuration to improve outcomes from early help. Gaps are identified in the current systems of support and recommendations are provided regarding the implications for practice, policy and future research, to ensure children, young people and families are achieving positive outcomes when receiving parenting ability based targeted support.

Dedications

I would like to dedicate this to my late mother-in-law, Jayne, who passed away shortly before submission of the thesis.

I would also like to dedicate the thesis to my amazing Dad, John, who passed away before publication of the thesis.

Acknowledgements

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Similarly, my thanks and gratitude also extend to the participants who took part in the research, again without them the research would not have been possible.

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Finally, to my daughter Aliza, my (now not so) small surprise who joined me mid-way through this journey and Elonzo who arrived a week after the viva. Thank you for giving me the motivation to inspire and make you both proud. I hope this demonstrates that with hard-work and dedication you can achieve your dreams - I will be there to support you both every step of the way.

Table of contents

List of Tables

List of Figures

Chapter 8:

Chapter 1. Introduction

Children's services are expected to protect and promote the wellbeing of children, young people and their families. Local authorities have the responsibility of providing children's services and local authority intervention programmes (Bate, 2017). The local authority provides a range of services for children, young people and families, from family support to early help services. Early help is essentially prevention through early intervention and help provided as soon as problems begin to emerge (Early intervention foundation, 2018) or are brought to the attention of statutory child and family services.

The recent emphasis on early help over the last couple of decades, as demonstrated through government policy, early help targets and initiatives (e.g., Children and Families Act, 2014; Working together to safeguard children (Department for education, 2018a); Department for communities and local government, 2017a), reflects a dynamic change in a culture towards early help. The thesis aims to (1) explore whether and to what extent targeted early help services for parenting ability across Nottinghamshire, is contributing towards better outcomes for children, young people and families, and (2) develop an understanding of what/how these positive outcomes look like from within the different system(s) of support from different perspectives. The thesis provides evidence from data obtained using mixed methods to develop a holistic system of support for achieving positive outcomes via parenting ability based targeted early help services, including the supports and barriers and current gaps in the early help systems of support for parenting ability across Nottinghamshire.

Overall, the research aims to bridge multiple gaps in the academic literature and contribute to an evidence informed approach about what works, specifically the factors that influence access and engagement with targeted early help services, the supports and barriers to achieving positive/negative outcomes for parenting ability, the timings of parenting ability based early help, the achievable outcomes of parenting ability based early help and the configuration of/journeys through the early help systems of support.

The following chapter will provide the context and background of the research, setting the scene for the remainder of the thesis.

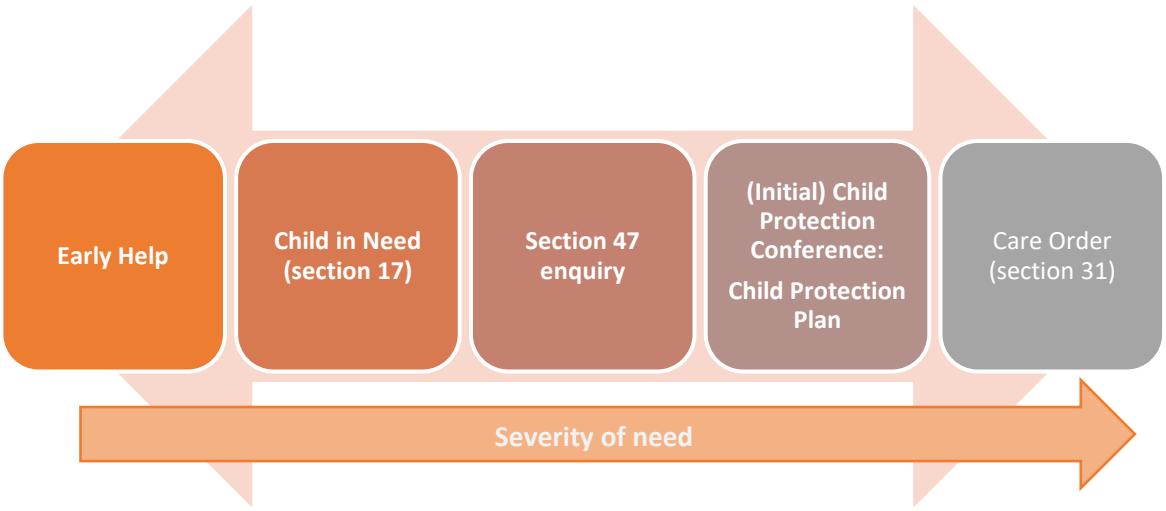
1.1. A continuum of need

The Children Acts (1989 and 2004) provide the legislative framework that attributes the duty and responsibility to local authorities, courts, parents, and other agencies, in promoting and safeguarding the welfare of children and young people in their area. The Children Act (1989) outlines the local authority's duty and responsibility for both the welfare and safeguarding of

children and the provision of suitable, appropriate services across a range and level of needs for children, young people and families, whereas the Children Act (2004) places a duty and responsibility on all agencies to make safeguarding arrangements and promote the welfare of children.

The Children Act (1989) views the level of need starting at early help services for multiple needs, moving to support for more complex needs – a child in need (section 17 of the Children Act 1989), and then Section 47 enquiries, initial child protection conferences/Child Protection Plans and Care Orders (Section 31) for safeguarding needs (See Figure 1.1). Typically, early help is the term that has been adopted across the academic and practice literature to refer to any child and family services that provide support to families at any stage prior to a section 17 enquiry (Edwards et al., 2021; Chowdry and Oppenheim, 2015). Each of the sections of the Children Act (1989) relevant to this research are outlined in Chapter 2 of the thesis.

Figure 1.1
The continuum of need for safeguarding concerns from the Children Act (1989) relevant to the research



1.2. The emergence of an early help agenda

The early help agenda has arisen from a series of in-depth independent reports commissioned by the government concerning the effectiveness and anticipated (potential) outcomes of early help (Field, 2010; Allen, 2011a; Allen, 2011b; Tickell, 2011; Munro, 2011). This 'early help agenda' adopted by the government is apparent through:

- The political discourse surrounding early help and early help services

- Statutory guidance for targeted early help, which outlines the key role of the local authority in providing access to early help support and services (e.g., Children and Families Act, 2014; Working Together to Safeguard Children (Department for education), 2018a; See Chapter 2)
- Government programmes e.g., the Troubled Families Programme and incentives for local authority early help services (e.g., funding through payment by results under the Troubled Families Programme).

As a consequence of this political emphasis on early help, a growing body of evidence from within the academic literature has arisen which both complements and contradicts these independent reports and the research cited within them. Therefore, critical evaluation of these reports is presented in sections 1.3, 2.5 and throughout Chapter 3 of this thesis. Nonetheless, an overview of each of these independent reports (Field, 2010; Allen, 2011a; Allen, 2011b; Tickell, 2011; Munro, 2011) are outlined below.

1.2.1. Field (2010)

Frank Field's (2010) independent review was commissioned by the Prime Minister in 2010. Overall, the report suggests that there is a need to address child poverty to ensure that children and young people experiencing poor outcomes do not transition into adulthood whilst continuing to experience these poor outcomes. More specifically, Field (2010) suggests that experiencing poverty during the first 5 years of life, greatly affects life chances during adulthood and that Adverse Childhood Experiences and poverty can affect how the brain grows and how cognitive abilities are developed. The report highlights that life chances are dependent on children's development during the first 5 years of life and relies on the neuroscience argument for early help. For example: Field (2010) suggests that 80% of the brain is formed by the age of 3 and that experiences (and poverty) before the age of 3 can greatly affect how the brain develops and grows during this life period. The report also suggests that late help is effective but is not as effective, than if help is delivered early within the life of a child.

The term "Foundation Years" was highlighted within Field's report and was adopted to raise public awareness and understanding regarding the importance of how babies/children develop during this critical period of brain development and growth (which can be significantly impacted by Adverse Childhood Experiences and poverty) and what is needed to provide sufficient support to vulnerable children and young people for them to reach their potential in adulthood. The report suggests that, to prevent poor outcomes experienced as a child continuing into adulthood, a healthy pregnancy, good parental mental health, a healthy attachment, love and opportunities

for cognitive, language, emotional and social development is needed. Field (2010) argues this can be achieved by effective early help services.

1.2.2. Allen (2011a, 2011b)

The first independent report by Allen (2011a) initiated a large amount of debate and research regarding early help and perhaps should be seen as the most influential independent report. Allen argues that early help can help to provide the social and emotional foundations needed for childhood and adulthood and can have a positive impact on the most vulnerable of children. Early help provided before the age of 3 can eliminate/reduce costly and damaging social problems; however, within the report it is highlighted that early help also has the potential to impact children throughout the later stages of childhood also. Overall, Allen argues that early help provided at any stage during childhood (0-18 years) will likely be apparent in the long term, arguing that early help can provide long term benefits to children and young people, prevent the 'cycle' of poor parenting and produce public cost savings.

Allen's (2011a) report relies heavily on the neuroscience argument for early help especially during the ages of 0–3-year-olds, that is, help should be provided early during the period when the brain is rapidly growing and developing to achieve the social and emotional foundations, necessary for older childhood and adult life. Attempts made after this period are less successful. Within his report he cites studies from Sweden and the Netherlands (Keuroghlian and Knudsen, 2007; Buonomano and Merzenich, 1998) which according to Allen demonstrate that the infant brain can be significantly affected by the effects of extreme neglect on brain growth and cognitive development (See section 3.2). Likewise, the economic benefits of early help were also highlighted in this report. Allen suggests that early help is a cost-effective approach as it is generally more cost-effective than late help.

According to Allen's report, the future outcomes such as emotional, physical and intellectual development can be predicted from brain development during the early year's period of childhood. The report suggests that early help programmes aimed at improving social and emotional development can significantly improve health (both physical and mental), educational attainment and employment prospects. Allen (2011a) also discusses research which found that early help can significantly prevent violent and criminal behaviour, substance misuse and teenage pregnancy.

Allen (2011a) reports on 19 "effective" early help programmes; however, these have come under criticism from within the academic literature, as Allen uses a narrow effectiveness criteria and rigid methodology (e.g., Tunstill and Blewett, 2016; Featherstone et al., 2014b). Furthermore, it is

argued that because of the ‘top-down directive’ approach, some programmes were disregarded altogether, which may have been more effective than the ones outlined in the report (The Centre for Social Justice, 2011).

Allen (2011b) produced a second report to accompany the first report. The second report reflects the findings and suggestions made in the first report, but the second report concentrates further on the cost effectiveness of early help. Allen (2011b) suggests that early help, particularly for early years can provide benefits for individuals, families and society, by ensuring that children have the capacity to develop into the excellent parents of tomorrow; however, early help will not be effective unless it is followed-up in later childhood. The report suggests that early help provided to children throughout all of childhood, will provide 'the social and emotional bedrock’ for society’s parents of tomorrow, which will have an impact in the long term.

Allen’s (2011b) review suggests that early help can potentially produce economic benefits and societal advantages by producing public savings costs related to rates of: those not in education, employment or training, substance abuse, crime and reliance on the welfare system. The report concludes that an early help culture should be adopted by all relevant stakeholders and recommended the establishment of an Early Intervention Foundation (alongside other recommendations).

The Early Intervention Foundation

The early intervention foundation was established in 2013 by the government in response to Graham Allen’s reports in 2011. The early intervention foundation is made up of academics, policy makers and other stakeholders who provide high-quality early help based research, researching all aspects/domains of early help. The early intervention foundation was established to develop a ‘what works’ network regarding early help in the United Kingdom and to support local authorities in the implementation of early help and early help services. The early intervention foundation have produced a plethora of research and reports regarding the early help within the United Kingdom, some of which has been cited within this thesis.

1.2.3. Tickell (2011)

Dame Clare Tickell’s (2011) independent review was a review of the Early Years Foundation Stage . The Early Years Foundation Stage was developed in 2008 and was intended to provide an evidence-based framework to ensure that all children in the United Kingdom, during the early years period, receive high quality support and environments by all practitioners (Department for education, 2018b). The report suggests that appropriate early help, appears to be the most

effective approach to both tackling disadvantage and overcoming specific obstructions to learning. Furthermore, early help can make sure children are ready for school and adulthood, by ensuring that they are healthy and developing properly physically, emotionally and socially. This overall provides an economic benefit of early help.

The review found that during the Early Years (0 – 3-year-olds) there are three key areas of learning and development (1. communication and language, 2. personal, social and emotional development and 3. Physical development), which rapidly develop during the early year's period and can be seen as the necessary foundations for both child and adult life. The neuroscience argument in Tickell's (2011) review highlights the importance of the first three years of a child's life, as providing strong foundations and stability during this period, in turn increases the likelihood and probability of achieving positive outcomes in later life. Likewise, instability and weak foundations provided to children during the early years also increases the likelihood of not achieving positive outcomes and instead increases the probability of difficulties.

The report found that the Early Years Foundation Stage had a positive impact on children in their early years, but practitioners need to work closely alongside other professionals in the early help ecological systems and emphasise the role of parents and carers, in helping to achieve positive outcomes in later childhood and adulthood. The review highlights the importance of Children's Centre Services and other support services, in achieving these positive outcomes. However, the study found that there is strong evidence that under-qualified and under-supported staff can have a negative impact on outcomes achieved in the early years via early help. For early help to be effective, a professional and well supported network of professionals providing early help and early help services is needed (Tickell, 2011).

1.2.4. Munro (2011)

Munro's (2011) review into early help highlights that preventative services (early help services) are more effective at reducing risk and abuse and neglect, than reactive services (late help). The review highlights that early help provided before the occurrence of any Adverse Childhood Experiences, or in the presence of minor Adverse Childhood Experiences, can prevent the escalation and occurrence of further worse Adverse Childhood Experiences, whereas interventions provided when Adverse Childhood Experiences are severe, are less effective. According to Munro, early help is morally the correct thing to do to help provide children and young people with interventions when they need it most, as attempts to prevent or resolve maltreatment at later stages are less effective than at attempts made earlier.

Munro (2011) suggests that the concept of 'now or never' has arose from the emerging body of evidence which is concerned with the difficulties of reversing damage to children and young people's development. Munro attributes a better understanding of the effects of neglect and abuse on brain and cognitive development, towards the tendency to remove children and young people to prevent an escalation of family difficulties. From this, it is evident that Munro's review relies on the neuroscience argument/literature but Munro highlights that the earlier help is provided the better, as not only are more positive outcomes likely to be achieved from providing help early, but the potential to be more cost effective, is gained, especially in the early years. The report suggests that early help is cost effective to society as it appears to be value for money and self-funding. According to Munro, early help can take the form of a wide range of interventions and thus a range of impacts.

Munro (2011) suggests that for families to access and navigate through services, a coordination of help and services is needed. The report concluded by purposing the provision of an early help offer by the local authority and highlights the importance of Children's Centre Services and Multi-Agency Safeguarding Hubs. How early help is delivered should be based on evidenced based research that has explored how to work with families.

1.2.5. Summary of the independent reviews on early help

Collectively these independent reviews reach a similar conclusion that early help should be easily accessible and readily available for children, young people and families, who require additional support to prevent the escalation of difficulties and circumstances. They suggest that early help can help children and young people research their potential throughout childhood and adulthood. The reports similarly denote that early help, has the largest impact particularly during the early years, primarily based on the neuroscience argument. Nonetheless, the research suggests that help provided all through the life of a child can have lasting effects into adulthood. According to research cited from within these reports, outcomes experienced as a child can predict and are strongly associated with poor outcomes experienced in later childhood and through into adulthood. Furthermore, the reports suggest that early help has the potential to provide positive outcomes both in the short term for children, young people and families, and in the long term for not only children, young people and families but for society and the economy also, through savings in public spending.

The themes that emerged from these independent reviews, can be summarised as:

- **Early help needs to be early** – All three independent reports argued that early help needs to be provided to children, young people and families as early as possible. Collectively,

early help was seen as beneficial in both the short term and the long term, when delivered early throughout the life of a child.

- **Adverse Childhood Experiences –** Together, the independent reports contended that the occurrence of Adverse Childhood Experiences can have a detrimental impact on child development. Similarly, poverty was also highlighted in the independent reports, with some academics calling for poverty to be classified as an Adverse Childhood Experience (Hughes and Tucker, 2018).
- **A focus on parenting ability and parenting programmes** – The independent report by Field (2010) argued that 'good' parenting can suppress inter-generational poverty, the independent report by Allen (2011a) highlights that parenting programmes can produce social and economic benefits associated to positive parenting and Munro's (2011) report asserted that poor parenting as demonstrated via child abuse should be prevented via parenting programmes (Asmussen et al., 2012).

These initial themes developed from a review of the independent reports underpinning the early help agenda informed the review of the literature (See section 3.1.1), which in turn informed the aims and objectives of the research.

However, it was not these independent reports alone, that informed the basis of the early help agenda (See Bate, 2017); there have been a wide range of studies that have researched the potential impacts and effectiveness across a wide range of early help domains which have influenced the early help agenda (e.g., Tobin, 2018). Further independent reviews into early help and early help services have also been commissioned by the government since the enactment of the early help agenda. For example, most recently the Leadsom (2021) review focused on and recommended the first 1,001 days of life (from conception to the age of 2 years old) as being the most crucial in ensuring the foundations for long-term health and development (emotional and physical) outcomes are effectively embedded in children and young people. The review found that finding and gaining access to appropriate services is a barrier for families. The inconsistent approach and availability of services available across local authorities makes it hard for families to know where to go for help and what help is available. Furthermore, the report found that families felt let down by the services received and do not have confidence in early help services. Similarly, the workload pressures faced by professionals was also a barrier, but professionals were strongly committed to ensuring positive outcomes for children, young people and families. Overall, the report suggests that holistic, coherent, multi-agency working characterised by professionals with up-to-date training that reflects the needs of service users is required. The report further recommends that help, in various formats, should be provided to families when it is needed, to improve the provision of help available.

1.3. Early help and early help services in child protection

Within the United Kingdom, evidence for early help is at an early stage (Early intervention foundation, 2018). Nonetheless, there is a growing body of literature which provide evidence-based research advocating the use of early help in promoting positive outcomes for children, young people and families (e.g., Early intervention foundation, 2018; Allen, 2011a). Research suggests that early help can provide children, young people and families with positive outcomes both in the short term and long term. Early help can initially prevent the escalation of family problems/difficulties in the short term (Field, 2010) and can provide benefits to society, the economy and public services in the long term (Bate, 2017). However, the research cited within government policy for early help has come under criticism from academics, who argue the neuroscience research has been miscited and used as a political strategy to engage stakeholders with the concept of early help (Wastell and White, 2012; Featherstone et al., 2014a).

The loose guidance given by the government concerning the implementation of the Troubled Families Programme and therefore the differing implementations of the Troubled Families Programme across local authorities (Parr, 2017; White and Day, 2016; Research in Practice, 2022), also means that local research is needed to ensure effective outcomes are being locally achieved for children, young people and families. There is much controversy in the literature about the effectiveness of early help services for child protection (e.g., Cook, 2016; O'Carroll, 2016; Featherstone et al., 2014a), for family intervention projects such as the Troubled Families Programme (e.g., Crossley, 2015) and for parenting ability based support such as parenting programmes (e.g., Wilson et al., 2012).

Ultimately, the contradictory and ambiguous evidence that underpins social work interventions such as targeted support delivered under the Troubled Families Programme, highlights the need for further research on the topic to add to the evidence-base regarding the effectiveness, perspectives, experiences and outcomes of targeted early help services such as the Family Service, where there are parenting ability concerns.

1.3.1. Parenting ability based early help services

Parenting ability is a broad term used within early help policy (and literature) that spans across a wide range of elements, contributing to and influencing positive child development. Daly and Bray (2015) indicate that the cultural shift and focus on parenting ability in government policies and initiatives, is as parenting ability is easy to target and address through generalisable parenting programmes and is used as an umbrella term to 'fix' a range of 'troubles' such as: improving

general child outcomes, a reduction in the risk posed to the child, improving parental wellbeing and improving societal participation (Daly and Brey, 2015). It has been noted in the literature how the parents accessing support from services delivering the Troubled Families Programme were faced with multiple problems (Whitley, 2016) which in turn affects their ability to parent effectively. For example, in 2017, the most common reason for early help referrals were child behavioural issues and parenting issues being the second most common reason (Lucas and Archard, 2021). However, the dissonance between the policy makers discourse relating to 'troubles' faced by 'troubled families', the causes of adversity and their capacity to successfully parent has also been highlighted within the literature also (e.g., Lambert, 2019 and Bunting et al., 2017; See section 2.5.2).

Overall, the literature suggests that more research is needed to examine whether good intentions as encompassed in government policy, early help initiatives and targets, are effective in promoting positive outcomes for children, young people and families. Research is also needed to explore the lived experiences and effectiveness of targeted early help services for parenting ability. This research will therefore bridge these multiple gaps in the knowledge to influence service delivery/configuration and the timing of targeted early help services for parenting ability in Nottinghamshire for children, young people and families, in light of the research findings.

1.4. Context of the research

1.4.1. Drivers of the research

The research focuses specifically on Nottinghamshire's Family Service which provides targeted early help for children, young people and families across Nottinghamshire (See section 1.4.3). The local authority requested that the research be conducted and part-funded the study. In the planning stages of the research, the local authority had already settled on the research question of "Has the early help agenda for children and families in social work, helped?" (See section 1.5.1).

The Local Authority requested a clear focus on targeted early help and were satisfied that the research question could be modified to specifically include a focus on parenting ability. Data was chosen and variables were developed that both addressed the aims and objectives of the research and reflected the mutual partnership nature of the research (See section 4.9.1 and Appendix 1).

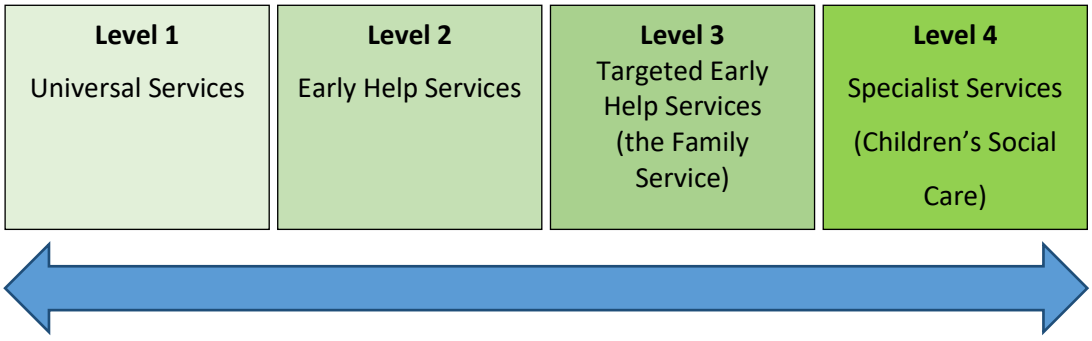
1.4.2. Nottinghamshire's pathway to provision

The Working together guidance (Department for education, 2018a) is aligned to the Children Act (1989), in that they both view safeguarding concerns/needs as lying on a continuum of need and this is reflected in service provision also. It is a requirement that the local authority provide a 'threshold' document outlining the criteria and level of need for the provision of services.

Nottinghamshire's pathway to provision (Nottinghamshire Safeguarding Children Partnership, 2017) outlines the thresholds for services at each level of need, the procedure of accessing early help and the different sources of early help/early help services available to families at each level of need. The pathway to provision provides a plethora of information to various stakeholders regarding Nottinghamshire's early help offer.

Similar to the early help continuum of need (See section 1.1), in Nottinghamshire, a family's level of need is determined using "The Nottinghamshire Continuum of Children and Young People's Needs" Model (See Figure 1.2). On this continuum the lowest level of need is level 1, where children and young people require some help and have their needs met within universal services such as school or GPs. Level 2 is the next level of need where generic early help services are situated. If concerns about a child are raised, additional support usually from professionals already involved, can provide early help. Level three is targeted early help, where there are significant concerns for a child/young person that occur regularly or for long periods. This research specifically focuses on the Family Service who primarily provide level 3 targeted early help for children, young people and families on Nottinghamshire's continuum of need. Finally, at the other end of the continuum is level 4, where children and young people at this level require specialist services, namely children's social care, as they are very vulnerable. The continuum acknowledges that different individuals and families have different level needs and that these needs can change overtime.

Figure 1.2
Nottinghamshire's Continuum of Children and Young People's Needs



1.4.3. Targeted early help across Nottinghamshire

The Family Service sit within an early help system of support for children, young people and families across Nottinghamshire; multiple agencies provide early help services to children, young people and families across the pathway to provision and the Family Service are one agency within these systems of support. For children, young people and families requiring level three early help support for parenting ability across Nottinghamshire, the targeted early help offer consists of two individual services, dependant on the age of the child/young person. Nottinghamshire's Children's Centre Services deliver targeted early help across levels one to three, where the primary child of concern or most of the children are aged between 0 - 4 years old (where children aged 0 includes the time from conception to birth). Whereas the Family Service deliver targeted early help across Nottinghamshire for children of concern aged 5 – 18 years old or where the majority of children and young people are school aged.

Other targeted early help services (level 3) across Nottinghamshire include:

- The Youth Justice Service. The Youth Justice Service is situated within the Family Service and provides case management and specialist interventions where there are concerns that children and young people may commit a crime – this branch of the Family Service was not included in this research (See section 1.4.5).
- The Integrated Children's Disability Service. The Integrated Children's Disability Service provides holistic support for children and young people aged 0 – 25 years old who have a disability. They provide a range of services, resources, support, advice and information regarding supporting disabled children and young people and their families.
- Online resources provided by the local authority. They provide children and young people with confidential online support, advice and therapy.
- Child and Adolescent Mental Health Services (CAMHS). Child and Adolescent Mental Health Services are an NHS service who assess and treat children and young people with emotional, behavioural and/or mental health difficulties.

The Family Service work alongside these and other agencies offering early help services across the whole of the pathway to provision (See section 1.4.2), which collectively form the foundations of the early help systems of support across Nottinghamshire.

1.4.4. Referrals for early help across Nottinghamshire

As outlined in the pathway to provision (See section 1.4.2), referrals into the early help systems of support across Nottinghamshire are first made to the early help unit. The early help unit is

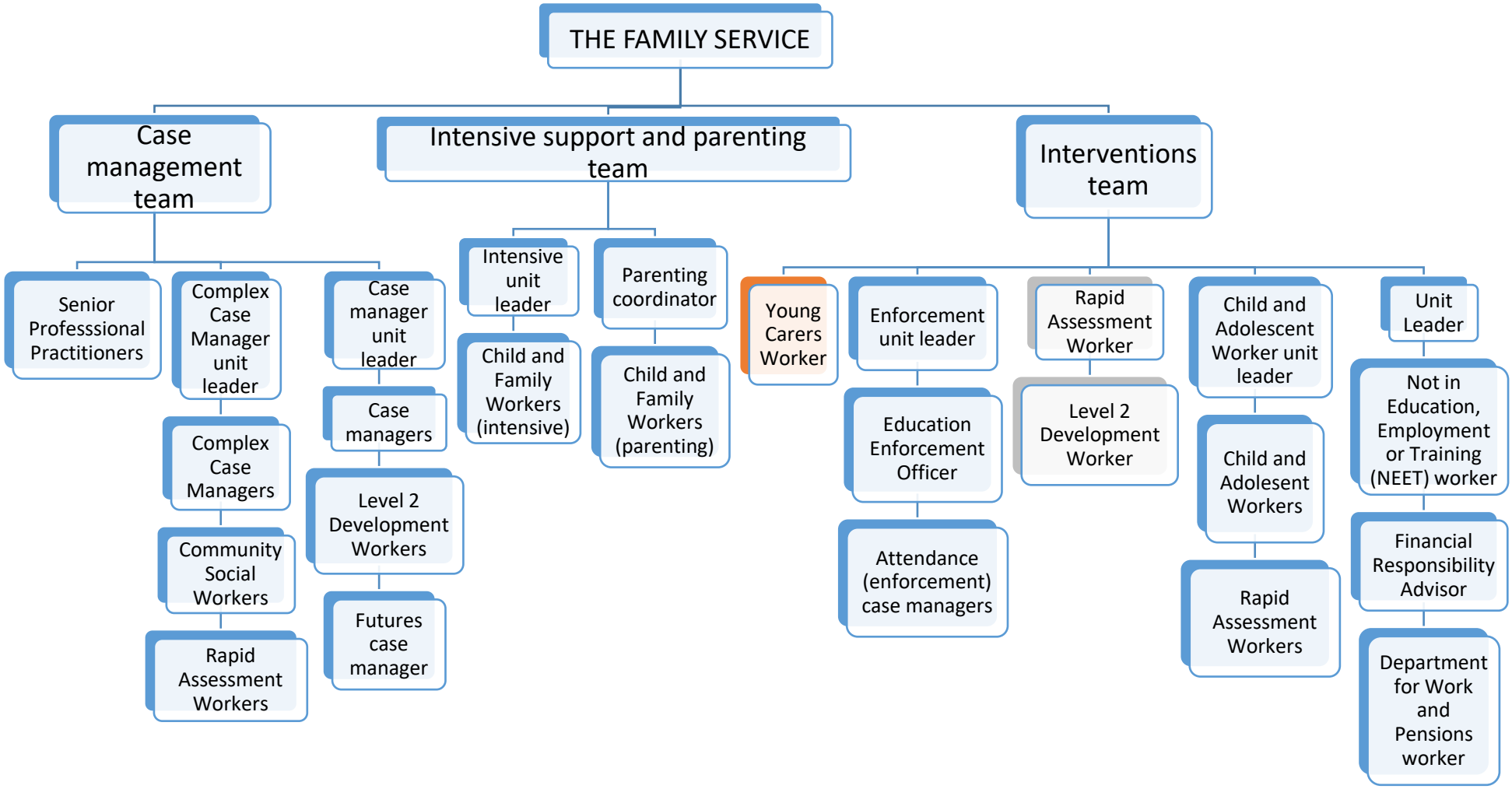
responsible for making an initial judgement on a family's level of need and determines whether the family's needs meet the threshold/requirements for early help in Nottinghamshire. The early help unit provides information and advice to both parents and professionals (such as schools, GPs, police, midwifes, etc.) regarding the early help services available across Nottinghamshire's continuum of need (levels 1 - 4). The early help unit signpost service users to the relevant early help support/services which also includes both local authority early help services and non-local authority early help services, that make-up the early help systems of support across Nottinghamshire.

As a further part of the early help systems of support, Nottinghamshire also have a multi-agency safeguarding hubthat is the first point of contact for child and adult safeguarding concerns/referrals. The multi-agency safeguarding hub consists of a range of different professionals such as health professionals, the police/probation services and schools, that work together to provide a holistic approach to safeguarding across Nottinghamshire. Multi-agency safeguarding hub professionals collate information from within their respective role(s) to build a holistic picture of the case and to determine the risk of harm to those concerned. Referrals for those deemed at immediate risk are made to the multi-agency safeguarding hub, and multi-agency safeguarding hub refer families to relevant services in the early help systems of support across Nottinghamshire such as children's social care or the Family Service, dependent on the family's level of need.

1.4.5. The Family Service (structure)

The Family Service was established in October 2015 and at the time of the research (specifically during the data collection and analysis phases of the research) was implementing the Troubled Families Programme (See sections 1.4.7 and 2.5). Although the Family Service are a part of wider early help systems of support for children, young people and families across Nottinghamshire, the Family Service is an early help system of support within itself. The Family Service consists of three local groups (North, South and West). Each Family Service group across the county have the same structure consisting of four interconnected teams: the early help case management team, the intensive support and parenting team, the interventions team and the youth justice team. The overall structure of the Family Service is presented in Figure 1.3. Within the figure, those with an orange backdrop are roles only present in the South team and those with a grey backdrop are the roles only found in the North team.

Figure 1.3
Structure of the Family Service



The case management teams consist of case managers, complex case managers, rapid assessment workers and level 2 development workers. Overall, early help professionals in the case management teams are responsible for organising and delivering early help to families. This includes - but is not limited to - performing an initial assessment of the family, identifying their strengths and needs, planning, organising and coordinating support (including any possible interventions to be received), supporting families throughout their early help journey and establishing a support network for families.

- Case managers are responsible for coordinating the early help provided to families via the Family Service, while complex case managers are assigned to families who have multiple entrenched needs. Case managers deliver level three support on Nottinghamshire's pathway to provision.
- Rapid assessment workers, perform assessments with children, young people and families within a short time period to develop a detailed overview of the needs and requirements of individuals when support is required quickly and/or not much is known about the severity of issues.
- Level 2 development workers work with families currently at level two on Nottinghamshire's pathway to provision but have been identified by professionals as being at risk of developing more complex/worse needs. Level 2 development workers provide help to prevent the escalation of needs to level 3.

Child and family workers are in the intensive support and parenting teams. There are two types of child and family workers: intensive child and family workers and parenting child and family workers. Intensive child and family workers provide intensive support to children, young people and families, that is, the early help that is provided is concentrated into a short period of time. Whereas parenting child and family workers deliver parenting based interventions, namely parenting programmes via the Graduated Family and Parenting Offer (See section 1.4.6). Child and family workers deliver support to children, young people and families at levels three and four on the pathway to provision.

The interventions teams consist of: attendance and education case managers, child and family workers, Not in Education, Employment or Training (NEET) workers, Financial Responsibility Advisors, Department for Work and Pensions workers, level 2 development workers and young career workers. All Family Service professionals in these teams deliver various interventions to children, young people and families at levels three and four on the pathway to provision.

The Youth Justice Service – also known as the Youth Offending Team - is also situated within the Family Service. The Youth Justice Service is a statutory service that provides targeted early help to

children and young people aged between 10 and 18, with the ambition of preventing both offending and re-offending. Despite the Youth Justice Service making up part of the Family Service, the local authority asked me not to include the Youth Justice Service and this seemed logical; although situated in the Family Service, the Youth Justice Service provide a separate targeted service than the rest of the Family Service thus making the research too broad (See section 1.5.1 also).

1.4.6. Graduated Family and Parenting Offer

As part of the systemic approach to early help services delivery Nottinghamshire offers a "Graduated Family and Parenting Offer" (Nottinghamshire County Council, 2020). This consists of a variety of evidence based targeted and specialist interventions for children, young people and families such as: parenting programmes, clinics and workshops, one-to-one support, intensive support and interventions for children and young people. The Graduated Family and Parenting Offer is available to all families who are assessed to be at levels two to four on the pathway to provision (See section 1.4.2).

Local authorities are required to provide evidence based parenting programmes, clinics and workshops (e.g., Working Together to Safeguard Children [Department for education], 2018a) and via the Graduated Family and Parenting Offer the parenting programmes, clinics and workshops available to parents in the local authority include (but are not limited to): 123 Magic, Solihull, Non-Violence Resistance groups, Empowering Parents Empowering Communities (EPEC), etc.

1.4.7. The Troubled Families Programme

As a response to the riots in England during August 2011, the government launched the Troubled Families Programme as an attempt to "turn around" the lives of "troubled families". The Troubled Families Programme launched in 2012 after every local authority in England (total=152) agreed to take part. Although no statutory guidance or legislation was provided in regard to the Troubled Families Programme, it aimed to support approximately 120,000 families and local authorities were required to: utilise a 'family intervention approach' (Cameron, 2011; Department for communities and local government, 2012b), achieve the goals/achievements (e.g., getting children back to school, reduce unemployment and a reduction in anti-social behaviour) set out by the government and to achieve this within an established timeframe, before May 2015 (Department for communities and local government, 2012b; Department for communities and local government, 2012a; Lambert and Crossley, 2017). Councils received payment for signing up

to the programme and for implementation of the Troubled Families Programme, once goals/achievements had been met, known as payment by results.

Although the Troubled Families Programme has now been remodelled into Supporting Families programme in March 2021 (Department for Levelling Up, Housing and Communities et al., 2021), the Troubled Families Programme remains relevant to this research as data was gathered and analysed when families received support from the Family Service, delivering the then Troubled Families Programme. More information on the Troubled Families Programme can be found in section 2.5.

1.5. What is early help?

Within the field of early help key terminology (such as early help, early intervention and prevention) are used interchangeably and all are contested in nature; for example, due to the vested interests of different stakeholder groups. The interchangeability and conceptualisation of the terminology depends on the context of its use (Edwards et al., 2021), therefore the definitions of the key terms used throughout the thesis (such as: family support, early help, early intervention and prevention) need to be defined at the outset.

"Family Support as a unique child protection perspective, involves a set of activities and access to practice that encourages positive, informal social networks through integrated programmes which combine the statutory, voluntary and private agencies and services." (Dolan et al., 2020, p.13). One form of family support is (targeted) early help, which this thesis focuses on.

Within the United Kingdom, "Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years." (Working Together, 2023, p.44). More specifically, "Some early help support is described as 'targeted early help' and is provided to children and families who are identified by practitioners to have multiple or complex needs requiring a specialist and/or multi-agency response but where statutory intervention is not needed." (Working together, 2023, p.43). On the other hand, "Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes" (Early Intervention Foundation, 2024). Moreover, early help and early intervention services are also coined as prevention or preventative services as they seek to prevent the escalation of need and risk (NSPCC, 2023). This demonstrates how the terms early help, early intervention and prevention are used interchangeably within the literature and that definitions are contested (Edwards et al., 2021). One potential reason for this broad, ill-defined language and interchangeable use of terms used in early help depends on the context of their use

(Edwars et al., 2021). Specifically, Edwards et al. note variation according to operational contexts, research study contexts and theoretical or conceptual contexts noting that:

> "in England, the following terms are often used and fit within a broader conceptual framework of early help, as a form of support that can 'fill a gap or bolster what an individual or family has, in order to resolve or alleviate problems', to strengthen families existing forms of informal social support (Frost, Abbott, & Race, 2015: 8), or, more generally, to provide support for families with varied needs prior to Section 17 involvement (Lucas & Archard, 2020)" (p.6).

Moreover, Edwards et al. (2021) argue that 'early help' refers to services that typically involve intervention prior to an intervention from children's social care with the family, and the term preventative services' has been adopted within public health policy whilst 'early intervention' often refers to an evidence-based approach to service delivery. Relatedly, from a policy perspective, early intervention is associated with a forceful, proactive approach to family support to avert crises in families that potentially gives rise to a power imbalance between professionals (who are deemed to 'know best') and families who are blamed for their struggles (Bond-Taylor, 2016). On the other hand, the term early help is associated with a more inclusive, relationship-based family support and alludes to a balance of power between professionals and families (Ruch et al, 2010; Cottam, 2011; Ruch, 2012), where families can help themselves and engage in a process of learning together/assisted by professionals irrespective of the age of the child. Therefore, the term 'early help' has been adopted for the thesis.

1.5.1. International perspectives on Early Help

The approaches to early help vary across the world. Perspectives on and approaches to early help are influenced by culture, the political system, the societal commitment to help children, young people and their families and biological and environmental-psychosocial conditions (Clavero, 2001). Therefore, it is important to consider the different national and international approaches to the provision, format and design of early help services and support available for children, young people and families, although exploring in detail international perspectives on early help is beyond the scope of the thesis. Nonetheless, commonalities of international approaches include an evidence-based systems approach that is integrated, participatory, individualised, culturally sensitive and family-centred with strong feedback and evaluations in place to provide help at the earliest of opportunities (Clavero, 2001).

In some countries there has been an emergence of an early help agenda, and the United Kingdom is one of those countries. For example, in the United Kingdom early help services are couched

within a policy framework and provided by the local authority and are funded by the government as a free evidence-based service for all children, young people and families. On the other hand, some countries such as New Zealand position their early help services within schools and in other counties such as America early help services are not prioritised or funded by the government and remain absent or privately funded services. Therefore, research is not always comparable across countries.

As countries differ in their approaches to early help and early help services, research from different countries needs to be considered in the context of their provision and format. The following section will provide examples of different international approaches to early help from comparable countries to the United Kingdom such as Australia and New Zealand.

1.5.1.1. United Kingdom

Within the United Kingdom, targeted early help and early help services are provided by the local authority. The local authority provides a range of services for children, young people and families including targeted early help services. Nationally, targeted early help services and the provision of such services vary across local authorities (Parr, 2017; White and Day, 2016; Research in Practice, 2022), as the positioning of targeted early help services within local authority structures differs across local authorities. Some local authorities embed their provision of targeted early help services within their social care services whereas others, remain separate. Each local authority has a Joint Strategic Needs Assessment, which determines the needs of the local population and thus the early help offer provided to children, young people and families within that local authority. The Joint Strategic Needs Assessment is a statutory duty of the local authority and is personalised to local needs as it is based on the population/ social determinants of health that differ between regions.

Within Nottinghamshire targeted early help services are positioned alongside specialist support services (children's social care) and the targeted early help services for Nottinghamshire are the Family Service and Children's Centre Services. Moreover, Nottinghamshire's Joint Strategic Needs Assessment identifies the current and future health and social needs of those living in Nottinghamshire (Nottingham Insight, 2024). Therefore, the research can be positioned alongside social work, whilst remaining distinct.

Nationally, the provision and format of early help services is determined by the local authority and thus early help services vary across local authorities and over time (See Chapter 2). Early help is positioned as a public health agenda within the United Kingdom. The Troubled Families Programme (Department for communities and local government, 2012b), now Supporting

Families Programme (Department for Levelling Up, Housing and Communities et al., 2021), is the targeted early help initiative rolled-out in the United Kingdom, demonstrating this also.

1.5.1.2. Australia

Similar to the United Kingdom, a recent emphasis on early help and early help services for children, young people and families is also underway in Australia (Australian Institute of Health and Welfare, 2021; Commonwealth of Australia Department of Social Services, 2021; Australian Institute of Health and Welfare, 2023). In Australia, Safe and Supported (Department of Social Services, 2021) is the national framework that outlines the approach and focus on early help and early help services for vulnerable families. The strategy is comparable to the United Kingdom's Troubled Families Programme, as different states provide a range of different early help services based on the needs of the families living within that area. Holistic, strengths-based, working with families and capacity building are the key principles of early intervention that the Australian government deliver to families (Fox et al., 2015).

Prevention and early intervention are the terms that have been adopted in Australia (Higgins and Dean, 2020). A public health model has also been adopted within Australia, where prevention services are typically universal services and early intervention services are targeted services (Australian Institute of Family Studies, 2014). Thus, Australia have adopted a similar approach to the United Kingdom, with Australia's Family Services tasked with promoting the wellbeing of children and families and providing early help services and interventions to families (Services Australia, 2024).

1.5.1.3. New Zealand

There has been a recent government emphasis on early help or preventative services in New Zealand over the past decade (Keddell, 2019). In New Zealand, early help programmes are positioned as a part of the larger Strengthening Families strategy (1998; Oranga Tamariki, 2020; Walker, 2004), which aims to support children, young people and their families. The Ministry for Children or Oranga Tamariki is the government department responsible for child wellbeing in New Zealand. In New Zealand, early help services are positioned within the communities (schools) and the Oranga Tamariki is the government department that provide a range of programmes designed to support families with children of varying ages. The Social Workers in School programme is aimed at supporting 5–12-year-olds and their families, the multi-agency support services in secondary schools, and the youth workers in secondary schools service both aimed at 13 – 19 year old children and their families (Oranga Tamariki, 2023b).

Further examples of early help programmes throughout New Zealand include the Family Start home-visiting programme delivered by the Oranga Tamariki for families who are pregnant and/or have babies less than one year old (Oranga Tamariki, 2023a). Similarly, the Early Start Project is a home-visiting programme where family support workers provide at-risk families with children up to the age of 5 years old, with support for a range of issues such as parenting and parenting ability support. The programme also delivers parenting programmes such as Incredible Years and Triple P (Early Start Project, 2024). However, the overall effectiveness of New Zealand's Early Start project is ambiguous, as findings from a randomised controlled trial revealed only small benefits in areas relating to abuse and competence but little evidence of parental or family benefits (Fergusson et al., 2013).

1.5.2. General lessons on early help and the thesis perspective

Despite the different approaches to early help taken both nationally and internationally, research suggests that the commonalities between different targeted early help approaches include the timeliness of early help and early intervention, a family centred approach, multidisciplinary teamwork and collaboration (Alliston, 2007). It is also acknowledged that some of the key terms used within the literature and therefore throughout the thesis, are contested in nature and definitions vary across individuals, organisations and disciplines. For example, some countries and organisations view early help (early intervention) as help provided early in the life of a child. However, for the purpose of this research early help (or early intervention) refers to support provided throughout the life of a child (0-18 years old) as soon as problems begin to emerge. This conceptualisation was both relevant and appropriate as the Family Service in Nottinghamshire provide targeted help to children and young people aged between 0 – 18 years old. Therefore, the definition of early help adopted for the thesis comes from the Working together to Safeguard Children statutory guidance (Department for education, 2018a: See section 2.3). This definition of targeted early help was adopted as this was most relevant to the population and political circumstances in which it is being researched. Specifically, for this research the focus is on parenting ability based early help. For this research, the definition of parenting ability adopted comes from the NSPCC (2014) and in simple terms refers to "the ability to parent in a 'good enough' manner long term" (Conley, 2003), and was chosen due to its relevance across the United Kingdom (NSPCC, 2014). However, in other countries such as Australia this is positioned as parenting capacity as it is argued that parenting ability refers to the short-term parenting (Department of Community Services, 2006).

Overall, the research is positioned within the broad context of children's social care, research and practice; however, the research cannot be fully positioned within statutory social work because

early help services in the United Kingdom are a non-statutory service. Furthermore, targeted early help is delivered to families who require support before their issues and difficulties escalate to the point where an intervention from statutory social services is required.

1.6. Aims and objectives of the research

As the PhD was part-funded by the local authority, I needed to liaise with the local authority to understand what they envisioned from this research. I initially had one meeting with the two group managers for early help services in the local authority, who were keen to ensure that the focus was on targeted early help. It was initially a rather flexible criteria, but they explicitly stated that they would like the research to include 0–19-year-olds. Despite this, all other decisions were academically driven. I was given free rein to design and conduct the research using the most suitable methods to address the research aims and objectives. The initial meeting with the early help group managers informed the literature review (See Chapter 3) which informed the development of the aims and the objectives of the research. The methodology was then established to deliver the aims and objectives. The local authority was very open and flexible about the research design/methodology and philosophical assumptions, meaning that I was not constrained to certain methodologies or methods when designing the research. The flexible nature of the funders meant that ensuring their vision of the research was achieved easily whilst also maintaining academic standards and rigour.

After an initial research proposal was developed, this was shared with the local authority to ensure that they were happy with the research aims and objectives, the methodologies to be adopted, the methods to be utilised, the participants to be used, etc. The local authority agreed that the research proposal met their requirements.

The aims of the thesis and this research are twofold. The first aim is to explore whether and to what extent targeted early help services for parenting ability across Nottinghamshire (the Family Service), is contributing towards better outcomes for children, young people and families. The second aim is to develop an understanding of what/how these positive outcomes look like from within the different system(s) of support embedded within Nottinghamshire's early help services (the Family Service), from the different perspectives of practitioners, children, young people and families and further stakeholders to influence an evidence informed approach to service delivery/configuration and the timing of early help services for parenting ability.

To address the two aims of the research, the thesis provides evidence from qualitative and quantitative approaches to address the following objectives:

1. To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.
2. To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system.
3. To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families.
4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.
5. To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting ability based early help, including any timing issues and potential gaps in the current system.

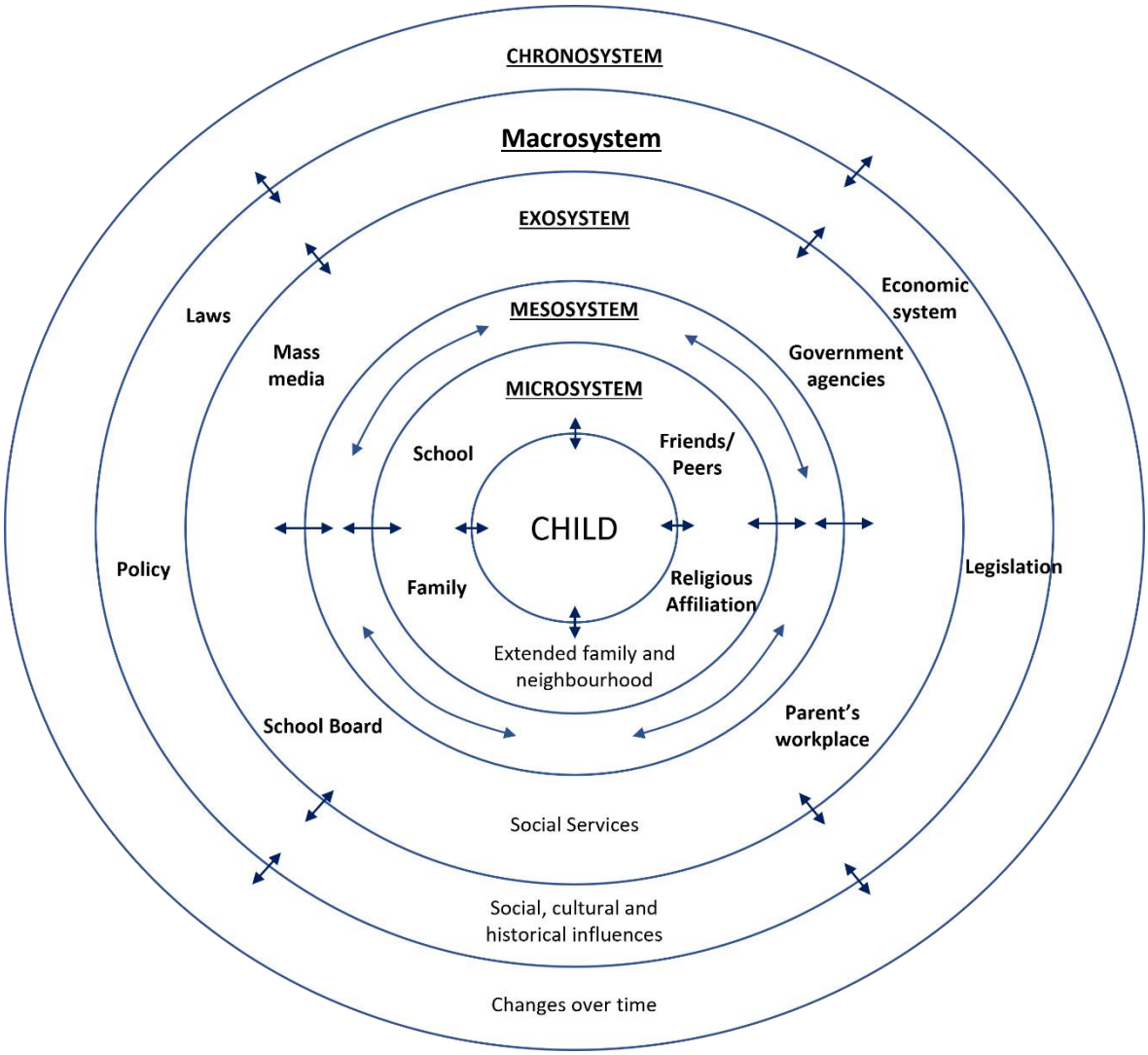
1.7. The conceptual framework

Bronfenbrenner's (1977; 1979; 1992) Ecological Systems Theory or as it is also known, Human Ecology Theory was used as the conceptual framework for the research. The ecological systems theory is a child centred approach, suggesting there are five interacting systems encompassing and influencing a child's environment, thus impacting upon child growth and development (See Figure 1.4). The ecological systems theory suggests that the individual systems are nested within one another. These environmental systems operate as systems both within themselves and in relation to each other (Bronfenbrenner 1995). Furthermore, the theory suggests that any conflict or changes in one system will have an effect on the other systems also and therefore must take into account the effects on the other systems (Li et al., 2014; Chan and Lam, 2016; Edwards and Karnilowicz, 2013).

Bronfenbrenner suggests that systematic information regarding the context, the persons within that context and the processes of development, should be examined and explored to understand child development (Bronfenbrenner, 1988, 1999). One assumption of this theory is that a child's environment must also be taken into consideration, as environments within the systems can either facilitate or hinder child development depending on the resources available (Bronfenbrenner, 1979). For example: stable, structured environments that are predictable but allow for exploration encourage growth and development (Bronfenbrenner, 1993). Development occurs when a child can interact with people and things without a fear of doing so. However, not only do people, places, policies and environments affect child development, the child themselves

influences the systems that surround them; in other words, the relationships are transactional (Langer and Lietz, 2014). To fully understand child development, the interactions between and within the microsystem, mesosystem, exosystem, macrosystem and chronosystem need to be considered (Bronfenbrenner, 1979).

Figure 1.4
Bronfenbrenner's ecological systems theory



Ecological systems theory (Bronfenbrenner, 1977; 1979) denotes that the child is at the centre/heart of the system. The microsystem is the smallest system in which the child lives, this immediate environment surrounds the child and is where personal relationships are experienced. Interpersonal relationships experienced within the microsystem include: family members, caregivers, school (teachers), and peer groups. According to this approach, interactions within the microsystem are direct face-to-face interactions which highly influence relationships, interactions

and activities in the microsystem. Overall, the content and structure of the microsystem determines the child's ability to happily grow and develop. According to the ecological systems theory, development occurs between a bidirectional influence of personal characteristics and contextual environmental factors over a life course (Bronfenbrenner, 1979). Therefore, Bronfenbrenner also notes that for siblings who grow-up in the same family unit, it is possible that they can also experience different ecological systems, as biological factors and personality traits also influence how a child is treated by others.

The mesosystem is a system of microsystems. It encompasses the interactions and relationships between two or more individual microsystems e.g., between home and school, peer group and family, home and church. In other words, it is the interrelationships between different microsystems (Bronfenbrenner, 1977, 1979).

The exosystem contains linkages between two or more settings where at least one of the systems does not directly contain the child, but the interactions between these settings influences them indirectly. The interaction between two systems indirectly influences a different system (Bronfenbrenner, 1979). The child does not play an active role in at least one or both settings. Examples of these settings include: the parents' workplace, extended family, wider neighbourhood/ community. The exosystem consists of people and places which the child may not directly interact with, but which may still influence the child e.g., the relationship between a parent and their workplace can affect a child.

The macrosystem is the largest system which encompasses a child's cultural patterns, values, beliefs overarching across each of the systems in this model (Bronfenbrenner, 1977, 1979). The macrosystem consists of political and economic conditions that still influence conditions and processes within the microsystem; they inform general day-to-day living. The cultural context(s) of a child includes: race, gender, socio-economic status, etc.

The chronosystem is a "third-dimension" which includes a dimension of time, which relates to time over a life course and changes across historical time. This also includes changes (or consistency) over time relating to the characteristics of the child (adult) and changes in living environment. Examples of events affecting the chronosystem are: changes to family structure, change of home address, parent's employment status, the state of the economy, war, etc. This system also encompasses the influence that significant life events throughout a child's life can also influence a child's development (Bronfenbrenner, 1979).

Critical evaluation of the chosen conceptual framework for this research is provided in sections 4.3 and 8.4.1.

1.8. Original contributions to knowledge

This thesis provides various novel contributions to knowledge in the field of targeted early help and early help services for children, young people and families, specifically referred for parenting ability concerns. Overall, the research provides an original in-depth holistic understanding of the experiences and perspectives of targeted support for parenting ability notably:

a) This was the first research to explore the effectiveness of Nottinghamshire's targeted early help offer for parenting ability from the Family Service.
b) The research positions targeted early help systems of support in the contextual framework of Bronfenbrenner's (1979) ecological systems theory and explores how the Family Service migrate through the ecological systems from the exosystem to the microsystem, then repair or (re)build the relationships and communication between individuals/agencies in the child's microsystems (the mesosystem).
c) The study contributes towards the literature on targeted early help for parenting ability using a mixed methods approach. The integration of the qualitative and quantitative methods provides originality as previous research tends to focus on qualitative methods (e.g., Hoggett and Frost, 2018; Wenham, 2017; Parr and Churchill, 2020; Nunn and Tepe-Belfrage, 2017; Bond-Taylor and Somerville, 2013), as opposed to quantitative methods (e.g., Knight et al., 2018; Ministry of Housing, Communities and Local Government, 2020) and those that use both methods rarely integrate the findings to provide a holistic mixed methods approach (e.g., White and Day, 2016). Moreover, despite a focus on qualitative approaches, there appears to be a lack of research focusing on the perspectives and experiences of families (Morris et al., 2017), which this research has also addressed.
d) The integration of the qualitative and quantitative findings also adds originality as both ground and conceptualised from the data, was an evidence-based mixed methods model of the parenting ability based targeted early help journey from the perspective of a variety of stakeholders in the system. Overall, this model provides a unique and novel contribution to knowledge. Furthermore, multiple versions of the mixed methods model have also been developed for use by different audiences such as service users (See appendix 19) and service providers and stakeholders (See appendix 20).
e) The findings of the thesis are consistent with previous research and evaluations of targeted early help and the Troubled Families Programme in regard to effective approaches, qualities, supports and barriers and the potential range of outcomes. The consistency of these findings adds to, complements and strengthens the existing research and evaluations, thus increasing the validity of the findings whilst also extending the evidence base with regard to parenting ability targeted support.

1.8.1. The Child Protection Review (2022)

The Child Protection Review (MacAlister, 2022) arose after the deaths of Star Hobson and Arthur Labinjo-Hughes, who were tragically killed during the COVID-19 pandemic by their parents, after several social services failings. This independent review of Children's Services found that there has been a 127% increase in the number of child protection plans in the last 10 years and reports evidence of a 25% increase in the number of children requiring social care. The report warns that that there could be up to 100,000 children could be in care by 2032. The author suggests that children's services need reconfiguring and places an emphasis on early help rather than late help. Moreover, the report highlights how large-scale changes and funding is needed to ensure that effective early help is delivered to children, young people and families (MacAlister, 2022). In response to the report the government says they are committed to major reforms in the social care network (Department for education et al., 2022).

Therefore, not only is this research timely, but it can also be seen as crucial in helping to inform this reform by adding to the evidence base regarding the parenting ability-based early help journeys from a range of stakeholders involved. This includes the potential outcomes achieved, the strengths and barriers for: service users, service providers and further stakeholders, and via providing an overall evidence informed approach to service delivery/configuration and the timings of targeted early help services for parenting ability, to help ensure children, young people and families are achieving positive transformational outcomes.

1.9. Structure of the thesis

The thesis consists of 8 chapters. This introduction chapter provides a brief overview of the thesis and sets the scene for the research. The following chapter, Chapter 2, provides a review of the grey and policy-based literature to provide the political background and framing of early help and early help services in England. The chapter highlights the key constraints and drivers on practitioners that provides the context for the research, alongside contextualizing relevant government initiatives. This chapter also provides the latest national and local statistics regarding the incidents and prevalence of safeguarding concerns relevant to the research.

Chapter 3 provides a review of the current academic literature relating to early help and early help services for parenting ability concerns. The chapter explores the different rationales and underlying arguments for early help, alongside the potential outcomes/benefits of early help and the timing/cost of late help. The chapter then considers other factors that are related to and influence early help and early help services and goes onto explore the literature related to

parenting ability and responding to parenting ability concerns e.g., through parenting programmes and other factors that influence engagement in parenting programmes. Overall, chapter 3 critically explores the literature to identify current gaps, which the research aims to address.

Chapter 4 firstly provides the justifications for Bronfenbrenner's (1979) ecological systems theory as the chosen conceptual framework for the research. The chapter then provides justifications for pragmatism as the theoretical underpinnings of the research, alongside how and why a mixed methodology approach was employed for the research. Furthermore, the chapter outlines the design of the research, sampling techniques employed and the methods of data collection and analysis, accompanied by the justifications behind these choices. The ethical procedures and considerations for the research are also outlined and discussed.

The qualitative findings are presented in Chapter 5 which consists of two parts. The first part of the chapter (Part A) presents the findings from the analyses of focus groups with early help (Family Service) service providers and stakeholders across Nottinghamshire. The second part of the chapter (Part B) presents the findings from interviews conducted with previous service users (parent/carers), all analysed using a constructivist grounded theory approach. The analyses of the qualitative data unveiled a conceptualised model of early help and early help services, which is critically explored throughout the chapter. For ease of reference where I refer to findings from this chapter elsewhere in the thesis, I denote the relevant section by referring to the chapter number, part and paragraph number, for example '(See section 5A.3.1)'.

Chapter 6, presents the quantitative findings from the analyses of the secondary data, taken from local authority databases/records. Descriptive and non-parametric inferential statistics were used to analyse the wealth of secondary data and the results are presented. The results are broken down in relation to the objectives of the research.

The qualitative and quantitative findings are combined and integrated in Chapter 7. The chapter explores the similarities and differences found amongst the findings from the various methods used for the thesis and then integrates the findings within and between the methods. A conceptualised system of support (mixed methods model) is also presented and adds an original contribution to the knowledge. The gaps in the current early help systems of support are also unveiled to provide a holistic systemic view of early help and early help services across Nottinghamshire.

The final chapter of the thesis (Chapter 8) provides the conclusions from the research, addresses the primary research question, explores the original contributions to knowledge, highlights

recommendations for practice, policy and research, and finally acknowledges limitations of the research offset with areas for potential future research.

Chapter 2. Early help policy and legislation context

2.1. Introduction

Early help and early help services are based on a continuum of need (See section 1.1, Figure 1.1 and Figure 1.2), however early help services for children and young people for those with level 1 or level 2 needs are non-statutory, whereas early help services for those with more complex needs, at levels 3 or 4 are statutory services (Department for education, 2016a). This continuum is underpinned by the relevant legislations/sections of the Children Act (1989) e.g., Section 17 (child in need), Section 47 (Section 47 enquiries, child protection plans etc.) and Section 31, that outline the duties and responsibilities of the local authority in safeguarding and promoting the welfare of children. The legal and policy frameworks for early help services/Children's services available for those at levels three and four are provided by the Department for education; the primary statutory guidance is provided and outlined in the Department for education Working Together to Safeguard Children (2018a: herein referred to as 'Working Together') guidance, which provides the legal and policy framework for safeguarding and promoting the welfare of children and young people in accordance with relevant legislation (Powell et al., 2021). Overall, this chapter provides the backdrop/context with which the research is undertaken. More specifically, this chapter explores in greater detail and provides an insight into, the government legislations, guidance and policies underpinning the continuum of early help services and need, alongside contextualizing relevant government initiatives and providing information regarding the key characteristics of participants, as used in the quantitative phase of the research (See Chapter 6).

2.1.1. Search strategy

Initially government websites were searched to identify relevant legislations, policies, guidance, initiatives, programmes, commissioned reviews and research that underpin and inform early help. Government websites such as www.legislation.gov.uk, www.gov.uk, www.gov.uk/search/policy-papers-and-consultations, and www.parliament.uk were explored using terms such as "early help services", "targeted support", "child and family services", "family support", "child protection" and "child safeguarding", and was restricted to within the United Kingdom to establish the current policy context and legislations underpinning early help/early help services in England. The search was then refined to identify further government reports (e.g., research evaluations) that were relevant to the thesis. Additional terms such as "Troubled families programme" were then included in the search. Recommended articles were also explored to ensure no relevant grey and policy-based literature was absent from the policy-based literature review for the thesis. The

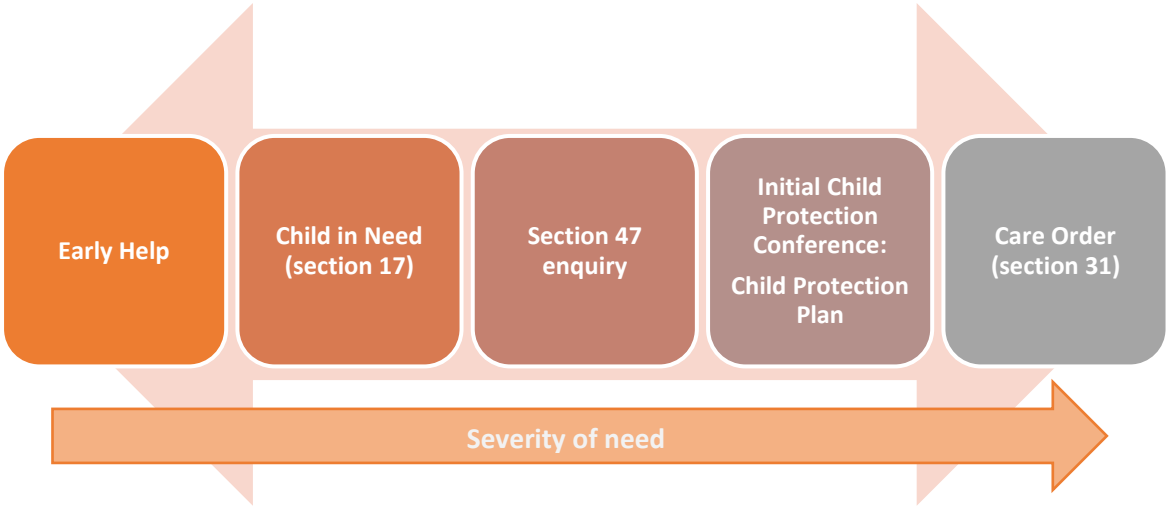
search was originally conducted in 2018 but was performed again in 2022 to ensure that this review was accurately up-to-date and relevant.

2.2. The Children Acts

The Children Acts (1989 and 2004) are the governing laws that attribute duty and responsibility to local authorities, courts, parents, and other agencies, in promoting and safeguarding the welfare of children and young people in their area. The Children Act (1989) outlines the local authorities' duty and responsibility for both the welfare and safeguarding of children and the provision of suitable, appropriate services across a range and level of needs for children, young people and families, whereas the Children Act (2004) places a duty and responsibility on all agencies to make safeguarding arrangements and promote the welfare of children.

The Working Together guidance (Department for education, 2018a) is aligned to the Children Act (1989), in that they both view safeguarding concerns/needs as lying on a continuum. The Children Act (1989) views the level of need starting at early help services for multiple needs, moving to support for more complex needs (Section 17 of the Children Act, 1989), and then Section 47 enquiries, initial child protection conferences /child protection plans and Care Orders (Section 31) for safeguarding needs (See Figure 2.1). It is a requirement that the local authority provide a 'threshold' document outlining the criteria and level of need for the provision of services, Nottinghamshire County Council's threshold document is the pathway to provision (See section 1.4.2). Each of the sections of the Children Act (1989) relevant to this research are outlined in the remainder of this section.

Figure 2.1
The continuum of need for safeguarding concerns from the Children Act (1989) relevant to the research



2.2.1. Section 17 (Child in need)

Section 17 of the 1989 Children Act outlines the responsibility of each local authority in both safeguarding and promoting the welfare of children physically within their area/local authority, and to encourage (where appropriate) the upbringing of such children by their families, by providing a plethora of appropriate services (for any member of the family) relevant to a child's/children's needs. A child would be identified as a child in need if they require additional support from the local authority to achieve/reach their potential. According to Section 17 of the 1989 Children Act, a child would be considered a child in need if:

- they are unlikely to (have the opportunity to) achieve or maintain a reasonable standard of health or development without local authority services
- their health or development is likely to be (further) significantly hindered, without local authority services
- they have a (physical or mental) disability

During a Section 17 enquiry, the local authority are required to perform a holistic assessment to determine the level of need for each child of 'concern'. They must ascertain and consider the views (wishes and feelings) and understandings of the child/children, no matter their age (Section 17, Children Act, 1989). The assessment explores and identifies any needs (mental, physical or developmental) of the child, parenting abilities/capacity to respond to need and promote the child's potential, the wider factors influencing child development and parenting ability, and any other children who should be considered and included in the assessment.

If necessary, the child will be placed on a child in need plan which outlines the support provided (to each family member) by various services across the local authority. child in need plans are initially reviewed within the first 3 months from the start of the plan and subsequent reviews are undertaken at least every 6 months thereafter, but there is no statutory framework for the timescales of the intervention. Possible child in need plan outcomes include, but are not limited to: providing accommodation, utilising free child care for under 5's, providing advice, guidance/counselling, etc. Within Nottinghamshire, this could also include the provision of support from the Family Service.

2.2.2. Section 47 enquiry

The local authority (children's social care) is required to undertake a Section 47 enquiry - following an initial strategy/discussion meeting (performed within three days of the referral/date

when concerns were raised) - when concerns arise leading to “reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm” (Section 47, Children Act, 1989). The enquiry should consult other agencies, involving those services that (should) surround and work with the family (a multi-agency assessment) and its primary purpose is to determine whether and/or what action(s) should be taken to safeguard and promote the welfare of the child. The enquiry/assessment explores and identifies the needs of the child and the ability/capabilities of parent/carers in meeting those needs. The immediate (short-term) and long-term risks are also considered. The parent/carers and child should be interviewed alone, and observations of the parent-child interactions should be considered. Any other children in the households with whom the alleged offender may have had contact with must be considered also. The multi-agency assessment and Section 47 enquiry must be completed within 45 days and must be regularly reviewed.

Section 47 enquiries are either ‘not substantiated’ or ‘substantiated’ dependent on whether the threshold for significant harm had been reached. For those not substantiated, consideration should be given to placing the child/children on a child in need plan (Children Act, 1989). For those enquiries that are substantiated, and the child is judged to be suffering, or likely to suffer, significant harm, an initial child protection conference should be initiated.

2.2.2.1. Initial Child Protection Conference

For substantiated Section 47 enquiries, initial child protection conferences should be conducted within 15 working days of the initial strategy discussion/meeting. An initial child protection conference is led by a social worker and is a multi-agency meeting that convenes to: explore the family’s strengths, difficulties and areas of concern, assess the risk and type of harm to the child, devise a child protection plan and identify a key worker and core group of professionals to carry out the child protection plan to promote the welfare of the child in achieving their potential.

2.2.2.2. Child protection plan

The outcome of an initial child protection conference is a child protection plan; social services in the United Kingdom have a duty to make child protection plans for children at risk of significant harm. After the initial child protection conference has taken place and the child/children are judged to be at risk of significant harm (determined in the Section 47 enquiry), the child/children are usually placed on a child protection plan devised and agreed by all parties involved. The child protection plan outlines:

- the reasonings behind the plan (the risks to the child),
- the agreements of the parent/carers, schools, social workers (and any other relevant party) to adhere to the child protection plan,
- the consequences of not adhering to the child protection plan, and
- when the child protection plan will be reviewed in subsequent child protection conferences.

Although there is no statutory timeframe for reviewing child protection plans, they are typically reviewed every 3 to 6 months. The child protection plan will remain in place for as long as necessary, until they are no longer required (e.g., the child is no longer suffers/is at risk of suffering harm or their needs can be met via different services), the child is over the age of 18 or the child protection plan is escalated. Child protection plans can be escalated via the local authority applying to the court for a Care Order (section 31, Children Act, 1989).

2.2.3. National and local safeguarding statistics

The national and local statistics indicate that abuse and/or neglect is the primary reason for child in need plans. Table 2.1 displays the initial primary need of children identified as a child in need between 2020-2021 across England and Nottinghamshire, by percentage (Department for education, 2022a).

Table 2.1
The initial primary need of those identified as a child in need between 2020-2021 across England and Nottinghamshire

	England	**Nottinghamshire**
Abuse or neglect	56.4%	29.4%
Child disability or illness	8.3%	4.2%
Parent disability or illness	2.4%	3.3%
Family in acute stress	8.5%	6.8%
Family dysfunction	13.8%	16.4%
Socially unacceptable behaviour	2.0%	1.8%
Low income	0.4%	0.5%
Absent parenting	4.2%	2.6%
Cases other than child in need	1.1%	4.3%
Not stated	2.9%	30.7%

The statistics indicate that in England during 2020 – 2021, children and young people had a disability in 12.7% of the total child in need episodes carried out. However, only 6.4% of child in need episodes during 2020 – 2021 had a recorded disability in Nottinghamshire (Department for education, 2022a). But it should also be noted that Nottinghamshire County Council have a lower percentage of child in need plans due to 'Abuse/Neglect' and more 'Not stated' reasons for child in need plans, when compared to the statistics for the average percentage across England.

Table 2.2 presents the national and local durations of open and closed child in need episodes.

Table 2.2
The national and local durations of open and closed child in need episodes between 2020 - 2021

	England		**Nottinghamshire**	
	Open	**Closed**	**Open**	**Closed**
3 months or less	25.60%	47.70%	28.50%	36.90%
more than 3 months to six months	11.30%	14.50%	12.50%	24.60%
more than 6 months, less than a year	12.90%	15.70%	15.00%	20.20%
1 year, less than 2 years	15.10%	12.90%	17.70%	10.10%
2 years or more	35.10%	9.10%	26.40%	8.10%

The statistics indicate that when compared to the national average for England, Nottinghamshire County Council have only slightly more open child in need plans and a lot less child in need plans that have been open for two years or more. Similarly, from the statistics it is evident that Nottinghamshire County Council have closed more child in need plans within 3 months to a year and have less child in need plans closed within three months and one to two years, when compared to England.

On average across the United Kingdom 22.1% of children and young people have a subsequent child protection plan (23.8% across Nottinghamshire). Every year since 2015 to 2021, the majority of child protection plans were initially issued due to neglect across England (range = 44.7% to 50.5%). In the previous year (2020 – 2021), across the United Kingdom 48.2% of child protection plans were initially issued for neglect, 37.7% were issued for emotional abuse, 7.3% were issued for physical abuse and 3.9% were issued for sexual abuse and 6.1% were issued for multiple needs (percentages have been rounded) (Department for education, 2022a).

Table 2.3 illustrates the length of child protection plans across England and Nottinghamshire by percentage, between 2020 – 2021. For example, the majority of child protection plans last more than 6 months, but less than a year.

Table 2.3
The national and local length of child protection plans during 2020 - 2021

	England	Nottinghamshire
3 months or less	17.30%	16.00%
more than 3 months to six months	10.90%	12.30%
more than 6 months, less than a year	43.10%	41.90%
1 year, less than 2 years	25.10%	25.80%
2 years or more	3.70%	3.90%

The statistics suggest every year since 2015 (to 2021), Nottinghamshire have had a lower child in need rate per 10,000 and a lower Looked After Children rate per 10,000 children, compared to the national average, the regional average (the East Midlands) and when compared to their statistical neighbours (Department for education, 2022a). The research will examine whether these statistics can be attributed towards effective early help services (thus the trends identified from Nottinghamshire County Council's statistics are contextualised in relation to the findings from the research within section 8.7).

Table 2.4 illustrates the number of children and rate per 10,000 of children across Nottinghamshire: identified as a child in need, subject to a Section 47 enquiry, subject to an initial child protection conference and subject to a child protection plan between 2015 – 2021.

Table 2.4

Rates of child in need, Section 47 enquiries, initial child protection conferences and child protection plans across Nottinghamshire between 2015 – 2021 (Department for education, 2022b)

	2015 – 2016[a]	2016 – 2017[a]	2017 – 2018[a]	2018 – 2019[a]	2019 – 2020[b c]	2020 – 2021
Number of children identified as a child in need	7,472	7,481	7,200	7,920	7,905	7,737
Rate of children in need per 10,000 children	457.6	455.9	435.1	475.6	471.8	459.2
Number of children subject to a Section 47 enquiry	2,152	1,992	2,092	2,865	2,924	2,875
Rate of children subject to a Section 47 enquiry per 10,000 children	131.8	121.4	126.4	172.0	174.5	170.6
Number of children subject to an initial child protection conference	1,173	1,157	1,086	1,167	1,280	1,175
Rate of children subject to an initial child protection conference per 10,000 children	71.8	71.0	65.6	70.1	76.4	69.7
Number of children subject to a child protection plan	937	1,695	1,775	1,739	1,861	1,707
Rate of children who became subject to a child protection plan per 10,000 children	57.4	103.3	107.3	104.4	111.1	101.3

a) Secondary data for the thesis obtained between these dates
b) Focus group data for the thesis obtained between these dates
c) Interview data for the thesis obtained between these dates

The time trends of the data reveal several interesting points. Firstly, the number of child protection plans enforced by Nottinghamshire County Council in 2015/2016 compared to 2016/2017 was almost double. A reduction in the number of children subject to a child protection plan in 2015-2016 magnified the size of the increase over a one-year period. For example: all other years have remained stable in those subject to a child protection plan. However, this increase in child protection plans also corresponds to an increased demand for children's social care.

Similarly, the statistics from 2017/2018 and 2018/2019 demonstrate that there was a significant increase, compared to previous years, in the number of children in need and Section 47 enquiries across Nottinghamshire. However, a corresponding increase of children subject to an initial child protection conference and child protection plan was not observed. This suggests that this was either due to: the lowering of the threshold for a Section 47 enquiry, taking a strengths-based approach during the child protection workflow to avoid a child having to go on to a child protection plan or due to an increase in service demand resulting in more families referred for a Section 47 enquiry.

However, it should be noted that the child in need measure (taken from the child in need Census; Department for education, 2022b) presented in this section of the thesis consists of anyone with a child in need episode at any point during the year, thus including all children subject to an assessment, Section 47 enquiry, child protection plan, child in need Plan, looked after or care leaver, etc. This will have been influenced by the increase in Section 47 enquiries as well as the increase in Looked After Children and care leavers over this period.

2.3. Working together to safeguard children

Working together to safeguard children (Working Together; Department for education, 2018a) is governmental statutory guidance, initially published in 1999, which outlines the duty and responsibilities of all agencies and professionals to work together to prevent harm to and promote the welfare of children and young people.

The Every Child Matters green paper (Department for Education and Skills, 2003) was developed as a response to the public inquiry into the death of Victoria Climbié and recommended greater multi-agency working to effectively safeguard children and young people, via changes to legislation and policy. This in turn was developed into the 2004 Children Act and the Working together to safeguard children statutory guidance was updated in 2006 to reflect the shift to a working together culture and the new Children Act (Powell et al., 2021).

Further updates to the Working Together statutory guidance include (Powell et al., 2021; Research in Practice, 2022):

- The 2010 update which built on the focus of interagency working and the importance of professionals getting to know children and young people as individuals
- The 2013 update was in response to Munro's (2011) independent reports commissioned by the government (See section 1.2.4 also)
- The 2015 update addressed the need for and importance of early help in supporting the needs of children and young people
- The 2018 update built on the focus on the need for early help in safeguarding children and young people, removed the statutory requirement for Local Safeguarding Children Boards and outlined changes to some of the review procedures e.g., Child Safeguarding Practice Reviews, Serious Case Reviews and the Child Death Overview Process.

Working together (Department for education, 2018a) is the latest version of the guidance that places a statutory duty on the local authority, police and health, to develop multi-agency safeguarding arrangements that reflect the needs of children and young people in the area. Despite local authorities having the overarching responsibility for the provision of an appropriate range of early help and children's services that address the (early help) continuum of need, the Working together guidance (Department for education, 2018a) outlines the importance and necessity of "joined-up" early help services which is achieved via a shared culture of multi-agency responsibility and roles for safeguarding and promoting the welfare of children and young people via early help. Furthermore, the Children Act (section 11.4, 2004) requires local authorities and other relevant partner agencies/bodies to abide by the guidance.

According to the statutory guidance (Department for education, 2018a) effective early help is characterised by a co-ordinated approach from agencies to identify and assess those who would benefit from early help and provide targeted early help services to improve outcomes for children and young people and address their identified needs. The guidance goes on to explain that an effective early help assessment is characterised by:

- gaining consent from all members of the family,
- including all family members and relevant parties close to the family
- considering the child's wishes and feelings, family circumstances and contextual factors
- open communication with a local authority social worker to discuss concerns, where necessary

The guidance states that early help services "should form part of a continuum of support to respond to the different levels of need of individual children and families" (Working together

[Department for education], 2018a, p. 16). Furthermore, the local authority are also required to provide evidence-based framework to service provision, to ensure children are achieving positive outcomes. According to the statutory guidance, the delivery of early help services can take a variety of forms such as: family and parenting programmes, help with (mental) health issues, support for a range of arising problems e.g., domestic abuse, and drug and alcohol misuse, etc., as long as they are reviewed to ensure they are having a positive impact on the child.

The Working Together guidance (Department for education, 2018a) also includes an emphasis on the importance of information sharing and recent complex/contextual safeguarding concerns such as 'missing' children (See section 2.4) and those at risk of exploitation or trafficking, etc. (Powell et al., 2021).

2.4. Missing children statutory guidance

There is a statutory requirement (Department for education, 2014) that local authorities, alongside the police and other relevant agencies, agree and develop a "Runaway and Missing from Home and Care" protocol for children reported missing to the local authority via an inter-agency approach (Department for education, 2014). The statutory guidance sets out the responsibility and duty of the local authority and other partner agencies in preventing children and young people from going missing and to protect them if they do. Guidance for local authorities surrounding missing children from care is issued under Section 7 of the Local Authority Social Services Act 1970 and compliments the Working Together guidance (Department for education, 2018a) and Children Act (1989). Separate statutory guidance also relays the duty and responsibility of the local authority in safeguarding children and young people who go missing from education (Department for education, 2016b), which compliments the Education Acts (1996 and 2002).

2.5. Troubled Families Programme

As a response to the riots in England during August 2011, the government launched the Troubled Families Programme as an attempt to "turn around" the lives of "troubled families". The Troubled Families Programme launched in 2012 after every local authority in England (total=152) agreed to take part.

"Troubled families" were defined as households who: were "involved in crime and anti-social behaviour, had children not in school, had an adult on out-of-work benefits, and/or caused high costs to the public" (Pitts, 2017, p. 34). A family was deemed to be 'turned around' when at least

one adult in the family had moved into employment and off unemployment benefits in the last 6 months, or the following relevant measures were achieved:

a) "Each child in the family has had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms; and
b) A 60% reduction in anti-social behaviour across the family in the last 6 months; and
c) Offending rate by all minors in the family reduced by at least a 33% in the last 6 months" (Department for communities and local government, 2012a, p. 9).

Councils received payment for signing up to and for implementation of the Troubled Families Programme, once goals/achievements had been met, known as payment by results. Although 'troubled families' and criteria for success were outlined, implementation of the Troubled Families Programme was not mandated, rather a flexible approach to service provision was provided to local authorities (Bate and Bellis, 2017). However, guidelines of "good practice" were produced by the government for local authority reference (Department for communities and local government, 2012b). For example, it was advised by the government that under the Troubled Families Programme a single keyworker be responsible and "dedicated to the family" to understand their strengths and needs, to provide "persistent, assertive and challenging" (Department for communities and local government, 2012b, p. 23) help and support.

The second phase of the Troubled Families Programme, from 2015 - 2021, aimed to work with around 400,000 families and allowed councils to be more flexible in their approach to each specific need (targeted early help). In the context of this research, this was when the Family Service was established. During the second phase of the Troubled Families Programme, to be eligible, families were required to have at least two of the following problems:

1. "Parents or children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents or children with a range of health problems." (Department for communities and local government, 2015b, p. 8)

Instead of 'turning around' families, in the second phase of the Troubled Families Programme, results were achieved when families had made significant and sustained progress with all their problems (from the point of consent) or when parent/carers were in continuous employment.

This change in discourse reflected the criticism that 'turning around' families was misleading (Bate and Bellis, 2017; See section 2.5.2 also).

Lambert and Crossley (2017) highlight that the flexible nature and delivery of the expanded Troubled Families Programme across councils was an attractive stance for practitioners to dilute the political discourses surrounding early help and the Troubled Families Programme, hence most councils utilised this opportunity to adopt "more generic or 'positive' sounding terms" (p. 90) for their services delivering the Troubled Families Programme. Similarly, Welshman (2013) argues that the terminologies used across the political spectrum and within academia is ever changing, as a response to temporary anxieties that will gain popularity and then disappear when negative connotations are associated to those terms.

The second phase of the Troubled Families Programme had a continued focus on parental unemployment and anti-social behaviours, alongside a particular emphasis on health (mental and physical) owing to the high proportion of those on the Troubled Families Programme identified as having a health concern (Department for communities and local government, 2014). In 2017, local authorities were asked to prioritise families experiencing worklessness, alongside parental conflict and serious personal debt which are strongly associated with worklessness (Department for communities and local government, 2017b). However, scholars have recognised that a key challenge to those implementing the Troubled Families Programme was attempts to move families out of poverty via tackling worklessness (Hayden and Jenkins, 2014).

In March 2021 the Troubled Families Programme was remodelled into Supporting Families programme (Department for Levelling Up, Housing and Communities et al., 2021), to address concerns raised regarding the discourse surrounding 'troubled families' (See section 2.5.2) and to reflect a more positive sounding range of services for children, young people and families. Supporting Families similarly delivers targeted interventions for all family members experiencing multiple difficulties/problems. Nonetheless, the Troubled Families Programme remains relevant to this research as data was gathered and analysed when families received support from the Family Service, delivering the then Troubled Families Programme.

2.5.1. National evaluations of the Troubled Families Programme

2.5.1.1. Phase 1 of the Troubled Families Programme

Statistics reported by the government on phase one of the Troubled Families Programme demonstrated that 99% of families identified in the first phase of the project were successfully turned around (132 out of 152 local authorities had a success rate of 100%) and savings estimates of £1.2billion of public money were reported (Ministry of Housing Communities and Local

Government, 2015; Department for communities and local government, 2015a). The majority of 'turned around' families (88.8%) achieved a crime/anti-social behaviour/education result, 10.1% of families achieved continuous employment and 1.1% of families were not turned around (Ministry of Housing, Communities and Local Government, 2015; Department for communities and local government, 2015a). However, an independent evaluation of the first phase of the Troubled Families Programme, commissioned by the Department for communities and local government (Day et al., 2016) found that no positive outcomes for children and young people could be attributed to the Troubled Families Programme itself when compared to a comparison group and the government was accused of supressing these discerning findings (Cook, 2016; O'Carroll, 2016). In other words, the Troubled Families Programme had no significant impact on the outcomes intended by the Troubled Families Programme. Similarly, a national evaluation of the Troubled Families Programme (Bewley et al., 2016) found that participation in phase one of the Troubled Families Programme did not have an attributable significant impact on: employment, benefit receipt, school attendance, safeguarding and child welfare. However, the authors note limitations of the data quality and recommend these findings do not be used in isolation to evaluate the Troubled Families Programme. Some scholars attributed this to the "government's ignorance of evidence-based policy making" (Bonell et al., 2016, p. i5879).

A national qualitative evaluation of the Troubled Families Programme regarding the experiences and outcomes of families (Blades et al., 2016) found that families were often guarded and cynical when entering the Troubled Families Programme and keyworkers were found to be crucial in ensuring engagement and participation from all members of the family. Families were found to value keyworkers who were: open and honest, consistent and persistent, reactive and responsive to their needs, focused on both the family's strengths and difficulties, easily available to talk to, supportive of other organisational processes (e.g., Team around the family meetings, multi-agency meetings, health meetings/referrals) and provided emotional support. The evaluation also revealed that families felt more in control, confident and better able to cope via utilising a range of new support networks established because of support provided via the Troubled Families Programme.

Local authorities were found to be ensuring that the help they were providing would be beneficial to children, young people and families in the long-term beyond their participation in the Troubled Families Programme (White and Day, 2016). However, White and Day's (2016) national evaluation of the Troubled Families Programme found that the non-statutory footing of early help services and the 'flexibility' of the implementation of the Troubled Families Programme provided by the government, resulted in a lack of consistency and quality in the approaches adopted by local authorities. This indicates local research is needed. Nonetheless, research suggests that the

common characteristics of the successful Troubled Families Programme implementation across local authorities consist of: an all-inclusive multi-agency working culture, buy-in from all staff with regards to the need for an early help culture, effective data collection and storage methods to map out children, young people and families journeys/outcomes and utilising a culture of whole-family working (Economy and Gong, 2017).

2.5.1.2. Phase 2 of the Troubled Families Programme

The 2019-2020 annual report of the Troubled Families Programme (Ministry of Housing, Communities and Local Government, 2020) claimed that in April 2020 399,906 families had been enrolled onto the Troubled Families Programme and that 80% of families had successful outcomes as a result. However, the authors note that these positive outcomes could not be attributed to the Troubled Families Programme owing to a lack of comparison group.

A national evaluation of the Troubled Families Programme between 2015 – 2020 (Ministry of Housing, Communities and Local Government , 2019a) found when compared to a matched-comparison group:

a) The Troubled Families Programme reduced the proportion of Looked After Children and although the Troubled Families Programme was found to have had a negative impact on the proportion of children subject to a child protection plan, this suggests that services delivering the Troubled Families Programme were effectively identifying and delivering early help which increases the number of child protection plans enforced and in turn prevents children becoming Looked After Children. Staff were also found to invest in the Troubled Families Programme due to the view that it reduced the burden and pressure on social services.
b) The Troubled Families Programme had a positive impact on reducing crime and anti-social behaviour.
c) The Troubled Families Programme was found to have an impact on the proportion of Jobseekers Allowance claimants but did not have an impact on employment overall. However, the authors note limitations with the data utilised in this part of the research.
d) Health problems were highly prevalent in families on the Troubled Families Programme, and key workers are pivotal in supporting families with both mental health and long-term physical health conditions. The evaluation found that through participation in the Troubled Families Programme families are significantly less likely to have made multiple visits to their GP. Fewer main carers reported signs of probable mental ill health;

however, the proportion reporting that their own health as excellent or very good, and overall levels of wellbeing measured were significantly unchanged.

e) No clear pattern for school attendance after joining the programme was observed, however findings revealed some evidence of positive changes in families for school attendance - this was a pivotal role of the key worker; supporting families to get children into school.

Overall, the Troubled Families Programme was found to have a significant impact on the outcomes when considered over a 5-year period. The report concluded that participation in the Troubled Families Programme has an overall "net benefit to society" and can produce costs implications by reducing the demand of reactive services such as children's social care.

2.5.2. Critique of the Troubled Families Programme

Despite the reviews and research advocating the positive outcomes that can be achieved via the Troubled Families Programme, the Troubled Families Programme is not without its critics and limitations. For example, the Troubled Families Programme can cause unintended harms by labelling and categorising families and behaviours, which in turn can exacerbate problem behaviours (Fletcher et al., 2012). This is echoed by Wills et al. (2017) who found that the term "troubled families" masks the fluidity in people's lives and the real-life experiences of why families experiences of becoming 'troubled' and is ignorant towards the complexity of difficulties. Therefore, it is argued that the Troubled Families Programme has caused a status and class divide which in turn has invoked a sense of 'us vs them' (Nunn and Tepe-Belfrage, 2017). Nunn and Tepe-Belfrage, state that the Troubled Families Programme "aimed to closely monitor families, foster aspiration and individual responsibility rather than to offer substantiated economic and social assistance to offset or correct low income, poor health, bad housing or deprivation" (p. 123).

Ball et al. (2016) suggests that for the Troubled Families Programme to be effective and provide meaningful help the reasons, causes and experiences that underpin families 'troubles' need to be acknowledged and addressed through the Troubled Families Programme. Further research suggests that there is a discrepancy between the government conceptualisation of the 'troubles' faced by families, compared to the real-life experiences of 'troubled' families signing up to the Troubled Families Programme, as 'troubles' faced by families appear to be more complex and entrenched (Wenham, 2017). This mismatch between government expectations and family experiences is also demonstrated in a difference between governmental definitions and expectations of "empowerment" achieved via interventions under the Troubled Families

Programme (Bond-Taylor, 2015). On one hand the government views empowering families as encouraging families to take responsibility for their 'troubles' via reducing resources and widening the state definitions of acceptable 'troubles', whereas on the other hand families and frontline workers view empowerment as the availability of resources and strategies for managing such problems, the lack of the need for state services providing additional support e.g., those delivering the Troubled Families Programme. As a result of this discrepancy, the Troubled Families Programme has been described as a "classed policy" whereby it is aimed at placing the responsibility on the lower classes for their difficulties/needs (Cullen et al., 2013).

A further criticism of the Troubled Families Programme comes from Barnes and Ross (2021), who have highlighted that the initial government estimate of 120,000 troubled families was identified from a classification measure of families with multiple social and economic disadvantages (Social Exclusion Task Force, 2007), did not include crime or antisocial behaviour indicators. The authors conclude that the data underpinning the 120,000 estimate was found to be based on inaccurate and weak associations in the data and should not have been used as evidence in policy. Similarly, Silver and Crossley (2020) argue that evaluations on the Troubled Families Programme often ignore wider contextual factors, such as: socio-economic status, time and place, class, gender and racial inequalities, welfare reforms, etc. which suppresses learning from social policies. The discourse surrounding the Troubled Families Programme means that the cause(s) of social problems remain buried (Sayer, 2017) and as a result, it is argued that the evidence used to underpin and inform the Troubled Families Programme outcomes and evaluations needs to be reconsidered and include a range of epistemological and methodological positions to ensure meaningful findings (Parr and Churchill, 2020).

The ambiguous nature of targeted early help delivered by the Troubled Families Programme warrants more research to examine the effectiveness of targeted support delivered via the Troubled Families Programme in contributing towards better outcomes for children, young people and families (aim 1) and to develop an understanding of what/how these outcomes look like from within the different systems of support, from a variety of perspectives (aim 2).

2.6. Statutory vs non-statutory (early help) services

The Association of Directors of Children's Services (2021) have highlighted how adult preventative services are statutory (Care Act, 2014, section 2), whereas comparable child preventative (early help) services are not. As there is no legislative requirement for preventative (levels 1 and 2) early help services and as a result local authority interpretation of duties and responsibilities varies

across different areas of the country (Research in Practice, 2022). Despite the non-statutory status of early help services, the Working Together guidance (Department for education, 2018a) states “In addition to high quality support in universal services” (p. 16), inferring the provision of level 1 and two early help services are necessary to effectively support children, young people and families continuum of needs.

Ofsted’s (2015) report on the effectiveness of early help services found large inconsistency in the effectiveness, coordination and accountability of early help services in different areas. The report states “In many areas, a disconnect remains between statutory service provision and an early help offer for children (p. 24)”. This view was similarly echoed in evaluations of the Troubled Families Programme which recommend the necessity for the statutory requirement of early help services to ensure the effective provision of early help services (See section 2.5.1). However, despite government initiatives such as the Troubled Families Programme, no substantive policy changes have been made (Lambert and Crossley, 2017). Moreover, it has been argued that the changes in government are aligned with a shift in the views and attention provided to the issues surrounding early help and (early help) initiatives to support troubled families; the authors refer to this as a ‘wicked problem’ (Hayden and Jenkins, 2014).

2.7. Summary

In sum, this chapter has provided the backdrop/context with which the research is undertaken. Moreover, this chapter has explored the relevant policies and statutory guidance that underpins the responsibilities of the local authorities at its partners in both safeguarding and promoting the welfare of children and young people in their area, in order for them to reach their potential. The statutory roles and duties for targeted early help namely lie within the Children Acts (1989 and 2004), whereas the need for and provision of early help services via a multi-agency approach is outlined in the Working Together to Safeguard Children (Department for education, 2018a) statutory guidance. A government emphasis on early help services – via Working Together (Department for education, 2018a) and the Troubled Families Programme - means that although local authorities are still primarily responsible, other partner agencies/bodies need to work together to create a culture of early help in order to effectively support children and young people in the local area.

This chapter also explored the Troubled Families Programme government initiative aimed at ‘turning around’ the lives of ‘troubled families’. National evaluations of the Troubled Families Programme both support and refute the effectiveness of the Troubled Families Programme. However, evaluations have come under-criticism from the academic literature, as the lack of a

control group makes the effects of the Troubled Families Programme indistinguishable from other effects. Similarly, it has been found that a holistic, whole-family approach is needed that considers the wider contextual factors. Furthermore, literature exploring the Troubled Families Programme also unveiled debates in the literature e.g., the negative connotations associated to “troubled families” led to the renaming of the Troubled Families Programme.

Across statutory and non-statutory early help, both levels of need and the provision of early help services lie on a continuum. However, the flexible and non-statutory nature of children’s services, from universal early help to children’s social care, means that the provision and effectiveness of early help services varies greatly between local authorities across England. Moreover, changes in government reflect the priority of and attention given to early help and early help services.

Overall, the chapter has provided the policy background on early help and has also highlighted key constraints and drivers on practitioners that provides the context for the research.

Chapter 3. Literature review

3.1. Introduction

This chapter provides a review of the literature relating to targeted (level 3) early help in social work where there is parenting ability concerns. The chapter presents the underlying arguments for early help, both the short-term and long-term benefits of early help from existing research, and identifies further factors that influence the provision and delivery of early help for both service providers and service users, such as: the timing and cost of late help, early help funding, etc. The chapter then synthesises the literature in relation to parenting ability based early help, specifically under the Troubled Families Programme and further identifies the current gaps in the literature. The chapter then concludes by combining the current knowledge and gaps in the literature to develop the primary research question, alongside the complimentary aims and objectives of the thesis.

3.1.1. Search strategy

Charmaz (2006) highlights how when adopting a constructivist grounded theory approach (See section 4.8.1.1) a literature review should be postponed and conducted after the initial analysis of data, as to not subconsciously influence the development of theory based on the literature review. However, it has been highlighted how this is considered controversial (Ramalho et al., 2015) as some argue literature reviews are an integral part of the research process and are often required at every stage of the research process and for various stakeholders of the research (Galvan and Galvan, 2017). Charmaz (2006) claims that the purpose of the literature review is to identify current gaps in the literature and justify how/what constructivist grounded theory can add to the knowledge to fill the identified gaps – this was the purpose of the current literature review. Therefore, the literature review was undertaken in two stages owing to the constructivist grounded theory approach adopted for the thesis.

As the research question had already been developed by the local authority (who also part-funded the research; See sections 1.4.1 and 1.5.1), this initial research question guided the initial literature review requested by the local authority[1] which then informed the aims and objectives thus influencing the approach to the research also. Therefore, an initial review of the literature focused on the emergence of the early help agenda (the search strategy employed for the review

[1] Proportions of text have been taken from the Nottinghamshire County Council literature review. Nottinghamshire County Council literature review available at https://irep.ntu.ac.uk/id/eprint/48042. This chapter provides an updated version of the scoping review for the Council, as sections have been included from the search strategy and align with the aims and objectives of this research.

of the policy-based and grey literature can be found in section 2.1.1), then a specific focus on parenting ability was adopted for the thesis in order to narrow-down the focus of the research.

Databases such as PsycINFO, PsycArticles, Social Care Online, Social Services Abstracts and Scopus were used to search for literature relating to targeted early help services for children, young people and families. Words and phrases such as “early help services”, “targeted support”, “child and family services”, “child welfare”, “family intervention”, “family services”, “family support” and the “troubled families programme” were initially used to scope the literature and develop an initial review of the literature. The literature search was then narrowed down to specifically focus on parenting ability, and therefore combination searches were performed and included the key terms “parenting”, “parenting ability”, “parenting capacity”, “parenting capability” and “parenting advice”. Key journals were also explored such as ‘The British Journal of Social Work’, ‘Journal of social work’, ‘Journal of Children’s Services’, ‘Child and Adolescent Social Work Journal’, ‘Social Work Research’ and ‘Child and Family Social Work’ with these key terms also. The review of the academic literature was not restricted to within the United Kingdom, in order to scope out international approaches and perspectives on (targeted) early help. Recommended articles from databases were also explored, alongside the lists of references from identified articles to ensure no relevant literature was absent from the literature review for the thesis. Other sources included relevant textbooks on targeted family support and parenting ability within social work. The searches were conducted in 2018 and 2022.

3.2. Rationale and underlying arguments for early help

Adverse Childhood Experiences have been identified as being significantly associated with and contributing factors to poor health and social outcomes, experienced throughout all of life (Bellis et al., 2014). Adverse Childhood Experiences include: physical abuse, emotional abuse, physical neglect, emotional neglect, substance misuse, mental illness, criminal behaviour in the home and violence towards the mother (Felitti et al., 1998) and can occur at any stage during childhood. Moreover, findings from Murgatroyd and Spengler (2011) suggests that Adverse Childhood Experiences experienced during the early years can affect brain growth and development. Recent research from within the literature suggests that the effects of Adverse Childhood Experiences can expand into and is still apparent in adulthood, with effects displayed through poor mental health and a likelihood for involvement in crime (Crenna – Jennings, 2018).

Further research suggests that the more Adverse Childhood Experiences experienced, the higher the risk of poor adult outcomes; however, Adverse Childhood Experiences should not be used as the sole predictor to adult outcomes as they are not predictive on an individual level (Early

intervention foundation, 2018). Nonetheless, Adverse Childhood Experiences significantly contribute towards poor health and social outcomes. There is a large body of evidence-based research which has examined the relationship between Adverse Childhood Experiences and poorer life outcomes such as: poor health and poor mental health, substance abuse (Mersky et al., 2013; Hughes et al., 2017), crime, violence and offending (Fox et al., 2015), unemployment (Egan et al., 2015) and socioeconomic wellbeing (Fergusson et al., 2013). The research into the impact that Adverse Childhood Experiences can have during later life have partially informed the rationale and basis for early help, in the sense that preventing Adverse Childhood Experiences from occurring or providing help as soon as Adverse Childhood Experiences emerge, can be effective in preventing the escalation of problems which in turn will prevent poor adult outcomes from being experienced, as demonstrated through research from within the literature.

Within the House of Commons briefing paper Bate (2017) suggests that a good attachment is also needed for future mental well-being, emotional well-being and general all-round wellbeing and early help is needed to ensure a healthy attachment. Bate (2017) highlights that the period between of 0 to 2 years old, is a crucial window for physical, cognitive, emotional and heightened neurological development. This neuroscience argument is based on the scientific research which found that providing help early can be particularly beneficial owing to the structure and growth of the brain and emotional and cognitive development during the early years period of a child's life (e.g., Hawley (2000), Glaser (2000), Cellini (2004), Black et al. (2017), Glaser (2018), among others). Indeed, the independent reviews commissioned by the government collectively rely on the neuroscience argument for early help, particularly within the early years (e.g., Field, (2010); Allen, (2011a); Tickell, (2011); Munro, (2011)). Brown and Ward (2012) have examined the neuroscience argument for early help and conclude that the research clearly demonstrates that child abuse, neglect and maltreatment can have a significantly negative impact on brain growth and development during the early years.

Critics of the neuroscience argument include Featherstone et al. (2014a) who argue that it has been widely over-exaggerated and abused, and heavily critiqued within the neuroscience discipline (e.g., Bruer, 1999; Bruer, 2011; Uttal, 2011). Featherstone et al. (2014a) are troubled that the neuroscience underpinnings for early help have remained unchallenged in government policy and point out further, that if the threshold for removing children and placing them in care, was based solely on a neuroscience argument, there would be significantly less children removed from parental care and more of these children remaining at risk. Furthermore, research from Wastell and White (2012) found that the infant brain appears to demonstrate plasticity and resilience when exposed to psychosocial deprivation and neglect, such as deprivation and neglect shown within the population referred to children's social care. This is the opposite of that cited by

Allen (2011a), indeed the authors comment that Allen misunderstands and misinterprets the scientific evidence used to underpin his arguments. (See section 2.5.2 also)

Consequently, the literature suggests that the neuroscience argument and research - which is utilised and miscited across the political spectrum - could be seen as a 'political strategy' to engage all stakeholders with the concept of early help (Edwards et al., 2015a). This is supported by additional research which suggests that the neuroscientific arguments expressed in both policy and press are often over exaggerated, miscited and are seductively alluring for policy makers and the public (See Gillies, 2014). Moreover, a review of brain science literature suggests that advocating the neuroscience argument regarding the impact of Adverse Childhood Experiences on child development, is justifying stereotypes regarding gender, race and social inequalities, attributed towards poor parenting by mothers who are responsible for child deprivation (Edwards et al., 2015b).

The majority of research has examined the effectiveness of early help for children in their early years, due to the neuroscientific argument and rationale. However, early help is provided to children beyond the early years period to help them transition through childhood life events, such as the transition from primary school to secondary school. Furthermore, there is emerging evidence of a neuroscience argument for early help in adolescents, suggesting the transition into adulthood is a critical period to provide support (e.g., Klitzner et al., 1992; Balvin and Banati, 2017; Dahl and Suleiman, 2017). It is argued that the brain is at its greatest capacity to learn during this time, as brain maturation is still apparent (impulsive behaviour and planning are the last cognitive domains to develop during this period). Likewise, adolescence is also a period where mental illnesses can emerge and threats to adult health can arise (e.g., smoking, drinking, drug taking, sexual behaviour and risk-taking behaviours (Arain et al., 2013; Hagell and Rigby, 2015; Rallings and Payne, 2016)). Therefore, early help can prevent these outcomes from escalating and expanding into adulthood.

The literature has unveiled that the underlying arguments cited within and by government policy has come under criticism within the academic literature, suggesting the need for more research into the actual effectiveness of targeted early help in contributing towards better outcomes for children, young people and families. Thus, this informed the first aim of the research and research objectives one and two of the research also, ensuring that the research examines the effectiveness and experiences of targeted early help for older children beyond the early years.

3.3. Outcomes/benefits of early help

3.3.1. Short term

Systematic reviews including research conducted internationally, have revealed that early help can be effective by providing children and young people with both long-term and short-term positive outcomes (e.g., Anderson et al., 2003; Camilli et al., 2010; Guralnick, 2004; MacMillan et al., 2009; among others). The Early intervention foundation (2018) suggests that early help supports the development of children and young people across four developmental domains: physical, cognitive, behavioural and social and emotional. Furthermore, early help programmes have been shown to be effective by providing intensive support for vulnerable families to address and resolve behaviours which can affect child development, such as: substance misuse, risky sexual behaviour, and child maltreatment.

More recently, the Early intervention foundation have demonstrated further that early help can help children, young people and families achieve short term positive outcomes across certain aspects within their lives. This includes positive outcomes for programmes designed to prevent: child maltreatment, crime, violence and antisocial behaviour, substance abuse, risky sexual behaviour and teen pregnancy, and obesity (Early intervention foundation, 2019). And programmes designed to: promote healthy physical development, support children's mental health and wellbeing, and enhance school achievement and employment (Early intervention foundation, 2019).

For some families, the short-term outcomes achieved by early help is intended to simply prevent the escalation of family difficulties. For example, the Working Together (Department for education, 2013) statutory guidance reports that without early help, some children would be at more risk of suffering from significant harm as this would result in (for some) the escalation of family difficulties and the deterioration of family circumstances. Likewise, Pithouse (2007) found that positive short-term outcomes can be achieved from early help for: child health, safety and wellbeing and for parenting, parental self-esteem and parent employment.

This is supported by reports from within the literature that also suggest early help can help produce positive short term family outcomes. Research has found that in the short term, Children's Centre Services can help improve: children's health, cognitive ability and behaviour. On the other hand, Children's Centre Services can influence family and parenting outcomes in the short term by improving family functioning, household economic status and home learning environment (Sammons et al., 2015). However, Sammons et al. (2015) also argue that these are not positive outcomes, they only remove the disadvantage which initially triggered the referral to Children's Centre Services in the first place. The research concludes that the services delivered by Children's Centre Services across England varies greatly and therefore this makes it hard to

evidence the effectiveness for children, young people and families particularly in achieving positive outcomes from each programme. Therefore, they suggest that for positive outcomes to be achieved, the needs of children, young people and families should be met through specific early help programmes. However, they found that early help programmes have been designed for mothers and families rather than for CYPs specific needs (Sammons et al., 2015).

However, it should be noted that a systematic review of the literature performed to uncover the potential early help outcomes for children, young people and families concludes that the vast majority of evaluative studies do not allow for concrete conclusions to be drawn regarding the efficacy of such early help programmes in achieving positive outcomes for children, young people and families because of individual service design and the ambiguity of (quantifying) child and family outcomes (Luckock et al., 2015).

3.3.2. Long term

Research from within the literature demonstrates that early help is based on social investment rationale, that is, the more time and money that is invested in children, young people and families as soon as problems emerge, the more likely it is to result in greater savings within the future (Featherstone et al., 2014a; Featherstone et al., 2014b). Based on this premise, the potential positive outcomes that can be achieved through early help are more likely to be apparent in the long term, rather than the short term. Within the literature, it is evident that early help can produce a wide range of possible positive long-term outcomes, not only for children, young people and families themselves, but for society also. The Early Action Task Force (2011) refer to the potential long-term outcomes of early help as a 'triple dividend', as early help has the potential to improve social outcomes, reduce social costs to the government and improve life prospects for children and young people, by maximising their potential and quality of life.

This is also reflected in a government briefing paper, which outlines the government perspective and thinking regarding early help (Bate, 2017). The briefing paper identifies that there are three potential long-term benefits of effective early help (1. Health and wellbeing, 2. Societal advantages and 3. Economic benefits), and can result in political and social benefits which will ultimately aide in preventing poor adult outcomes such as: ill mental health, poor educational achievement and high crime involvement. Bate's (2017) rationale is that reactive services are less effective at reducing social problems such as poor mental health, crime, unemployment, poor health, than early help services. Providing early help will allow for problems to be addressed and resolved rather than just managing them, after problems are already embedded into the lives of families. Furthermore, Bate (2017) suggests that there is a strong link between early development

and disadvantage and poor outcomes later in life, which ultimately provides his rationale for early help. He demonstrates that families appear to be more open and willing to accept help during this period which in turn can effectively break the 'intergenerational' cycle of social problems. Bate (2017) also argues that early help can have a positive economic impact, by producing public cost savings. Early help services cost less than reactive services and early help aimed at social and educational development can lead to more economic productivity in adulthood (lower economic activity is demonstrated via higher unemployment rates, high crime involvement, poor health choices and lower life expectancy overall). Hayes, (Children, Young People and Now, 2019) similarly notes the wider impact of early help in aiding the development of societal growth.

Based on the literature, it is evident early help can maximise the potential of children, young people and families, by preventing poor parenting and poor social problems, is cost effective and can produce economic benefits for society, by providing the emotional and social stability for adulthood and further lasting benefits from childhood into adulthood (Allen, 2011a; Pithouse, 2007; Munro, 2011; Department for Children, Schools and Families, 2012). For example, the National Institute for Health and Care Excellence (2012) found that early help can improve children and young people's social and emotional wellbeing for vulnerable children below the age of 5 years old. Their review suggests that social, emotional and behavioural problems during childhood can result in poor health, educational and social outcomes in later life. Social and emotional wellbeing is important as it provides children with protective factors to prevent social disadvantage and family disruption. In turn this prevents behavioural problems. Behavioural problems have been shown to be predictors of poor mental health, crime involvement and risk-taking behaviours in later life. Their report demonstrates that cognitive ability has shown to be linked to emotional and social competencies, which increase a child's ability to learn and contributes to educational attainment. Whereas cognitive development was found to significantly contribute towards social and emotional wellbeing, which in turn can predict negative outcomes in later childhood and throughout life.

A report from the Early intervention foundation (2018) entitled 'Realising the potential of early intervention', suggests that early help has a range of potential long-term outcomes, when delivered as part of wider support from the local authority, that has adopted an early help culture with clear leadership. The report focuses not only on the potential long-term outcomes for children and young people, but also on the potential advantages of early help for society. Throughout the report, the authors cite studies which suggest that even the smallest amount of impact achieved by early help throughout childhood, can have a large, long-term impact for individuals and society. The advantages to society reportedly include:

(a) Breaking the cycle – Early help can prevent cycles of deprivation and poor parenting. There is a strong relationship between poor outcomes experienced as a child and poor outcomes experienced throughout adult life. Early help can prevent the cycle of experiencing poor outcomes by providing support before problems escalate/expand into adulthood. Early help can provide support and resilience in communities to prevent children enacting the 'poor' parenting techniques experienced as a child and early help can prevent an escalation of difficulties with siblings.
(b) Economic benefits – Early help can potentially achieve gains from within the labour market which will be shown in higher employment rates and earnings. Overall productivity will be increased, which has benefits to individuals and society via long term skills and growth.
(c) Benefits to public services – Early help can reduce the demand on public services and professionals working within the sector. Reactive services are more expensive than providing early help services.

However, it is argued that help is needed throughout the life of a child 0 – 18 years, in order to break the cycle of deprivation and poor parenting (Pithouse, 2007; Early intervention foundation, 2018), which can purposefully be achieved by providing early help to children and young people to provide them with the readiness for primary school, secondary school and life thereafter (e.g., Allen, 2011a; Allen and Smith 2010. See section 3.2).

Within their report however, the Early intervention foundation (2018) note that cash/cost savings from early help are unlikely as money saved from a reduction in public service use will be offset by the cost of providing early help services. They suggest that demand on public services needs to be significantly reduced, for significant cost savings to be achieved within the sector. This is supported by findings from Forster (2014), who suggests that cost savings are also unlikely to occur in the service where they originate. This suggests that money will be saved but maybe indirectly. Nonetheless, early help is seen as a cost-effective alternative to placing children in children's social care (Chowdry and Fitzsimons, 2016). The Early intervention foundation (2018) conclude their report by providing national actions and the need for a focused shift towards the long-term potential outcomes of early help, in which they call for policy makers to develop a 25-year strategy, like the government have done for housing and the environment (e.g., Department for Environment, Food and Rural affairs and Gove, 2018). The call for a 25-year strategy for early help has been made to evidence the economic benefits and societal advantages. Long term research is needed to research the effectiveness of early help in achieving this. Overall, the report suggests that early help needs to be at centre stage (Casebourne, 2018).

The Early intervention foundation (2018) report suggests that early help has the potential to reduce pressure on children's social care, but in the long term and not the short term. This will happen by improving children and young people's wellbeing, opportunities and life chances, which can free up demand within the system (Chowdry and Fitzsimmons, 2016). Speaking at an All-Party Parliamentary Group for Children, England's Chief Social Worker for Children and Families said that early help can result in less children in care (Offord, 2016). Indeed, the Troubled Families Programme has found to have had a significant impact on the number of children in social care, increasing the number of child protection plans and reducing the number of Looked After Children (Ministry of Housing, Communities and Local Government, 2019a; See section **Error! Reference source not found.**).

Brookers and Brocklehurst (2014) found that out of 51 local authorities, slightly more than half of them (n=29) felt that effective early help was diverting demand away from children's social care. On the other hand however, less than half (n=22) of the responding local authorities reported that early help services resulted in identifying more children in need and thus increasing demand for children's social care, suggesting that early help increases rather than decreases demand. These findings suggest that the impact of early help on the local authority and children's social care remains unclear and ambiguous.

Further outcomes found from National Evaluations of the Troubled Families Programme can also be found in section 2.5.1 and further short-term and long-term outcomes achieved specifically from evidence-based parenting programmes are explored in section 3.8.2.

The literature suggests that early help and early help services can help children, young people and families achieve a wide range of short- and long-term outcomes. However, research is needed to examine the actual experienced outcomes of early help and more research is needed to explore what/how these outcomes look like from a variety of perspectives. This part of the literature review informed the development of the second aim of the research and is underpinned by both the first and fourth research objectives.

3.4. Timing of early help and cost of late help

The independent reviews regarding early help which were commissioned by the government (See section 1.2), all suggest that help needs to be provided to children, young people and families at the earliest of opportunities to achieve positive outcomes. Indeed, further research from within the literature suggests that early help is more effective if it is provided as early as possible or as soon as problems emerge through reducing risk factors, which in turn, can increase protective

factors (Early intervention foundation, 2018). Protective factors which can help reduce the risk include: developing strong social and emotional skills, having a strong social support network including effective local facilities and services, good parental mental health and the availability of income support, benefits and advice (Early intervention foundation, 2018; Walker et al., 2011).

As mentioned previously, the research suggests that providing help during the early years is crucial, due to the brain structure and cognitive and emotional development that occurs during this period (See section 3.2). Help provided during the early years period (0-3 years old) is more likely to produce positive long-term outcomes, as research suggests that early help provided during the early years period is more likely to be successful in achieving positive outcomes for children, in comparison to attempts made later in life (e.g., Allen and Smith, 2010; Landry et al., 2008). Nonetheless, there is a plethora of evidence-based research that has demonstrated the effectiveness of early help provided during the later years of a child life, not just in the early years (e.g., Centre for Social Justice, 2011). Early help by definition means providing help early throughout the life of a child, so help is provided to children, young people and families, as soon as problems (begin to) emerge. Research has demonstrated that early help is effective in producing positive outcomes not just within the early year's population but for children aged 3 – 18 years old also; however, support should be provided as soon as problems emerge in order to achieve greater positive outcomes, which will be apparent both in the short term and the long term (e.g., Klitzer et al., 1992; Allen, 2011a; Munro, 2011). Early help can be effective during the middle years of childhood as children are still physically, emotionally, and socially developing during the early adolescent years (Wigfield et al., 2005). Early help has been found to be effective in achieving positive outcomes for adolescents especially in regard to: mental health disorders (The Children's Society, 2015), crime involvement (Lopes et al., 2012), substance abuse (Carney and Myers, 2012), and behavioural and emotional problems (Ralph et al., 2003).

However, it has been noted how the term 'early help' has been adopted within the literature to refer to services for children, young people and families who do not meet the criteria for statutory children's social care (Edwards et al., 2021; Chowdry and Oppenheim, 2015). A report from the Early intervention foundation by Chowdry and Oppenheim (2015) explored the impact of failing to provide help within a timely manner and found that nearly £17 billion pounds a year is spent on late help. Within the report late help was defined as interventions delivered via statutory services to children, young people and families (children's social care). For example: annual spending on Looked After Children, the number of child protection plans and the number of Children in Need (excluding those identified as a child in need due to a child and/or parental disability). Findings from further research, identified that the cost of late help is disproportionately attributable with the local authority bearing the brunt of the cost (37.6%), followed by the NHS (21.7%) and the

Department for Work and Pensions (15.8%). Other costs can be seen across education, welfare, police and the criminal justice system. (Chowdry and Fitzsimmons, 2016).

Stevens (2011) examined international research regarding the cost effectiveness of early help and found that the wide range of possible outcomes, makes drawing concrete conclusions from research regarding the effectiveness of early help hard. They suggest that the United Kingdom may have less capability to benefit from early help and conclude that estimates for the cost of late help is based on individuals who are the most expensive to society because they experience the worst outcomes and are often the hardest to reach population (Stevens, 2011). Indeed, recent research from Suh and Holmes (2022) highlights a lack of literature exploring and examining the cost-effectiveness of children's services across of the United Kingdom.

The emphasis on the importance of help being provided early is a pivotal theme across the literature and ultimately contributed to the development of the second aim of the research, in developing an evidence informed approach to service delivery including the timings of early help achieved via the fifth research objective.

3.5. The Funding of early help

A recent report suggests that since 2010 all agencies involved in the provision and delivery of early help services have been impacted by a reduction in funding (Research in Practice, 2022), which ultimately affects vulnerable children, young people and families the most (e.g., Beatty and Fothergill, 2016; Innes and Tetlow, 2015).

More specifically, a report from 5 children's charities found that between 2010-2011 to 2018-2019:

- There was a 23% reduction in the funding available for children's services, leading to a 46% decrease of spending on early help services.
- Local authority spending on children's services fell by 6%. However, the spending on late help services increased by 29%.
- There has been an increase in local authority spending for late help services, specifically children's social care (Action for Children et al., 2020).

Similar findings were also echoed by Williams and Franklin (2021) who found a 48% reduction in the proportion of local authority spending on early help services between 2010–11 and 2019–20. The statistics demonstrate that a reduction in early help spending is associated with an increase in spending on late help. The National Audit Office (2018) have attributed the 16% decrease in

spending on preventative early help services and a 16% increase in spending on statutory children's services (children's social care) between 2010/11 – 2017/18, to the non-statutory nature of early help services (See section 2.6).

The number of child protection plans and council care orders have slowly increased since 2010. Crenna-Jennings (2018) study suggests that this can be partially attributed towards serious case reviews into child deaths within the United Kingdom. They highlight that the strain on children's social care, social workers and early help services in general can be attributed towards funding cuts in the sector. Furthermore, their research found that social workers and early help professionals have self-reported that the threshold for service access has slowly been increasing over the last decade. Despite this, the literature suggests that the revision of provision/threshold pathways is scarce across local authorities (Association of Directors of Children's Services, 2021).

Research suggests that early help funding will fall by 72% over the next decade and there is an expected funding gap of £3 billion by 2024/2025 (Bentley, 2018). This is of particular importance due to research which suggests that as funding cuts arise and the funding gap widens, the effects of early help are being overshadowed by a lack of social workers, meaning the potential positive outcomes of early help can be ineffective, due to cuts to different parts system, as a whole (Gray, 2014).

The Social Care Institute for Excellence (2013), interviewed senior officers and local authority members from across the United Kingdom and found that it is difficult for local authorities to meet their long-term targets and vision whilst prioritising the short-term/immediate needs of service users. Findings suggest that the long-term benefits of early help are often dependent on early help initiatives and short-term funding cycles (Action for Children, 2013). As a result, Cusack (2018), suggests that social services have had to become more reactive to the increase in children services demand, as a knock-on effect of the funding cuts to early help support.

The needs of children, young people and families vary across local authorities and time however, the Association of Directors of Children's Services (2018) highlights how the provision of early help is threatened owing to the decrease in funding, also coupled with an increased need and growth of the population, and the rise in service demand. This is supported by recent statistics from the Local Government Association (2021) who reported that between 2019 – 2020, eight out of every ten local authorities had to overspend on children's social care due to the "soaring demand" for statutory services, demonstrated via a 125% increase in Section 47 enquiries and a 24% increase in the number of children in care between 2010-2020. This lack of funding and an increase in service demand over recent years, inevitably places a significant amount of pressure on both early help services and late help services and the outcomes that can be achieved by

children, young people and families. Moreover, this has the potential to lead to a false economy of support from early help services.

The review of the literature has highlighted how there appears to be a lack of funding coupled within an increase in service demand, which reportedly has a negative impact on children, young people and families the most. This research considers these issues and consideration is given to identifying the supports and barriers to service delivery (research objective three) and any gaps in the current targeted early help systems of support (research objective five) as a result of: the diminishing funding available early help services, the lack of local authority spending on early help (despite an increase in local authority spending on late help), and an increase in service demand.

3.6. Determinants of need

There are social, economic and community determinants of need that influence parenting and parenting ability which need to be considered in the context of early help. However, it is crucial to acknowledge the intersecting nature of these determinants of need and parenting. Of course, the act of parenting itself can be considered as a social determinant of parenting behaviours and practices, as well as child health and development (Walker, 2021). What follows is a brief account of the determinants of parenting, Belsky's (1984) parenting process model, parenting as a gendered role, and the importance of the determinants of parenting in the United Kingdom.

3.6.1. Determinants of parenting and parenting styles

Determinants of parenting include, socioeconomic status, education, communities, environments, social support, access to health and parenting services and race (Walker, 2021). These determinants likely influence parenting style but there is also likely variation between parents, countries and over time (Dohmen et al., 2019) and between and within families (Pike et al., 2016). However, this within family variation is not seen for all parenting styles as harsh parenting varies between and not within families (Farley et al., 2021). Parenting is intergenerational and heavily influenced by their community environment, marriage quality, extended family member relationships and the quality and quantity of friends (Love and Knott, 2018). Engagement with personal and social relationships are characteristic of parenting (Gillies, 2004) and thus, parenting is based on individual differences and relationships with the child and the spouse (Vondra et al.,

2006). Parenting is learned intergenerationally whilst early behaviours can predict parenting styles also (Serbin and Karp, 2003).

Findings from the Avon Longitudinal Study of Parents and Children study of 12,500 children born between 1991 and 1992 in Avon England suggest that both parenting behaviours (such as breastfeeding, social networks) and individual characteristics (such as interpersonal sensitivity, education) can significantly predict parenting behaviours and styles (Gutman et al., 2009). According to Smith (2010) multiple determinants of parenting are associated with various aspects of parenting behaviours and thus multiple determinants need to be considered as controlling parenting can be predicted by low socioeconomic status, higher levels of working, high extraversion and high neuroticism levels, whereas supportive parenting can be predicted by high levels of child social responsiveness.

A further determinant of parent style may be genetics as there is evidence that parenting is influenced by genetics (Klahr and Burt, 2014). Genetics can also predict parenting behaviours and caregiving by influencing both the environment and life-course (Wertz et al., 2019). Therefore, an early determinant of parenting behaviours includes how individuals were parented as a child.

3.6.2. Belsky's (1984) parenting process model

The most highly influential and prominent parenting model was developed by Belsky (1984). Belsky's (1984) theoretical parenting process model consisted of three determinants of parenting: a) personal resources, b) child characteristics, and c) contextual factors. Belsky proposed that these three determinants of parenting influenced parenting and parenting ability. Drawing on Belsy's three determinants of parenting what follows is a brief consideration of how each determinant may be associated with parenting.

a) Personal resources. According to Belsky (1984) personal resources include beliefs about parenting (e.g., self-efficacy) parental mental health (e.g., depression and anxiety, and stress), parental characteristics (e.g., age), and levels of education. Parenting self-efficacy is significantly associated with parenting stress, in that parents with lower parenting self-efficacy experience greater levels of parenting stress and visa versa (Bloomfield and Kendall, 2012). Parenting stress is also significantly associated with maternal depression and significantly influences the parent–child interaction (Farmer and Lee, 2011). Relatedly, there is evidence that the need for parental support can be predicted by maternal depression, child temperament, Adverse Childhood Experiences and the number of adversities faced by families (Asscher et al., 2006). Similarly, maternal anxiety predicts a lack of warmth and greater hostility (Seymour et al., 2014). Therefore, parental mental illness can negatively influence parenting behaviours and child outcomes

(Cummings et al. 2005). Research from the Netherlands suggests that a determinant of needing parenting support is parental stress and child psychosocial problems (Kleefman et al., 2015).

A complex relationship has been identified between age, social support, and socioeconomic status (Conger & Donnellan, 2007; Trenatacosta et al., 2010). Specifically, social supports and resources (Holden, 2019) and maternal age and social support are predictors of parenting in that, a younger maternal age and a lack of social support is a significant predictor of negative parenting interactions (Thomson et al., 2014) and harsh parenting (Farley et al., 2021). At the same time, younger mothers are more likely to also have and continue to have throughout parenthood, a lower socio-economic status when compared to older mothers (Trenatacosta et al., 2010). On the other hand, socioeconomic status encompasses a wide range of factors such as education, occupation and income. Specifically, in regard to education, high and low educated parents equally experienced levels of parenting stress, but education levels predicted the types of relevant support required with high-educated parents valuing formal childcare and less support from friends whereas low educated parents valued grandparent and friend networks (Parkes et al., 2015). Levels of education was also a predictor of positive parenting (Thomson et al., 2014). Therefore, together this suggest that maternal age and education levels can be indicative of low socioeconomic status and predict harsher parenting.

b) Child characteristics. Child characteristics that influence parenting include gender and temperament. Male children are significantly more likely to experience negative parenting than females (Thomson et al., 2014) while maternal parenting has been found to be more sensitive towards females (Brown and Tam, 2019). Research has explored how children's temperament influence parenting with children who have poor impulse control likely to experience poor parenting (Barker et al., 2011; Frick and Morris, 2004). Conversely, children who are social, adaptable and easy to sooth are more likely to be parented responsively and with warmth, whereas more impulsive children are likely to experience harsh parenting and cause parental stress (Kiff et al., 2011; Oddi et al., 2013).

c) Contextual factors. Contextual factors such as homelessness and poverty are also influential determinants of parenting. Homelessness is a determinant of poor parenting, as it has a significant negative impact on environment, resources and supports (Bradley et al., 2018). Similarly, poverty is a determinant of poor parenting (Schneider et al., 2017). Poverty and socio-economic status are determinants of parenting, with low-income mothers valuing smaller support networks (Altree, 2005) and low socio-economic status being associated with poor parenting (Roubinov and Boyce, 2017). Longitudinal research also suggests that positive environmental factors between the ages of 5 – 10, such as a lack of parental hostility towards the child, a reduction in paternal depression, mothers positive view of their neighbourhood and the ability to

pay rent arrears, has the potential to reduce anti-social and criminal behaviour in the long term (Stevens, 2018). This is supported by longitudinal research suggests that child poverty and living in deprived areas is associated to poor parenting practices (Bennett et al., 2022).

Further contextual factors consist of social support which can buffer against further parental stress and is a key determinant of parenting, as social support can provide emotional, informational and practical support (Taraban and Shaw 2018). Social support can come from a variety of sources such as extended family members (Simons et al., 1993), spouses and communities. Emotional support and perceptions of emotional support from partners is a key parenting determinant and can be predictive of less harsh parenting (Sampson et al., 2015; Latham et al., 2017), with the potential of breaking intergenerational cycles of poor parenting (Conger et al., 2013). On one hand partner support can positively influence child adjustment (Cabrera et al., 2012) but on the other hand, aggressive partner support is significantly associated with poor parent and child outcomes (Graham et al., 2012).

A further contextual factor that is a determinant of parenting is culture. Social conditions and culture also influence parenting (Bornstein, 2005). Parental attitudes, race, age and social support networks are predictive of parenting quality and result in poorer home environments (Reis et al., 1986). Cultural differences influence child rearing practices (Bodovski, 2010) and parenting values vary between ethnicities also (Ghiara et al., 2022) as a result, the approaches to supporting parents and children vary internationally (Devaney and Crosse, 2023).

Similarly, a further contextual determinant of parenting is ethnicity and race. Research suggests that there is variation in the parenting styles, practices and behaviours of parents of different ethnicities (e.g., Thompson, 2018; Monna and Gauthier, 2008; Cardoso et al., 2010). When considering the role of ethnicity and race as determinants of parenting, consideration also needs to be given to the findings that individuals from certain ethnic groups face more social disadvantages in education, work and family dynamics when compared to other ethnic groups (e.g., The centre for social justice, 2020). Despite social disadvantages faced by ethnic groups such as Mexican Americans, similar levels of parenting stress were experienced compared to white parents (Cardoso et al., 2010). However, black mothers report higher levels of parenting stress compared to white mothers, due to differing parenting values, with black mothers having more authoritarian parenting styles (Nomaguchi and House, 2013). Experiencing racism has also been found to also influence parenting practices (Berry et al., 2021), but racism is not a sole influential determinant of parenting and child health (Astell-Burt et al., 2012).

Of course, the three factors within Belsky's (1984) model do not operate in isolation with each factor likely influencing the other. For example, child characteristics also moderately predict

parenting practices whereas contextual characteristics are determinants of positive discipline and physical punishment, parental characteristics are determinants of support, structure and psychological control (Verhoeven et al., 2007). Moreover, parent, child and contextual factors are also negatively associated with a poor unsupportive home environment (Hannan and Luster, 1991).

Belsky's (1984) parenting model is empirically supported by a plethora of research. For example, support for Belsky's (1984) model comes from Kopala-Sibley et al. (2012) who found that self-esteem, education levels and perceived partner support/parenting styles were determinants of parenting styles. Similarly, research with Deutch parents found that personal resources and child characteristics equally influence parenting (Van Bakel and Riksen-Walraven, 2002). Furthermore, Belsky's (1984) parenting model has been advanced and adapted in recent years. For example, Abidin's (1992) model of parenting builds on Belsky's (1984) model by including personality characteristics. sociological, environmental, and behavioural factors. More recently, the theoretical framework has been recently updated to include more influential variables that have emerged from recent research (such as cognition, gender, family structure, culture, stress response, genetics and emotional regulation), moderating pathways between the domains of "Parent Characteristics," "Child Characteristics," and "Family Social Environment", and the inclusion of socio-economic status as a moderator of parenting (Taraban and Shaw, 2018). Consequently, Belsky's model has been highly influential and more recently, the Early Intervention Foundation have built on Belsky's (1984) work to develop a process model for the determinants of parenting include parental factors (such as the relationship and experiences they had with their parents, their education, wellbeing and age), child factors (such as temperament, gender and health), contextual sources of stress and support (such as the relationship between the parents, family breakdowns, social support networks and poverty) (Asmussen et al., 2017). This model has been adapted into a parenting stress model that highlights the determinants of parenting and association between them, which can be addressed in an attempt to improve parenting ability.

3.6.3. Parenting as a gendered role

While Belsky (1984) acknowledged the personal resources of the parent, there is some evidence that parenting is a gendered role and that males and females parent differently (Parke, 2013). Moreover, research suggests that maternal anger is predicted by maternal hostility whereas, paternal hostility was predicted by household chaos (Pike et al., 2016). However, Ponnet et al. (2013) found no difference in the parenting of fathers and mothers. Moreover, parental, contextual and child characteristics have been found to have no significant difference between

males and females (Verhoeven et al., 2007). Despite some research reporting a lack of gender differences, most research focuses on maternal parenting rather than paternal parenting (Belsky and Jaffe, 2015; Taraban and Shaw, 2018) possibly indicating an underlying assumption that parenting is a gendered role. This research focus is also coupled with the sentiment that policy is gendered and primarily focuses on women (Jupp, 2014). Moreover, in the United Kingdom, mothers have parental responsibility of their child from birth and fathers are granted parental responsibility of a child if they are married to the mother and/or are listed on the child's birth certificate (HM Government, 2024). Furthermore, mothers are typically given custody of their children (The Law superstore, 2022), and 90% of single parents are typically mothers also (Office for National Statistics, 2019). As further evidence of this potential gendered nature of parenting, research from Canada suggests that young fathers face more barriers than young mothers when accessing parenting support due to stigma and adherence to traditional masculine stereotypes (Mniszak et al., 2020). However, research also suggests that women face more barriers than males when accessing support services and using support services also (Peters, 2012; Daly, 2013). Furthermore, parenting programmes are primarily aimed at improving maternal parenting rather than paternal parenting (Garcia and Guzman, 2017; Dolan, 2014) and ignores further family member support/care such as that from grandparents (Kirby, 2015).

3.6.4. The importance of the determinants of parenting in the United Kingdom

An increased knowledge and understanding of the social determinants of child abuse can help prevent and identify potential abuse early (Kendall-Taylor and Stanley, 2018). Research from Australia highlights that the social determinants of parenting include: disability, child mental health, adult mental health, child physical health, adult physical health, domestic violence, child sexual abuse, domestic violence, family violence (Department of Social Services, 2021) Research suggests that parenting is a social determinant for child health and development, whilst social determinants of health impact parenting (Walker, 2021). Findings from a United Kingdom population highlighted that financial resources, parental mental health and stable family relationships are strongly correlated with healthy child development (Crossman and Phimister, 2022). Further, time spent with the child is also important with parental time a determinant of healthy child development (Monna and Gauthier, 2008).

In sum, there are a plethora of determinants that influence parenting and parenting ability. These determinants are both economic and social in nature and consequently the determinants of parenting are found across the ecosystems in Bronfenbrenner's model (1977). Consequently, these inequalities are intersecting and therefore influence and impact one another. For example, research from the Netherlands suggests that families living in disadvantaged neighbourhoods are

more likely to experience higher levels of parenting stress (Spijkers et al., 2012), where parenting stress is linked to needing support and is a determinant of poor parenting (Deater-Deckard et al., 2013). Within the United Kingdom, the Joint Strategic Needs Assessment is a population based local assessment of current and future social and economic determinants of health and is a statutory duty of the local authority (See Section 1.5.1.1). Nottinghamshire's Joint Strategic Needs Assessment informs the provision of early help services available across the local authority by identifying the social and economic determinants of Nottinghamshire's population.

3.7. Other factors and determinants influencing positive outcomes from early help

According to the literature, delivering evidence-based interventions is not enough in isolation to achieving positive outcomes for children, young people and families. While local authorities have adopted a programmatic approach to early help, an early help culture is preferably a culture that allows professionals to be respected to make sound judgements within the field (The Centre for Social Justice, 2011). For services to be effective, they need to sustain strong relationships, between professional systems of support and between the children, young people and families who use the service, and those who deliver it. Research suggests that for early help to be effective in achieving positive outcomes, shared responsibility and team working between services and professionals is required (Luckock et al., 2015). This is also reflected in Ofsted's (2015) evaluation which found that early help services need to be joined up and fluid. Research suggests that tackling social problems early can save time, money and effort; however, for early help to be effective early help systems and agencies need to consistently work together to achieve positive outcomes for children, young people and families and to society and the economy in the long term (Rallings and Payne, 2016; Working Together [Department for education], 2018a). Hood et al. (2016 and 2017) have similarly highlighted the importance of 'interprofessional' relationships and working in contributing to the effective safeguarding of children and young people. Hood et al. (2017) found that collaboration was significantly associated with statutory, rather than non-statutory services, and was mediated by the parent-practitioner relationship.

Furthermore, research suggests that the way the service is delivered will affect how it is experienced by service users. It was found that service users feel embarrassed and ashamed and are therefore unlikely to engage in (early help) services, because of the stigma and shame that is associated with being in contact with 'local authority' services (e.g., Hooper et al., 2007; Bilson et al., 2017; Gibson, 2020). In other words, perceived service delivery is also a crucial factor as to whether or not families continue to access the support available. Moreover, findings highlight the importance of family ecology and the importance of secondary or system abuse which is often

ignored by stakeholders (Featherstone et al., 2014a). This is supported by research from Raspa et al. (2010), who used the Family Outcomes Survey to report on both the positive and negative outcomes that families can experience when receiving early help support. Their findings suggest that income, the amount of time in early help services, the perceptions of early help and the availability of effective family services were all related to achieving positive family outcomes. That is, all these factors are seen to be crucial in helping families to achieve positive family outcomes. Likewise, research also suggests that certain populations are more likely to require early help services which leads to discrimination/stigma. For example, children, young people and families from a lower social class are more likely to have child protection plans or receive children's social care services. These families experience more investigations and suspicion and attract the stigma and identity of being 'poor' parents (Hooper et al., 2007). This is supported by further findings from Bilson and Martin (2017) who found that families who were treated with an investigative orientation were less likely to engage in early help services.

Moreover, research suggests that those 'hard-to-reach' families are continuing to face oppression and stigma, which then presents as a barrier to engagement (Duvnjak and Fraser, 2013). Therefore, it is suggested in the literature that a balance is needed between being supportive and coercive with parents, which can significantly improve engagement with children's services (Hollinshead et al., 2017). Research has found that the use of strengths-based approaches can significantly predict parental engagement with child protection services (Kemp et al., 2014).

The relationship between child poverty and adult poverty and poor life outcomes was highlighted in Field's (2010) independent review (See section 1.2.1). Indeed, there is a wealth of evidence that has established that there is a strong link between child poverty and early help. The research suggests that those who experience child poverty are more likely to receive early help support (e.g., Bywaters et al., 2018). Indeed, research has found that areas with higher deprivation, spend more on early help, demonstrated through the high costs of late help in those areas (Hayes, 2018). The "inverse intervention law" has been the term coined to describe the fact that families facing deprivation are more likely to experience child protection services/interventions, if also residing in deprived local authorities also (Bywaters et al., 2015; Featherstone et al., 2019; Webb et al., 2020), especially amongst ethnic minority groups (Bywaters et al., 2018). Further research from the Children's Society suggests that Children's Centre Services for early years (0 -5-year-olds) are crucial in reducing both health inequalities and child poverty (Abdinasir and Capron, 2014). Despite this body of research, which have established a strong relationship between child poverty and child protection risk, research suggests that child poverty is still set to increase which will undoubtedly put a greater strain on an already strained system. The report suggests that more funding needs to be made available to: achieve positive outcomes for children, prevent negative

outcomes and address the link between child poverty and child protection (Crenna-Jennings, 2018).

Further barriers to engagement for parents identified from within the literature include:

- Physical and structural barriers e.g., a lack of access to information on services
- Social and cultural barriers e.g., poverty and ethnicity
- Suspicion and stigma
- Misconceptions about early help services
- A previous bad experience with services
- Individual issues e.g., mental health (Easton et al., 2013; Placa and Corlyon, 2014).

These barriers to engagement are often mediated via a therapeutic alliance between service providers and service users. The therapeutic nature of the keyworker has been highlighted as a core characteristic that helps build relationships and achieve positive changes (Parr, 2016). Similarly, research also suggests that not only did parents value experienced workers to help them cope and effectively deal with their problems, professionals themselves also reported experience as being the most highly influential factor that helped them understand and effectively help families (Gladstone et al., 2012).

Ferguson et al. (2021) refers to a 'holding relationship' between service users and service providers, which is characterised by professionals: being reliable, being physically and emotionally available and developing service users skills, which is found to help service users achieve positive long-term outcomes. Empowering and respectful relationships between service providers and children and young people are the critical foundation that can aid in children and young people achieving successful outcomes (Munford and Sanders, 2016).

Recent research suggests that in the long-term, hostile relationships form between parents and social workers, when 'involuntary' parents appear to display resistance and conflict (Ferguson et al., 2021). Resistance is shown via lying and keeping up appearances for social services as they are perceived as being nosey and intrusive (Barnard and Bain, 2015). Forrester et al. (2012), note that parental resistance to social work can be caused by: social structures and disadvantage, the context of child protection work, the resistance, denial or minimisation of problems by parents and the influence of the social worker. Non-compliance and disguised compliance are forms of non-engagement with statutory early help services (Tuck, 2013). However, more recent research suggests that social workers are familiar with these forms of compliance and can distinguish between malicious and non-malicious deceptions (Leigh et al., 2020).

The wide range of factors, identified from the review of the literature, that influence children, young people and families achieving positive outcomes, led to the development of research objectives three and four of the research. The literature suggests the need to holistically explore the supports and barriers to achieving positive outcomes and to conceptualise the journey(s) of those involved in parenting ability based targeted early help services within Nottinghamshire.

3.8. Parenting ability

The ability to parent or provide care is based on multiple interrelated factors such as: genetic, contextual and environmental factors, and the capacity to parent is influenced by family dynamics and circumstances thus making it fluid (Jones, 2010). According to Jones, positive parenting is characterised by providing: "basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, and stability" (p. 288). Asmussen et al. (Early intervention foundation, 2017) categorises the factors influencing parenting ability into three intertwined categories: parental factors (e.g., their physical and mental health), factors relating to the child (e.g., child physical and mental health), and circumstantial factors (e.g., having a support network).

Parenting and parenting ability can be conceptually and theoretically understood via an ecological and systemic approach which considers not only the influence of Bronfenbrenner's Ecological Systems (Bronfenbrenner, 1979) but influential interpersonal (e.g., spousal support, socio-economic status) and intrapersonal factors (e.g., ill mental health, experiences of trauma) which influence an individual's ability to parent successfully or effectively (Farnfield, 2008). This is supported by further research that suggests parent-child interactions are more influential in child development, when compared to the context in which a child grows (Ashiabi and O'Neal, 2015).

Within social work, effective parenting ability is based on assessments of need and capabilities. It is a subjective judgement, that requires practitioners and professionals to find a balance between 'good' parenting and 'bad' parenting to determine what is 'good enough' (Taylor et al., 2009) or 'reasonable' parenting (Woodcock, 2003) - parenting that allows children to develop in a safe, nurturing environment. According to Davies (2015) good enough parenting is characterised by: having boundaries, being non-judgemental, being fair, being attentive and accommodating to their child/children's needs, having a mutually respected parent-child relationship, and having open communication.

Research has found that among a plethora of professionals (social workers/children's social care workers, psychologists, lawyers, and magistrates) there is a consensus that good parenting fell

into the following categories: being insightful, demonstrating willingness and ability, having short-term and long-term awareness of needs, putting the child's needs before their own, developing attachment and demonstrating consistency in their parenting approach (Eve et al., 2014).

Good enough parenting is usually targeted via parenting interventions or parenting programmes. "Parenting interventions are typically defined as advice and treatment offered to parents with the primary aim of supporting children's social, emotional and intellectual wellbeing." (Asmussen et al. (Early intervention foundation), 2017, p. 10; See section 3.8.2).

The recent focus on parenting ability unveiled from the review of the literature, led to this research to focus specifically on targeted support for parenting ability under the Troubled Families Programme (See section 1.3.1 also). Therefore, the research endeavours to explore: the topic of parenting ability via the modification of the primary research question offered by the local authority (See section 1.5.1), what good enough parenting ability looks like from within the targeted early help systems of support, whether targeted support can help encourage positive parenting behaviours and what/how these outcomes look like. The aims and objectives of the research were developed to include a specific focus on parenting ability based targeted early help due to the (political) emphasis on parenting ability unveiled from this review of the literature.

3.8.1. Targeted early help and Troubled Families Programme

The Troubled Families Programme is a government programme aiming to deliver intensive support for vulnerable or 'troubled families' (See sections 1.4.7 and 2.5).

The Working Together (Department for education, 2018a) statutory guidance for agencies advises that a typical early help offer will include a variety of intensive support such as: parenting programmes, improving family functioning, providing support relating to health, complex safeguarding for issues such as Child Sexual Exploitation, and help for problems relating to abuse/conflict, drugs and/or alcohol misuse. Moreover, the loose guidance on the Troubled Families Programme means the ways programmes are implemented across local authorities varies greatly and henceforth so do the outcomes achieved by children, young people and families (Parr, 2017; White and Day, 2016; Research in Practice, 2022). A report from Suffield et al. (2022), has revealed that local authorities have embedded the Troubled Families Programme (now Supporting Families), into their early help systems of support differently. The local authority embedding of the Troubled Families Programme into their early help systems of support is based

on a continuum where at one end the Troubled Families Programme has become mainstream and devolved, whereas at the other end of the continuum the Troubled Families Programme is delivered via a more structured and targeted approach. However, their report uncovered that most local authorities have adopted a hybrid approach of the two.

The provision of support provided under the Troubled Families Programme include pre-school services such as Children's Centre Services, health support such as the provision of the health visitor and more targeted support services for children, young people and families (Hayes (Children, Young People and Now), 2019), such as the Family Service. Despite the various forms of support delivered under the Troubled Families Programme, the Department for communities and local government (2012b, p. 15) states that the provision of support should be based on the principles of: a dedicated keywork or case manager, the delivery of practical 'hands-on' support, a persistent and assertive yet challenging approach, a whole family approach, and a relevant plan of action agreed by all parties.

The Troubled Families Programme is the latest version of a Family Intervention Project (Hogget and Frost, 2018). However, the evidence-base regarding the effectiveness of family intervention projects such as the Troubled Families Programme is ambiguous. The Troubled Families Programme has been criticised by Crossley (2015) as having a lack of supporting evidence and points out a number of issues with the Troubled Families Programme, including concerns regarding the effectiveness of the underpinning family intervention projects (e.g., Department for education, 2011), which can be seen as a political strategy to engage the public in an almost perfect government policy/initiative. Cairney (2019) argues that policy makers were 'imaginative' with their use of evidence to support and inform such policies, resulting in policy failure.

In a similar respect, the discourse and tone of the Troubled Families Programme has come under a large amount of criticism within the academic literature. The Troubled Families Programme is seen as highly politicised, and research emphasises that the political discourse surrounding the blaming of families has once again been placed on families for their adversities and struggles (Lambert, 2019). It has been suggested that the Troubled Families Programme places individual blame on families for their 'troubles' and ignores societal factors (Bunting et al., 2017). The Troubled Families Programme has been criticised as being intrusive, coercive and controlling, especially when parents were responsibilised for their out-of-control child/children (Parr, 2011). According to Bond-Taylor (2016) the responsibilisation of families under the Troubled Families Programme only reinforces and develops into an inevitable cycle of families feeling powerless about their struggles. (See section 2.5.2 also)

There is a misalignment or dissonance between the government views and perceptions of 'troubles' faced by children and young people and the actual discourses of children and young people 'troubles' whilst receiving support under the Troubled Families Programme. Research suggests that the adversities, struggles and 'troubles' faced by families are more nuanced than the policy and political discourse suggests (Bunting et al., 2017), highlighting the importance of including the voice of the child in research (Wenham, 2017) to sufficiently identify and address their needs. Likewise, it has also been noted in the literature how the complex health needs of children and young people (often effectively identified and addressed) under the Troubled Families Programme, contributes to a large proportion of service users and is often ignored in the discourse, language and tone of the Troubled Families Programme policies (Boddy et al., 2016). Therefore, it is suggested that professionals need to 'consider the day-to-day realities' of families with multiple, complex needs and lives such as those enrolled onto the Troubled Families Programme (Morris, 2013).

Research suggests that the key component to a positive experience with intensive family support services, such as those delivered under the Troubled Families Programme, is the relationships between professionals and children, young people and families (Mason, 2012). This relationship building is essential to help families engage and maintain engagement with intensive/targeted early help services and interventions, as positively viewed professionals are significantly associated with transformative and meaningful outcomes for children, young people and families (Brandon et al., 2015; Bunting et al., 2017). Furthermore, research has unveiled that children, young people and families prefer intensive family support over support from children's social care - due to the stigmas associated to children's social care - and as a result can become empowered and their social networks can also be improved (Hoggett and Frost, 2018). However, Collier and Bryce (2021) suggest that intensive family support often ignores the trauma and Adverse Childhood Experiences experienced by children, young people and families.

The emotional demand of the key worker role (under the Troubled Families Programme) has been identified within the literature (Brandon et al., 2015). Hargreaves et al. (2018) refers to the resultant emotional demand on key workers as 'contingent coping' as they struggle to 'make policy work' in real life owing to the need to meet both service user's needs (in a time of austerity and pressure) and organisational pressures.

Those with the most complex needs under the Troubled Families Programme are found to have multiple, wide-ranging and complex needs (Hayden and Jenkins, 2015). The mean number of issues (Troubled Families Programme indicators) faced by service users ranged between 0 – 28, upon entry the average was 7 problems, reducing to an average of 5 when exiting the service (Whitley, 2016). However, it has been noted in the literature that there are difficulties in

quantifying the intended outcomes of the Troubled Families Programme (Suh and Holmes, 2022) and as a result, early help and Troubled Families Programme outcomes are typically based on the political emphasis of the early help agenda (Hudson, 2005) and fail to both measure and include the voice of service users (La Valle et al., 2019).

This section of the literature review has revealed the need for more research looking into the perspectives, experiences and outcomes of those accessing targeted early help for parenting ability under the Troubled Families Programme (research objective two) and the supports and barriers to achieving positive outcomes for children, young people and families, from the perspective of a variety of various stakeholders in the system (research objective three).

3.8.2. Responding to parenting ability: Parenting programmes

Parenting programmes usually aim to improve: parenting skills, the quality of parenting, understanding, confidence, emotional health, child behaviour and thus development. Parenting programmes have been defined as "advice and treatment offered to parents with the primary aim of supporting children's social, emotional and intellectual wellbeing" (Asmussen et al., 2017, p. 10). Parenting programmes are typically available at every level of early help need. Universal parenting programmes cover a wide range of topics such as behaviour, sleep, health and nutrition, and vary greatly in their delivery such as: programme length and method of delivery. However, the Troubled Families Programme commissions a range of longer, structured and intensively adapted parenting programmes for more complex, interrelated issues such as anti-social behaviour, domestic abuse, school participation, etc. (Hayes, 2021).

Parenting ability can be targeted through a variety of support approaches under the Troubled Families Programme: intensive family support, home-based visiting programmes, parenting programmes and community-based approaches. It likely that more than one form of intervention would be needed to sufficiently support vulnerable families with multiple and complex needs on the Troubled Families Programme (Asmussen et al., 2017), but parenting programmes are the most common interventions for parenting ability concerns. National Institute for Health and Care Excellence (2017) recommend parenting interventions that are based on social-learning theory and further recommend the use of parenting programmes and home visiting programmes.

The Working Together (Department for education, 2018a) guidance states that any interventions such as parenting programmes, must have a strong evidence based regarding their effectiveness at improving outcomes for children, young people and families. In conjunction with the Troubled

Families Programme, the Early intervention foundation recommends and provides the details of 23 evidence-based parenting programmes that not only have been found to improve outcomes for children, young people and families, but also align with the anticipated outcomes of the Troubled Families Programme (Asmussen et al., 2017). Examples of such parenting programmes endorsed by the Early intervention foundation, for use with vulnerable families under the Troubled Families Programme include: Triple P (aka Positive Parenting Programme: Sanders, 1999) and Incredible Years (Webster-Stratton, 2001). However, it has also been noted in the literature how when evidence-based parenting programmes are rolled-out in real life, the results often do not reflect those found in efficacy trials (Axford et al., 2012).

Furthermore, the Working Together (Department for education, 2018a) statutory guidance does not state the quality or types of research that can be used by local authorities to evidence their use of specific support and parenting programmes, which could mean that the supporting evidence is not of a high quality. For example, although the Triple P parenting programme is advocated by the Early intervention foundation, the evidence underpinning parenting programmes such as Triple P has been criticised in the literature by Wilson et al. (2012) who argue that (small) positive results are often selectively reported in abstracts and this reporting bias is often as research is influenced by 'affiliated personnel'. Wilson et al.'s meta-analysis also reveals a resounding lack of evidence to support the effectiveness claims of Triple P.

Furthermore, it is however important to note that there are methodological challenges associated with evaluating the effectiveness and impact of both early help services and parenting programmes. For example, the lack of a control or comparison group makes it hard to attribute the 'success' or 'effectiveness' of the interventions/help, to the early help service or parenting programme and could instead be a result of other factors. The lack of a control/comparison group therefore means that a randomised controlled trial design can often not be performed to isolate and determine the impact of the intervention/help. There is of course an ethical and moral argument for the lack of a comparison/control group in research which evaluates interventions and services, as it would not be ethically appropriate to remove the availability of early help services for vulnerable families for the purpose of research. Therefore, to overcome this moral dilemma researchers have used a waiting-list control group to compare to an intervention group (e.g., Edwards et al. (2007), Edwards et al. (2016), Wilson et al. (2012)). However, a waiting-list control group also makes it hard to determine the long-term impacts of early help services/parenting programmes as the waiting-list control group eventually too receives the intervention, thus making post-comparisons impossible (Wilson et al., 2012).

Intensive parenting programmes are delivered individually or in groups, usually last between 8 – 12 sessions, and typical activities consist of: group discussions, role play, demonstrations and

parental homework. As parenting programmes cover a wide range of topics and subjects, the outcomes of parenting programmes that can be achieved by children, young people and families also widely vary accordingly. Systematic reviews and meta-analyses have demonstrated that evidence based parenting programmes have been demonstrated to be effective in influencing a variety of positive outcomes such as: the prevention of child maltreatment (Chen and Chan, 2016), a decrease in problematic child behaviours (Gardner et al., 2016; Spencer et al., 2020), parenting skills and parental mental health (Furlong et al., 2012), parental wellbeing (Nunes et al., 2021), child emotional and behavioural adjustments (Sanders et al., 2014), positive parenting (Spencer et al., 2020), sibling interactions (Leijten et al., 2021), the prevention of bullying (Chen et al., 2021), and child conduct problems (Reading, 2009).

Positive parenting outcomes that can be achieved from parenting programmes include: displaying positive parenting behaviours and practices, a reduction in mental health difficulties and improved family relationships. On the other hand, positive child outcomes from parenting programmes include: a reduced risk of parental harm or neglect, improved home and school behaviours and an increase in emotional wellbeing (Asmussen et al., 2017). The authors note how the short-term outcomes for parenting programmes typically include: a reduction in parental stress, an increase in parental confidence and positive parenting, and an improvement in child behaviour/wellbeing. On the other hand, the long-term outcomes for parenting programmes typically include: improved child and adult emotional wellbeing, an increase in school engagement, family tranquillity and an overall reduced risk of risky and/or anti-social behaviour (Asmussen et al. (Early intervention foundation), 2017).

3.8.2.1. Factors influencing engagement in parenting programmes

Although general barriers to engagement for early help services were identified earlier in the chapter (See section 3.7), there are also specific barriers for children, young people and families that can influence and impact engagement with/in parenting programmes. Research highlights the crucial ingredients required to ensure parental engagement in parenting programmes consist of: the recognition of the need for support, the ability to overcome the feelings of being an inadequate parent and the stigma associated to accessing services. However, this needs to be coupled with professionals: recognising these aforementioned struggles faced by families, having local knowledge of the services/support available and motivating parental engagement in parenting programmes (Khan et al., 2013). These findings are echoed by Pote et al. (Early intervention foundation, 2019), who found that barriers influencing parental access to and engagement in parenting programmes include:

- A lack of awareness on the available support (services)
- A lack of recognition regarding the need for support
- Physical obstacles accessing interventions e.g., lack of childcare, venue location
- The personal challenges associated to seeking/accepting help e.g., parental ill mental health
- Specific barriers relating to accessing help as a couple e.g., the view that relationships are private, and help will not be sought until the family reaches crisis point
- Low socio-economic status, ethnicity, gender and mental health can hinder engagement of individuals receiving intensive parenting support

Further barriers to parenting programme engagement identified in the literature includes: a fear of judgement in accessing services, parents not wanting to be told how to parent, a lack of support network, the busyness of families' complex lives and a lack of personalised delivery (Gaffney et al., 2021). This suggests that the barriers to access and engagement for children, young people and families need to be taken into consideration and addressed to help families achieve positive outcomes when engaging in early help services/parenting programmes. However, factors influencing continued engagement and the retention of parents also require consideration. For example, parents are more likely to disengage with parenting programmes when they were seen as unhelpful or progress wasn't seen immediately (Friars and Mellor, 2009; Smith et al., 2015), reinforcing the need for relevant support and advice from parenting programmes, that effectively meet and address the needs of children, young people and families in the area. Parenting ability based interventions require a positive relationship with professionals or other families for them to be successful, as relationships and the resultant therapeutic alliance, form the core values of social work practice (Vseteckova et al., 2021). It is suggested that screening parents for before parenting programmes to assess their openness, commitment and accessibility to the intervention alongside the change required to see effective results, can increase attrition and retention (Furlong and McGilloway, 2015).

This portion of the literature review has demonstrated the need for more research into the perspectives and experiences of parenting ability based targeted early help services (research objective two) and more research is also needed to explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire – which includes factors that influence access, the real life experiences and the experienced outcomes, as experienced by a variety of stakeholders – (research objective four). Moreover, this section of the literature review indicates the need to map out a system of support for achieving positive outcomes (research objective five) owing to the ambiguous nature of the Troubled Families Programme, parenting programmes and parenting ability support.

3.9. Gaps in the current literature

Despite a government emphasis on an early help agenda and early help services over the past couple of decades, the evidence base from research in the United Kingdom is at a relatively early stage (Early intervention foundation, 2018). Indeed, there is international research emerging from within the literature regarding the impact and effectiveness of early help and early help services. However, the Early intervention foundation (2018) suggests that international research, from outside of the United Kingdom cannot be generalised to the United Kingdom, as early help programmes in other countries do not always work in the United Kingdom and therefore conclusions drawn from international research needs to be taken with caution. For example, research that has examined the cost-effectiveness of early help for reducing crime involvement across the United States cannot be readily applied to the United Kingdom, as the United States has a significantly higher proportion of incarcerated individuals in comparison to the United Kingdom population (e.g., Stevens, 2011; Little and Edovald, 2012). This therefore makes their projections of cost savings and cost-effectiveness less applicable to the United Kingdom, owing to the significant discrepancy in population sizes.

Within the international literature, there is sparse research which has examined the long-term outcomes of early help in child protection and there is a clear need for more research to address the longitudinal effects of early help services on child protection risk, especially with their involvement in early help services. One longitudinal study has been performed within the United Kingdom which has examined the risk factors which can be associated with child maltreatment (Sidebotham et al., 2002). Their findings suggest that social factors can be attributed to the cause of child maltreatment. The greater the deprivation the higher the risk of child maltreatment. Early help is needed to support families and prevent an escalation of family problems. This research has however come under criticism as a few limitations regarding the research design were highlighted. For example, there was an under representation of poorer families within the sample, due to the voluntary enrolment in the study and the sample of participants were only taken from across one local authority (Bilson and Martin, 2017).

Moreover, research has not yet examined the legitimacy and reliability of early help programmes for child protection and there is insufficient evidence regarding the effectiveness of practice among early help services (Luckock et al., 2015). Furthermore, research is needed to explore the effectiveness of step-down plans as no research has yet examined the effectiveness of early help services in reducing the need for statutory investigations and interventions by wellbeing improvement. In addition, no research has examined the withdrawal from early help and early help provided to children in and coming out of care (Bilson and Martin, 2017) and more research is needed to examine step down plans through early help services.

A report from the Early intervention foundation (2018) also outlines and examines the large gaps in the United Kingdom early help literature, which are yet to be addressed:

- The effectiveness/impact of early help for families with more complex needs e.g., targeted early help.
- The effectiveness/impact of early help services as a whole systems approach, including the impact of early help on other systems, e.g., children's social care.
- Focusing on improving outcomes for children, not parents (child-centred approach).
- High quality local level evidence of early help.
- A deeper understanding of effective practice among early help service providers and effective ways to build a system of support.

Overall, this review of the literature suggests that more research is needed to examine whether good intentions as encompassed in government policy, early help initiatives and targets, are effective in promoting positive outcomes for children, young people and families. There is conflicting evidence in the literature surrounding the effectiveness of early help services and parenting programmes for children, young people and families in social work and because the evidence for early help in the United Kingdom is at an early stage, large gaps in the literature remain (Early intervention foundation, 2018). Therefore, high quality research is needed to explore and understand: the outcomes and experiences of targeted early help, effective practice of targeted early help service providers and the impact of early help services as a whole systems approach. This thesis therefore anticipates bridging these multiple gaps in the knowledge, to influence service delivery/configuration of parenting ability based early help in Nottinghamshire for children, young people and families, in light of the research findings.

The ambiguous nature of parenting ability based early help under the Troubled Families Programme suggests that more research is needed to examine the effectiveness of targeted early help. Chapters two and three have demonstrated criticisms for the arguments underpinning early help, the outcomes of early help services/Troubled Families Programme, and other influential factors in the delivery and receipt of early help, alongside contradictory findings from research evaluations on early help, family intervention projects, parenting programmes and the Troubled Families Programme are found within the academic and grey literature. Moreover, a growing emphasis on parenting ability within the policy-based literature suggests that more research is needed to examine the real-life experiences and perspectives of targeted early help for parenting ability within a system of support. Combined these various contradictions, coupled with the gaps in the current literature led to the development of the research question 'Has the early help agenda for parenting ability based targeted early help, helped?'

Moreover, the literature suggests that local research is needed in all local authorities to ensure that the individualised format and provision of services by each local authority (under the Troubled Families Programme) are effective in helping children, young people and families achieve positive outcomes. Although research has been conducted across various local authorities in England, no research has examined the effectiveness, perspectives and experiences of Nottinghamshire's Family Sservice who provide parenting ability support for children, young people and families, making this a novel contribution to knowledge.

3.10. Summary

In sum, this review of the literature has provided an overview of the emergence of an early help agenda and has explored the arguments that underpin early help, alongside the anticipated short- and long-term outcomes that can be potentially achieved. Early help is holistically considered with criticality throughout, and the current knowledge has been outlined that explores further factors influencing positive outcomes that can be achieved via early help, to unveil areas of contention within the literature.

Through this review of the literature a focus on parenting ability - specifically for targeted early help services – was revealed as a political agenda to cover a wide range of difficulties and struggles faced by children, young people and families and has come under heavy criticism within the academic literature. Government initiatives such as the Troubled Families Programme (Department for communities and local government, 2012b) that were essentially designed to address parenting ability, do so via a variety of approaches such as: intensive family support,

home-visiting programmes, parenting programmes and community-based programmes. However, the literature review also highlights the ambiguous and contested nature of family intervention projects such as the Troubled Families Programme, the Troubled Families Programme itself and early help methods utilised to improve parenting ability. Overall, the field of targeted early help and government initiatives, such as the Troubled Families Programme, are positioned as being highly politicised and an ambiguous field.

Furthermore, from the reviews of the literature, gaps in the current academic and grey literature have been identified and explored. The gaps in the literature coupled with the ambiguous nature of targeted early help and the Troubled Families Programme, suggest the need for research in this area and inform the basis of this research. Therefore, having explored the current knowledge surrounding the research topics and having unveiled multiple areas of contention and gaps in the literature, the thesis combines the current knowledge and gaps in the literature to measure and explore the effectiveness of Nottinghamshire's Family Service - who provide (parenting ability based) targeted early help to children, young people and families across the local authority – from a variety of perspectives. This literature review has informed the development of the research question "Has the early help agenda for parenting ability based targeted early help, helped?". The research question will be addressed via the research aims and objectives (See section 4.2) also developed from this literature review – utilising a combination of qualitative and quantitative methods in order to add to the knowledge base regarding parenting ability based targeted early help, under the Troubled Families Programme.

The following chapter of the thesis concerns the methodology and methods employed to address the research question.

Chapter 4. Methodology

4.1. Introduction

This chapter provides detailed information regarding the methodology and methods used for the research. The aims and objectives of the research are presented, followed by the justifications for the chosen conceptual framework and the philosophical positionings are outlined. The mixed methods research design is then thoroughly explored, including the qualitative and quantitative methods used, the research process, participants involved, the sampling strategies employed, the data collection methods chosen, and data analysis techniques used. Overall, this chapter explores what was done, how it was done and justifications for why it was done.

4.2. Research aims and objectives

Combining the findings from the literature reviews (See Chapter 2 and Chapter 3) and discussions with the local authority (See section 1.5.1), the primary research question "Has the early help agenda for parenting ability based targeted early help, helped?" was answered via the following aims and objectives throughout the thesis:

Research Aims:

- To explore whether and to what extent targeted early help services for parenting ability across Nottinghamshire (the Family Service), is contributing towards better outcomes for children, young people and families.
- To develop an understanding of what/how these positive outcomes look like from within the different system(s) of support embedded within Nottinghamshire's early help services (the Family Service), from the different perspectives of practitioners, children, young people and families and further stakeholders in order to influence an evidence informed approach to service delivery/configuration and the timing of early help services for parenting ability.

Research Objectives:

1. To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.
2. To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system.

3. To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families.
4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.
5. To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting ability based early help, including any timing issues and potential gaps in the current system.

4.3. Conceptual framework

"A conceptual framework is an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous." (Ravitch and Riggan, 2016, p. 5). Possible conceptual frameworks for this research included theories of development (such as Piaget, 1976), theories of change (such as the transtheoretical model (DiClemente and Prochaska, 1998)), theories underpinning social work practice (e.g., Langer and Lietz, 2014) and other systems theories (such as Lemke's (1995) eco-social system theory). However, Bronfenbrenner's (1977, 1979) ecological systems theory (See section 1.7) was chosen as the conceptual framework within this research for a number of reasons. Firstly, Bronfenbrenner's approach is an appropriate and authentic framework to encompass early help services as part of a larger system using a systemic approach making it highly relevant to the population being studied. It allows researchers to understand individuals within the context of their environment and provides researchers with the tools to understand and research complex environmental systems in which a person sits (Lerner, 2005). As Langer and Lietz (2014, p. 53) explain it provides "a more holistic approach that considers how systems in the environment can maintain or even exacerbate social problems." This makes the ecological systems theory ideal for this research, by uncovering the complex social processses and interactions that result in families requiring early help for parenting ability and that are needed to effectively embed the early help support provided. Thus, the ecological systems theory was also used to guide the approaches to sampling (See section 4.7).

Similarly, the ecological systems theory also allows for the understanding of the complex nature of social problems and issues (Langer and Lietz, 2014), and the model easily applies to the structure of early help services. Early help is nested within a series of interacting systems (Bronfenbrenner, 1977), therefore adopting a holistic systemic conceptual framework was necessary to understand the effectiveness of early help, owing to the complex nature and structure of Nottinghamshire's early help systems of support. As Bronfenbrenner's ecological

systems theory considers the physical, social and cultural aspects of environment that impacts a child's development, it can be seen as a holistic framework (for social workers) as it takes into account these influential factors (Langer and Lietz, 2014).

It is important to understand early help services as a part of a system rather than as a single system/service. Even though early help services should be seen as part of the wider early help systems of support, the Family Service are a system within itself. Therefore, early help services need to be embedded in their 'systems' to fully understand them, where the Family Service teams consisted of case management teams, intensive teams and interventions teams (See section 1.4.5). However, it is also important to understand the role of early help professionals within the systems that they work in and/or with and the Family Service frequently work alongside many other services e.g., schools, children's social care, the multi-agency safeguarding hub. Nonetheless, the ecological systems theory provides researchers a framework to explore the influence of different systems and the interactions between them (Twintoh et al., 2021). Therefore, Bronfenbrenner's ecological systems theoryallowed for an understanding of how these systems interact and influence each other and perhaps more importantly, it also compliments the diverse nature of early help services and multi-level practices within early help. Overall, Bronfenbrenner's ecological systems theory allowed for a deeper understanding of the wider context of practice, policies and funding which influence the early help systems of support and the individuals who receive early help support and professionals who work within these systems.

The ecological systems theory was also relevant to this research as early help and early help services are governed by policy and legislation, which are ultimately affected and influenced by societal and global issues. Early help services in social work are also governed by child protection laws such as those outlined in Chapter 2 and are by their nature, also greatly influenced by children's social services. Furthermore, as outlined in section 3.5, it is established in the literature that early help services will be undoubtedly affected by funding gaps and resultant cuts to their services, which greatly influences and impacts the early help services available for children, young people and families. Therefore, the systemic nature of this framework also allowed me to recognise the challenges/difficulties originating from the macrosystem and chronosystem, that greatly influences early help service delivery (for parenting ability) and impacts all other systems in the ecological systems theory framework, which can ultimately impact child development.

Finally, ecological systems theory has been applied to study a variety contexts and subjects as it can offer meaningful insights into social phenomena (e.g., Eriksson et al., 2018; Paat, 2013; Pittenger et al., 2016; Noursi et al., 2021; Chandler et al., 2011) and it is a useful framework for conceptualising theory (Bronfenbrenner, 1992). Furthermore, the ecological framework allows for social change to happen, including changes in social policies (Langer and Lietz, 2014), which is

suited to the aims and objectives of the research. Moreover, Bronfenbrenner's ecological systems theory (1977; 1979) is an established framework within the social sciences literature in general (e.g., Duerden and Witt, 2010; Leonard, 2011; Hong and Eamon, 2012; Farineau, 2016; Bluteau et al., 2017; Eriksson et al., 2018; Snyder and Duchschere, 2022; among others) and more specifically, in the social work literature (e.g., Eamon, 2001; Ungar, 2002; Darling, 2007; Langer and Lietz, 2014; Paat, 2013; Schweiger and O'Brien, 2005; Williams, 2016; Algood et al., 2013; Martinello, 2020; Galvani, 2017) and the mixed methods literature also (Onwuegbuzie, 2013). Additionally, Bronfenbrenner's ecological systems theory reflects the core principles and foundations that underpins social work practice by reflecting the "person-in-environment perspective" and it is still used to inform current social work practice (Langer and Lietz, 2014, p. 30), making the ecological systems theory a suitable framework to guide this research.

Critical evaluation of the conceptual framework is provided in section 8.4.1..

4.4. Philosophical positioning

4.4.1. Pragmatism

According to Tashakkori and Teddlie (2010), the paradigm wars started as early as 300-600 BC, dating back to philosophers such as Plato, Socrates and Aristotle. By their nature paradigms have different ontology, epistemology and methodology (Gubba, 1990) and can therefore be qualified by their epistemology, ontology and methodology. Pragmatism emerged as a consequence of the paradigm wars between positivism and constructivism.

The pragmatic paradigm is a worldview that is flexible in nature, focusing on "what works" rather than what might be considered absolutely and objectively "true" or "real". Rather than answering research questions based on theoretical considerations, pragmatism advocates answering research questions sensibly and realistically, as to be practical. Tashakkori and Teddlie, (1998, p. 20) refer to this as the "dictatorship of the research question". Unlike traditional positivist and interpretivist paradigms, the pragmatic paradigm eliminates epistemological and ontological underpinnings in favour of using the most suitable methods, to address the research aims and objectives (Becker et al., 2012). Rather, pragmatism is concerned with the practical aspects of research, the context, and potential consequences of the research (Tashakkori and Teddlie, 2010). Pragmatism argues that the research question(s) should be of importance to the world (Morgan, 2007).

Pragmatism adopts "synechism" which is an anti-dualistic stance, where the world is viewed as a continua rather than binaries. As a result of this synechism pragmatism acknowledges the importance of both positivist and interpretivist assumptions and positionings, and therefore

values both objective and subjective knowledge (Feilzer, 2010). Pragmatism allows researchers to objectively measure via data collection and analysis, whilst also offering subjective interpretations and reflections throughout the research (Shannon-Baker, 2016). Mixed methods embrace subjective reality, intersubjective reality and objective reality (Tashakkori and Teddlie, 2010). This intersubjectivity of pragmatism does not limit researchers to one paradigm (Tebes, 2012), as pragmatism values inductive and deductive thinking (Tashakkori and Teddlie, 2010). Pragmatism bridges the gap between the two paradigms allowing researchers to effectively answer mixed methods research questions (Denzin, 2010). Therefore, pragmatism is considered by some as the "philosophical partner for the mixed methods approach" (Denscombe, 2008, p. 273). Pragmatism provides a set of assumptions that underpins a mixed methods approach and a practical method of inquiry for doing so (Johnson and Onwuegbuzie, 2004).

Adopting one of the traditional paradigms (positivist or interpretivist) would not have been suitable for my research owing to the complex nature and organisations of the early help systems of support across the local authority. Employing a positivist approach alone to explore early help services would mean limiting the research design to objective exploration of parenting ability based early help services across Nottinghamshire and eliminating the subjective experiences of parenting ability based early help from service users and service providers. Similarly, employing an interpretivist approach would mean eliminating the objective exploration of early help. Adopting the pragmatic paradigm allowed me to overcome the weaknesses associated with each position (Creswell and Plano Clark, 2011; Johnson and Onwuegbuzie, 2004) and provided the flexibility required for me to obtain both objective knowledge and subjective lived experiences of Nottinghamshire's Family Service. Indeed, some scholars suggest that pragmatism can and perhaps should be used in 'real world' situations (Yvonne-Feilzer, 2010), by providing explanation through positivism and understanding through interpretivism of social phenomena (Morgan, 2007).

Furthermore, researchers suggest that pragmatism can and should be used in social work research. Kaushik and Walsh (2019) argue that pragmatist underpinnings in social work research can engage and empower marginalised or oppressed communities. Moreover, when used in social work research, pragmatism can produce novel theoretical insights (Koenig et al. 2019), can address research objectives and create socially useful knowledge (Yvonne-Feilzer, 2010) and can be used to support decisions surrounding evidence informed practice, that has implications for both social work practice and policy alike (Plath, 2013; Garces, 2021), which is ideal for this research.

4.5. A mixed methods approach

4.5.1. Rationale for Mixed Methods Research

Traditionally, the definitions of mixed methods research vary greatly (Tashakkori and Teddlie, 2010) but, in general a mixed methods approach is the integration of quantitative and qualitative approaches or methods into the research design (Leech, 2010; in Tashakkori and Teddlie, 2010).

A mixed methods research design was chosen as quantitative methods and methodologies would not have been sufficient alone in addressing the research aims and objectives. Quantitative methods alone would not allow me to gather in-depth information, experiences and opinions (e.g., Becker et al., 2012) from both service users, service providers and stakeholders reflecting the actors within Bronfenbrenner's systems, whereas this can be addressed using qualitative methods. Likewise, qualitative methods and methodologies used in isolation would not have been enough as generalisations cannot be drawn from the qualitative data. Furthermore, qualitative methods would not allow me to gather information regarding the outcomes of a large number of previous service users over a long period of time. Therefore, the use of qualitative and quantitative approaches meant that the objective and subjective elements of parenting ability based early help could be explored.

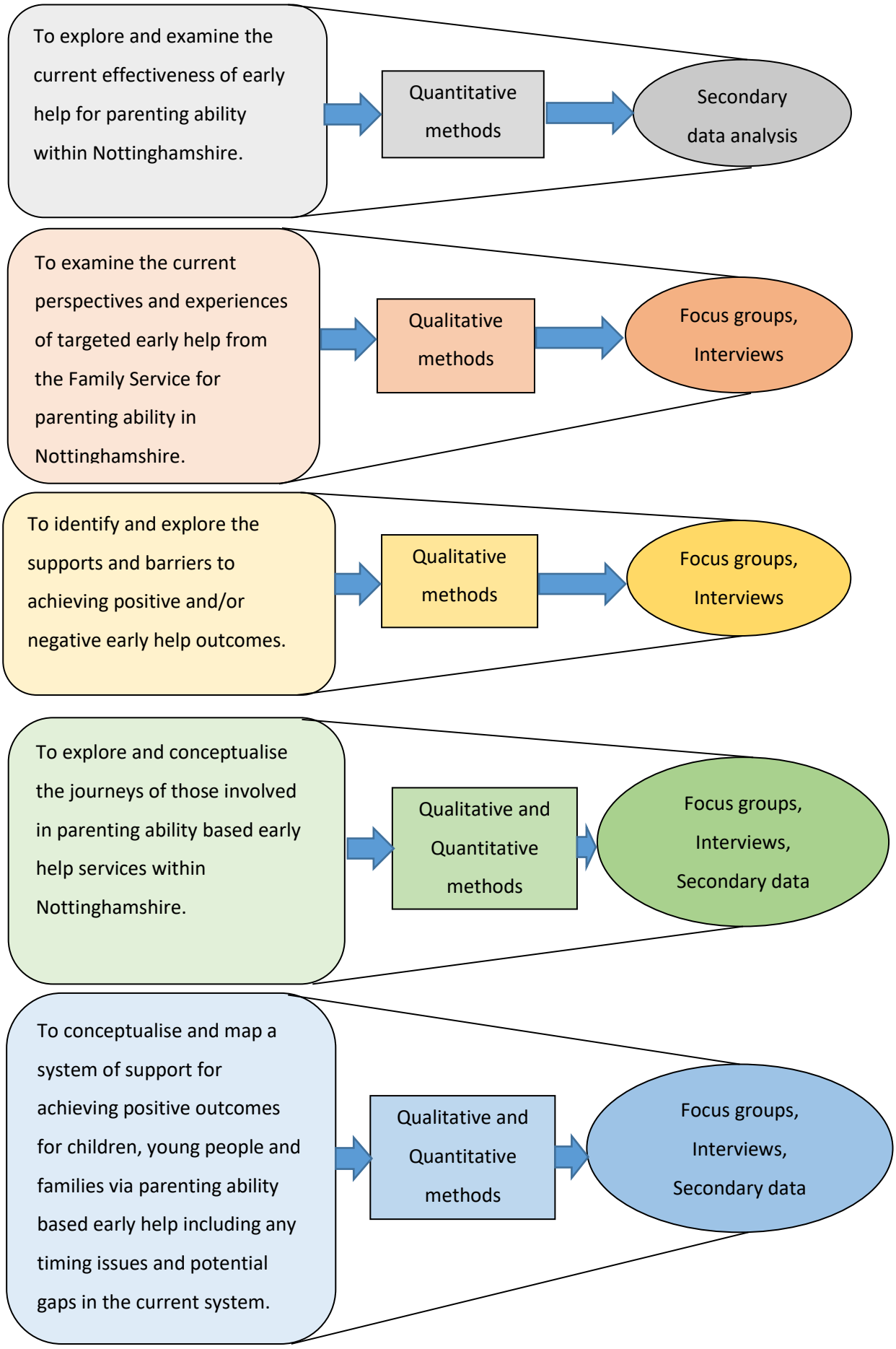
In mixed methods research, methods are combined to gain their individual strengths and eliminate single method weaknesses (Henn et al., 2009), by employing the use of a different method. Although mixed methods research can be time consuming (Creswell, 2014, p. 40), combining findings of each research method allows researchers to develop a greater understanding of phenomena than would be possible by using just one approach alone, quantitative or qualitative (Creswell and Plano Clark, 2007; Creswell, 2014). Therefore, mixed methods research can improve data accuracy and can help produce a more complex research and findings (Denscombe, 2008). As mixed methods research can provide a holistic view of social phenomena across multiple lenses and perspectives (Creswell, 2014; Creswell and Plano Clark, 2007) employing mixed methods provided me with a complete overview of early help, from the different angles and perspectives from within the various ecological systems surrounding the child.

Creswell (2009) claims that mixed methods research is appropriate to explore and explain complex social phenomena and research questions/topics that require a combination of approaches to effectively address them. As the aims and objectives of this research were both explanatory and exploratory in nature, this meant that they were mixed methods aims and objectives, in which mixed methods research was required to address them. Mixed methods research was conducted as the research aims and objectives dictated in doing so (Bronstein and

Kovacs, 2013). Figure 4.1 outlines the research objectives and the combination of methods needed and thus utilised to address each research objective.

Figure 4.1

Method(s) used for each research objective



Mixed methods research can be of a high quality and complex inferences can be drawn from it (Rauscher and Greenfield, 2009). Furthermore, mixed methods research can also encourage social change within policy and practice, as a combination of methods will add validity and rigor to the research design, allowing for 'hard to reach' populations to be heard (Henn et al., 2009), which is necessary for this research.

Therefore, mixed methods allows for researchers to validate, compare and contrast the findings obtained from quantitative and qualitative methods. Combining the findings from mixed methods approaches helps to explain findings or how causal processes work (Clark et al., 2021). Similarly, integrating the quantitative and qualitative components of mixed methods research can produce novel insights to the data and findings that would not be uncovered when interpreting the individual components alone (Creswell and Tashakkori, 2007). These novel insights are referred to as meta-inferences (Tashakkori and Teddlie, 2008). Meta-inferences are found during the integration of the qualitative and quantitative data.

Although mixed methods research involves the combination of qualitative and quantitative approaches, one important feature of the mixed methods research approach is the integration of data (Bryman, 2016; Clark et al., 2021). If this does not take place the research cannot truly be seen as mixed methods research (Bryman, 2006). Furthermore, in mixed methods research, the validity and reliability of the findings depends on the integration of data (Clark et al., 2021). Data integration is used to compare and contrast findings from the quantitative and qualitative methods, but there are no established rules/criteria on how to do this (Clark et al., 2021; Creswell, 2014).

According to Fetters et al. (2013) there are three 'levels' at which data can be integrated: at the design level, the sampling level, and at the integration/reporting level. When applied to this research, integration at the design level is outlined in section 4.5.2. Integration at the methods level occurred as both participants for the quantitative and qualitative methods were taken from the same database (the Business Intelligence hub; See section 4.6.4.1). Integration at the interpretation and reporting level for this research displayed in Chapter 7 via discussions and joint displays regarding the fit of data integration.

However, it should be noted that, mixed methods research has been criticised for essentially being a product of pleasing funding bodies with the design of the research, rather than as a result of sensibly and accurately integrating research approaches and methods (Giddings, 2006). Furthermore, the use of both approaches (quantitative and qualitative) does not guarantee the production of high quality and meaningful mixed methods findings (Creswell, 2014).

It is also argued in the literature that methodologies cannot be combined in their philosophical stances (Tashakkori and Teddlie, 2010), owing to their innate epistemological and ontological positions (e.g., Lincoln and Guba, 1985). However, the idea that methods are inevitably associated with certain assumptions regarding knowledge must be questioned– they are not fixed nor deterministic and they do not determine one another (Clark et al., 2021). Therefore, this view can perhaps now be seen as outdated; it is a stereotype that philosophies are linked to methodologies, where positivists utilise quantitative methods and interpretivists utilise qualitative methods (Clark et al., 2021).

4.5.1.1. The use of mixed methods research in social work rand early help research

Both quantitative and qualitative methods can advance social work knowledge (Plath, 2006) and there is now an established evidence base in social research that has utilised and accepted mixed methods research (Clark et al., 2021). Furthermore, it has been suggested that qualitative and quantitative methods can and should be combined to measure outcomes and effectiveness of complex policies such as the Troubled Families Programme both locally and nationally (Parr and Churchill, 2020).

Padgett (2008) has highlighted the three primary reasons why mixed methods research is utilised in social work research: (a) triangulation, (b) complementarity and (c) expansion. A brief explanation of each rationale is provided below:

(a) The triangulation of data refers to the idea that mixed methods research can produce more valid conclusions by utilising quantitative and qualitative approaches by comparing, contrasting and integrating findings from both approaches (Plano Clark and Ivankova, 2016), in order to answer the same research question (Chaumba, 2013). Complementary findings across the approaches indicate valid findings and discrepancies require further investigation (Creswell and Plano Clark, 2011). Although data integration can also reveal inconsistent findings across the methods (Uprichard and Dawney, 2019), it could be argued that if epistemologies of qualitative and quantitative approaches are different (and should not be combined in mixed methods research), differences in findings between approaches would be expected (Clark et al., 2021). Nonetheless, triangulation can help researchers maximise the conceptualisation of theory from quantitative and qualitative approaches (Flick, 2018).

(b) Complementarity refers to the use of mixed methods to obtain complementary results using different approaches to phenomena, in order to make more rounded conclusions

(Plano Clark and Ivankova, 2016). Complementarity is used by integrating approaches to address different research objectives (Bryman, 2006). Complementarity also allows for a more complete, holistic view of social phenomena (Reid, 1994) such as early help. Useful social work knowledge is unlikely to be brought about by using a single quantitative or qualitative approach, as it does not reflect the complex nature of social work practice (Menon and Menon, 2010). Therefore, the mixed methods approach also appropriately aligned to the core principles of social work.

(c) Expansion refers to the use of different methods to answer different research objectives or questions in order to expand the breadth of a study by answering more research questions to address the aims and objectives (Chaumba, 2013). Expansion from the mixed methods approach can provide a deeper theoretical understanding from the two perspectives (Bronstein and Kovacs, 2013). Furthermore, mixed methods research can provide a unique insight into social work interventions that would not be possible using one approach (Engel and Schutt, 2014). Therefore, expansion allowed me to build on, confirm, expand, and provide generalisability to a larger population of early help service users and providers via qualitative then quantitative methods.

4.5.2. Mixed methods research design

There are various ways in which mixed methods studies are classified (Clark et al., 2021). Perhaps a more traditional approach to classifying mixed methods research designs has been conceptualised by Creswell (2014). Creswell presents a classification system for identifying mixed methods research designs. Taking this approach, two initial decisions needed to be made. The first decision was to decide how much time would be dedicated towards each of the quantitative and qualitative components of the research design (also known as the sequence decision). Secondly, I had to decide the weight distributed to each approach (also known as the priority decision). This categorisation system of mixed methods research yields a total of 9 possible outcomes that denote the possible different mixed methods research designs. I originally intended to perform the 'QUAL + QUAN' research design, where quantitative data and qualitative data is collected and analysed concurrently, whilst being given equal weight and priority, to triangulate the findings from the separate approaches. However, due to the time it took to prepare the secondary quantitative data (See Appendix 1), taking a pragmatic stance I decided to conduct the qualitative analyses followed by the quantitative analyses. Therefore, the mixed methods research design was altered to reflect this. Thus, utilising Creswell's (2014) classification system, this research followed the 'QUAL -> QUAN' design. That is, qualitative methods were

followed by quantitative methods sequentially and equal weight was given to each component of the research.

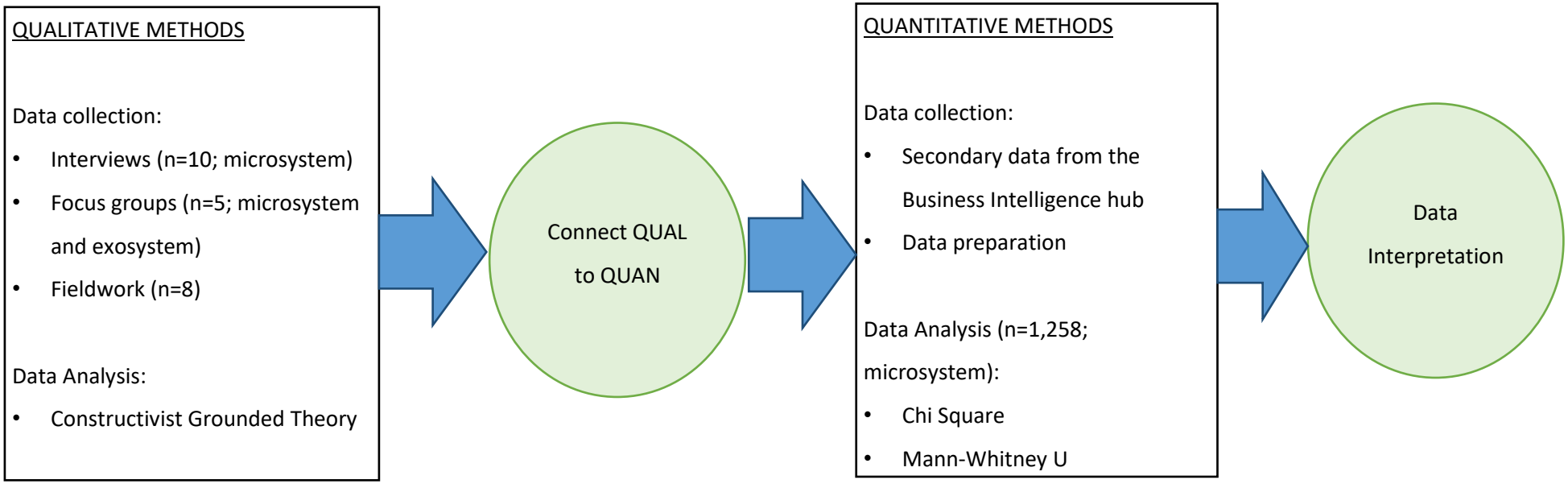
A more contemporary established approach to classifying the mixed methods research has been identified by Creswell and Plano Clark, (2011). They identified the three most common mixed methods research designs, these typologies include:

a) The convergent parallel design: qualitative and quantitative methods that are conducted concurrently and given equal weight and priority
b) The exploratory sequential design: sequentially collecting qualitative then quantitative data to expand on the qualitative findings
c) The explanatory sequential design: sequentially collecting quantitative then qualitative data to provide insight and explanation from the quantitative findings

Utilising Creswell and Plano Clark's (2011) mixed methods research designs, I originally intended to conduct the convergent parallel design. However, as mentioned earlier this was not possible because of the amount of time spent preparing the quantitative data. Therefore, the exploratory sequential research design was adopted for this research. The exploratory sequential design denotes that both the qualitative component of the research was conducted and analysed prior to the quantitative component of the research, and that the qualitative findings informed the quantitative analysis also. The (exploratory sequential) research design for this research is presented in Figure 4.2.

Figure 4.2

The exploratory sequential research design (QUAL -> QUAN) adopted for this research



Within research, the exploratory sequential design can be used for a variety of reasons such as: generating hypotheses, developing research instruments, and assessing the scope and generalisability of the qualitative findings from the quantitative findings (Clark et al., 2021). For this research, the exploratory sequential design was used to inform the quantitative analyses, to assess the generalisability of the findings. The use of the exploratory sequential design means that the design is data-driven and emergent as the quantitative strand is informed by the qualitative strand (DeCuir-Gunby and Schutz, 2017). This mixed methods research design allows for researchers to follow-up, enrich, strengthen, expand on, or clarify findings from qualitative methods with quantitative methods increasing the value, understandings and confidence in interpretations and conclusions (Chaumba, 2013; Tashakkori and Teddlie, 2010). For example, variables in the secondary dataset were developed as a result of the insights into the qualitative findings of the research (See Appendix 1).

A further advantage of utilising this research design, is that it allows researchers to explore (in detail) phenomena with a small sample of participants, whilst also allowing researchers to expand and generalise the findings to a larger population (Plano Clark and Ivankova, 2016). Owing to its two distinct phases, the exploratory sequential research design is easy to predict, conduct and report (DeCuir-Gunby and Schutz, 2017), which makes it manageable for one researcher to execute (Teddlie and Tashakkori, 2009). This provides a further reason for utilising this research deign. However, it is also noted that this research design can be time consuming owing to the sequential nature of the research design (Plano Clark and Ivankova, 2016).

It should be noted that for some scholars, mixed methods research only refers to primary data collection methods used in the study (Clark et al., 2021). However, I decided to include the secondary quantitative data phase as part of the mixed methods design, because of the amount of time spent preparing and analysing the data for this research. Furthermore, having performed and analysed the qualitative data prior to the quantitative data, the qualitative findings therefore inevitably informed the quantitative strand of the research; including the secondary quantitative data analysis as a method in the research design allowed me to acknowledge this.

4.6. Research design phases

The research aims and objectives were achieved using a mixture of complementary qualitative and quantitative methods of data collection outlined in this section.

4.6.1. Focus groups

Focus groups have been defined by Becker et al., (2012) as “a group of usually 6-12 participants, with a moderator asking questions about a particular topic or set of issues and involving some

sort of collective activity (p. 225)". Similar to interviews, the purpose of focus groups is to gather "ideas, thoughts, opinions and attitudes (p. 190)" from participants and to encourage interactions between participants (Henn et al., 2009). Similarly, like interviews, focus groups can be structured, semi-structured or unstructured. A semi structured focus group is the combination of the structured and unstructured focus group, combining the use of a set of questions (a focus group guide) but also allowing for flexibility in the questions asked to address the aims and objectives of the research (Bryman, 2016). The exploratory nature of the aims and objectives of the research required a degree of flexibility in the schedule, structure, context and overall consistency available from semi-structured focus groups.

Focus groups can help researchers to gain a deeper understanding of the behaviours, customs and insights within a target population of people (Krueger, 2004). Furthermore, focus groups allow researchers to identify the language and concepts participants utilise to describe their experiences around a topic (Smithson, 2008), such as early help. Although focus groups are not as in depth as interviews (Neuman, 2014), focus groups allowed me to gather a diverse range of perspectives and opinions from different levels of the ecological system. Not only that, using focus groups provided practical advantages including the benefit of time, effort and resources, it would have taken to interview each individual Family Service professional. Focus groups allowed me to gather a diverse number of thoughts, feelings, opinions - and the discrepancies in participants opinions and perspectives (Bryman, 2016) - from Family Service professionals and stakeholders, that I would not have been able to achieve using interviews.

It was also important for me to gather to thoughts, opinions and views of other professionals who work alongside/in conjunction with Nottinghamshire's Family Service (further stakeholders) to understand the contribution that they play in the multi-disciplinary early help systems of support. An example of these further stakeholders of the Family Service includes Designated Safeguard Leads. Designated safeguarding leads are found within the microsystem and their views were considered as important as they: work with a large number of children and young people within their establishments (schools), spend a large proportion of time with children and young people within their role, make referrals into the Family Service on behalf of the family, work closely alongside the Family Service whilst the family are receiving early help from the Family Service, and provide/signpost children, young people and families to further early help services (such as level one and level two early help services). Therefore, I thought it would be appropriate to conduct a focus group with these individuals, as they too contribute to/influence the early help systems of support across Nottinghamshire and are closely situated to the child within the conceptual framework as an agency in the microsystem.

When focus group participants are chosen, participants should share something in common with each other; homogeneity is needed between participants or insufficient dialogue between participants will be generated (Henn et al., 2009; Bryman, 2016). In other words, a balance between homogeneity and heterogeneity is needed so they can contribute their shared understanding of their position in the system and discuss where this differs. Indeed, all participants in this phase of the research were early help professionals and stakeholders who were convened in separate focus groups.

In the literature there is controversy over the 'ideal' number of focus group participants. Some estimates are conservative such as Barbour's (2007) suggestion of 4-8 participants, whereas other estimates are rather liberal such as Vaughn et al.'s (1996) suggestion of up to 12 participants. However, focus groups often tend towards the conservative side due to practical and methodological reasons (Smithson, 2008). This is one disadvantage of focus groups that is highlighted by Bryman (2016) who suggests that often participants agree to take part but do not attend. Smithson (2008) has highlighted that due to this, focus groups samples are often not representative, rather they are based on participant availability. Nonetheless, to overcome this Bryman (2016) suggests that the solution is to purposefully over recruit participants to the focus group. I therefore decided to over invite participants to focus groups.

One distinction between interviews and focus groups is that the interaction between participants and the outcome itself is of importance in focus groups (Henn et al., 2009). This results in the production of three types of focus group data: individual data, group data and group interaction data (Duggleby, 2005). Focus groups produce a large amount of interaction data in a short period of time (Smithson, 2008). The "group interaction data" that is produced from a focus group, differentiates this method from interviews (that produce individual data) and group interviews (that produce group data) and is therefore a defining feature of a focus group. However, Bryman (2016) has noted that one disadvantage of focus groups is the lack of control over focus groups when compared to other methods such as interviews. Focus group data tends to be more difficult to analyse than other methods, owing to the large volume of inaudible material inevitably generated. Nonetheless, the interaction between participants can be a useful source of information and can help to generate new ideas (Kitzinger, 1994), which adds a further level of complexity to data analysis (Bryman, 2016). Warr (2005) argues that the start of data interpretation and analysis begins when disagreements between participants are explored. However, some researchers argue that the exploration and analysis of interaction data is not always necessary, depending on the research aims and objectives (Morgan, 2010).

Bryman (2016) also points out that focus groups can produce group effects, where everyone can appear to have the same view, as people do not usually think critically about a topic when the

group appears to be at a consensus. Furthermore, participants in a focus group might express what they view to be socially desirable answers in front of others (Clark et al., 2021). Similarly, Bryman (2016), has highlighted that participants may possess a fear of divulging information within a group setting. For example, mixing supervisors and employees is not recommended as participants respond differently with individuals in the focus group who have a higher and lower status than themselves (Neuman, 2014). Therefore, in order to overcome this weakness associated with focus groups, different levels of early help staff, e.g., case managers and managers, were convened in separate focus groups.

When arranging the focus group dates, I was mindful not to conduct the focus group on a day where team meetings were taking place, as this would unveil the identity of those taking part in the focus group to their managers. This was to protect the anonymity of participants and furthermore, I hoped that this would encourage professionals to divulge information that they would not have done if 'higher' members of staff (e.g., their managers) were present. Clark et al. (2021) supports this by highlighting that focus groups can help reveal and elicit more detailed information on sensitive topics/subjects. Further, when performed in participants' natural settings, social research and focus groups can encourage a more open discussion (Neuman, 2014). Therefore, focus groups were conducted in local authority buildings.

Overall, the use of semi-structured focus groups allowed for the exploration of people's opinions, understandings and beliefs around the topic of early help from a system perspective within a group setting. Focus groups were utilised to:

(a) Identify the perspectives and experiences of Nottinghamshire's parenting ability based early help support systems from a variety of stakeholders in the system.
(b) Explore the possible supports and barriers to parenting ability based early help services across Nottinghamshire in achieving positive and/or negative outcomes, for children, young people and families.
(c) Conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting ability based early help, including any timing issues and potential gaps in the current system.

Focus groups were conducted with early help (Family Service) service providers and stakeholders. Therefore, two semi-structured focus group guides were developed and used for this research (See Appendix 2 and Appendix 3).

4.6.2. Interviews

Interviews were conducted to gather a range of experiences, narratives, ideas and views from previous service users. Interviews are a shared exchange of information (Finch, 1984) and are 'broadly' categorised as: structured, semi-structured and unstructured interviews. Semi-structured interviews have a set of questions but also allow for further exploration of potential areas of interest (Bryman, 2016). A semi-structured interview format was chosen as in this research my aims were to develop and explore several specific topics relating to early help, the exploratory nature of the aims and objectives of the research required a degree of flexibility available from semi-structured interviews rather than offer a rigid inflexible set of questions.

Semi structured interviews also allowed me to immerse myself in within the early help systems of support in Nottinghamshire, to understand the language used by families, when referring to their experiences of early help and the Family Service. As Henn et al. (2009, p. 188) explain "significant latitude is given to respondent in the shaping of the interview agenda, and she or he is provided with the opportunity to discuss the topic using the respondents own frame of reference, own language and own concepts." For this research, it was imperative for me to interview previous service users of the Family Service who had been referred for parenting ability concerns and interviews allowed me to fully understand participants' bespoke early help journeys.

Interviews were also chosen owing to the sensitive nature of the topics being discussed and the potential distress placed on participants due to recalling potentially distressing events or times in their lives when they required early help. Interviews can help to manage sensitive topics/discussions by providing the capacity to build a rapport with participants, put participants at ease and effectively deal with any potential distress that may arise from discussing potentially distressing topics (Becker et al., 2012) such as early help. This would not have been possible to manage using other qualitative methods such as a structured interview or focus group. The conversational nature of semi-structured interviews meant that it was a much less formal interview, where it was possible to build a rapport with participants. Before each interview began, I was sure to introduce myself and tell the participants a little about myself, in the hope that as I divulged some information about myself, participants would be willing to do the same throughout the interview.

Combined, these advantages of semi-structured interviews were used to explore the:

(a) Real life experiences those involved in parenting ability based early help for children, young people and families.
(b) Perspectives and experiences of targeted early help for parenting ability in Nottinghamshire.

(c) Possible supports and barriers to parenting ability based early help services in achieving positive and/or negative outcomes for children, young people and families.

I aimed to conduct interviews with a child or children of a family who had previously received early help from the Family Service due to a referral for parenting ability (either the 'lead' child, siblings of the lead child or both), as this would have ensured that a child centred approach to the research was undertaken. However, parental consent was needed prior to attaining child assent. Two separate interview guides were developed for this research. The first interview guide was designed for 6 – 12-year-olds (See Appendix 4) and the second interview guide was developed for participants aged 13 and over (See Appendix 5). The different age subgroups reflected the sampling strategies employed in recruiting participants for the research (See section 4.7). Each interview guide differed in its language and content. The broad topics of interest were present throughout both guides, with the guides modified to be age appropriate and user friendly for the participants.

The first four interviews were conducted face-to-face, with parent/carers (no parent provided consent to interview their child/ren). However, as the COVID-19 pandemic and consequential lockdowns/social distancing guidelines occurred during the data collection phase of the research, I had to submit an amendment to Nottingham Trent University's College Research Ethics Committee regarding data collection methods. This meant that the remaining interviews had to be conducted over the telephone rather than face-to-face (See section 4.7.3 also). Furthermore, I decided to conduct telephone interviews with parent/carers only; it would not have been ethically appropriate to discuss a sensitive topic such as early help, with children over the phone.

For face-to-face interviews I relied on visual and auditory cues to determine if participants were distressed. Whereas, for those interviews that were conducted over via telephone, it was not possible to rely on visual cues, as only verbal cues were available. However, it is argued that some participants will provide more detailed responses when being interviewed around a sensitive topic over the telephone, as participants feel an increase in anonymity (e.g., Kavanaugh and Ayres, 1998; Sturges and Hanrahan, 2004). Furthermore, it is also suggested in the literature that interviews can be cathartic for participants, as recalling potentially distressing events can be a relief to participants when sharing their story (Elmir et al., 2011), which provides another advantage for utilising interviews with service users in this research.

Before each interview began, I reiterated to participants that although I was conducting research about their experience with the Family Service, I was not a qualified social worker nor an early help professional and that the research was independent from the Family Service. I also informed participants that they did not have to answer any questions that they did not want to. I also confirmed that this also meant that the early help services provided to them would not be

affected due to their participation (or not) in the research. Before each interview, I also reiterated to participants that if they were to disclose any information regarding the safety of any person (adult or child), it would be passed onto the local authority as soon as the interview ended. But that they would be told if this was going to happen. This did not happen in any of the interviews (See section 4.9.3 also).

4.6.3. Fieldwork

Fieldwork for this study (the shadowing of early help professionals) was not used directly as a research method, rather as a way of helping me to describe the system and to identify key individuals involved in early help (See section 1.4.5 and Figure 1.3). Not having a background or any previous experience in early help, fieldwork helped me to quickly understand and explore what and how things were done on a regular basis, the language used, the activities performed and an overall general understanding of Nottinghamshire's parenting ability based early help offer via the Family Service, from a variety of perspectives. Immersing myself in the field was extremely valuable for me in quickly understanding the complex early help systems of support across Nottinghamshire.

Field research can be used to explore a variety of social settings, subcultures and social processes (Neuman, 2014) and for the purpose of this research it was utilised to help me describe and familiarise myself with the multi-disciplinary teams of early help. Therefore, conducting fieldwork allowed me to observe the everyday activities and operations within Nottinghamshire's early help systems of support, which also meant that I became familiar with the roles and contributions of different professionals from the systems. Therefore, shadowing early help service providers also aided me in deciding which professionals/stakeholders to invite to focus groups. Having a familiarisation of the early help systems of support and the professionals within these systems meant that I could purposefully sample relevant Family Service service providers and stakeholders for focus groups (See section 4.7.2), as an attempt to be representative of the various ecological systems of support across Nottinghamshire.

Fieldwork allows researchers to identify, understand and describe group interactions (Neuman, 2014). Therefore, fieldwork afforded me opportunities to observe both the interactions within and between the early help systems of support, and the communications with and the contributions of further various early help stakeholders (including: social workers, school teachers, various health professionals, the police, etc.) in the context and environments in which they work every day. This would have been difficult to capture using any other method.

4.6.4. Quantitative secondary data analysis

"Secondary data analysis is analysis of data that was collected by someone else for another primary purpose." (Johnston, 2014, p. 619). Secondary quantitative data analysis was primarily chosen due to the wealth of extensive, rich data that the local authority had on their targeted early help service users. As existing data was utilised for this research (distinct from its original purpose) my analysis of the data offers new interpretations of the data that will be useful for: the local authority, academics, service providers, the government and parenting ability based early help services.

One advantage of using secondary data is that data has already been collected by another individual, which eliminates the time and cost it would have taken me to collect the data. Furthermore, data had been collected over a long period of time – approximately 4 years – which is longer than I would be able to do for the purposes of this research. Furthermore, the data was originally collected by professionals within the field, who get to know and establish relationships with children, young people and families, suggesting that the data was reliable and valid. This meant that I could easily access a wealth of reliable longitudinal data regarding service users' journey(s) with the Family Service.

Another advantage of using secondary data is that by re-using the data held by the local authority, this allowed me to develop insights into a large number of vulnerable, hard to reach families (Irwin, 2013), previously in contact with early help services. Secondary data analysis can be seen an "unobtrusive method" (Lee, 2000), as it removes the 'reactivity' produced from other methods (Webb et al., 1966). That is, the researcher has not had to obtain the data themselves. Therefore, as the local authority already held a wealth of data on previous and current Family Service service users, this could be utilised for this research meaning that children, young people and families did not have to recall the potentially distressing times when they required early help support. Using secondary data therefore eliminates the need for researchers to repeatedly intrude on participants lives when the data has already been obtained but not used to study a new research question (Bryman, 2016).

On the other hand, one disadvantage of using secondary data is that it was originally collected for other purposes. Although the secondary data was collected by and for the purposes of early help professionals/the local authority, the variables were categorised differently than I required them. For example, due to the way the secondary data was stored, most of the variables had to be pooled together into new variables (see Appendix 1). Overall, this was a very lengthy process that took over 30 months to complete.

Another disadvantage of using secondary data is having a lack of familiarity with the data, which can take a substantial time to get used to (Bryman, 2016). To overcome this "the secondary data

analyst needs to obtain as much documentation as possible about the collection of the survey data and be aware of any potential data limitations" (Arber and Allum, 2008, p. 385). Therefore, it was important for me to familiarise myself with the data. Familiarising myself with the data, refers to the process gaining a deeper understanding of how and why the data was originally collected, what the categories refer to, how the categories are defined, who the sample population is, the weight of each category, etc. Familiarisation of the data became possible due to the extent of time it took preparing the secondary data for analysis (See Appendix 1). The local authority provided me with access to the secondary data on the Business Intelligence hub (See section 4.9.1). Moreover, to achieve familiarity of the data and the databases they originated from (See section 4.6.4.1), Nottinghamshire County Council provided me with one-to-one mentoring on the Business Intelligence hub and I also participated in an online training course regarding the use of MOSAIC. Alongside official training and familiarisation of the data via data cleaning, the Business Intelligence hub was also used to identify potential interview participants, also increasing my familiarity with the database further (See section 4.7.4).

Overall, secondary data analysis was performed to:

(a) Explore and examine the current effectiveness (or not) of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.
(b) Explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.

4.6.4.1. Business Intelligence Hub and MOSAIC

Quantitative secondary data was stored in the Business Intelligence hub, a database held by the local authority. The Business Intelligence hub contains information on the services delivered by the local authority, the impact of the delivery and the cause and effect of previous/potential changes within certain departments and systems of support provided by the local authority (Nottinghamshire County Council, 2018).

The Business Intelligence hub uses information held on multiple platforms and pools the information together to effectively present data used for business intelligence and analytical purposes. For the Family Service, data on the Business Intelligence hub is primarily taken from MOSAIC. MOSAIC is a social care case management software which integrates health and social care data. It is a mobile case management system that provides a holistic view of support

provided across various departments. Compared to the Business Intelligence hub, MOSAIC contains more detailed information and case notes on individuals who have been in contact with local authority services such as the Family Service and children's social care. The Business Intelligence hub is automatically updated overnight to ensure that data reports are accurate and up-to-date.

On the Business Intelligence hub, I only required access to the Family Service datasets. Overall, there are 21 reports relating to the Family Service, of the 21 reports on the Business Intelligence hub only 16 reports were relevant to address the aims and objectives of this research. Reports contained within the Business Intelligence hub regarding early help include information on: referrals into the Family Service, the early help received, interventions received, the length of early help, etc. Data was available for each family who received early help in the local authority and for each member within that family.

4.7. Sampling

Participants from the qualitative phase of this research consisted of three types of participants a) service providers (representing the exosystem), b) previous service users (representing the microsystem) and c) further stakeholders of the Family Service (representing the microsystem), whereas participants for the quantitative component of the research solely consisted of previous service users (representing the microsystem). Access to participants was granted and provided via my gatekeeper from the local authority. Creswell (2014, p. 78) suggests that the same sample of participants should be used if the purpose of utilising a mixed methods approach is to validate the findings of the quantitative and qualitative findings. Indeed, within the research, the same participants were used for the quantitative and qualitative components of the research. As the conceptual framework for the research, Bronfenbrenner's ecological systems theory (1977, 1979; See sections 1.7 and 4.3) also guided the approaches to sampling. Table 4.1 provides a summary of the overall sample of participants from across the various methods utilised for the research.

Table 4.1

Summary of the sample of participants across the methods

	Focus Groups	Interviews	Secondary Data
n	5	10	
Sample size	28 Family Service professionals (n=22) Stakeholders (n=6)	10	1,258 (Complete Case Analysis)
Sampling techniques employed	Purposive, random, theoretical	Purposive, stratified, random, theoretical	Purposive
Inclusion criteria	a) Current Family Service professional OR b) Further Family Service stakeholders	a) Had been referred into the Family Service for parenting ability b) Received early help from the Family Service between 1/10/2015 to 18/09/2019	a) A direct referral into the Family Service b) A closed case c) At least one case accepted into Family Service d) Seen a Family Service worker at least once e) A referral for parenting ability f) At least one Family Service action plan
Gender	Females = 25 Males = 3	Females = 10 Males = 0	Females = 594 Males = 664
Level of the ecological system	Exosystem and microsystem	Microsystem	Microsystem
Method(s) of analysis	Constructivist Grounded Theory	Constructivist Grounded Theory	Mann Whitney U and chi-square
Chapter found within the thesis	5A	5B	6

4.7.1. Fieldwork

A total of 8 different Family Service professionals were shadowed in the field. Participants for fieldwork were recruited via purposive sampling (Patton, 2002). Purposive sampling allowed me to purposefully select early help professionals from the Family Service, to gain an understanding of the operations, processes and roles of early help professionals that made up the Family Service. Participants were initially contacted via email and provided with an information sheet; however written consent was not gained (See section 4.9.3.2). If participants agreed to be shadowed, practicalities of the shadowing were also arranged via email.

Although I shadowed members of the Family Service, I did not influence how things were done; I do not have a degree in social work nor am I in any way an early help professional and I did not have any authority to influence the early help systems of support or targeted early help service delivery. This was stated explicitly in an information sheet provided and participants were verbally reminded of this before the fieldwork commenced.

One advantage of fieldwork is its flexibility and unstructured nature (Neuman, 2014). Indeed, the shadowing of participants took many forms. For example, some participants asked that I attended specific early help meetings that they were presiding, other participants allowed me to shadow them for 2-3 days at a time and further participants simply agreed to an informal chat. This was down to the professional themselves - I informed them of the purpose of my fieldwork and overall research and let them make a professional judgement on what aspects of the role they wanted to cover/discuss with myself.

Field notes were taken about the processes, procedures, activities, structures and roles within the Family Service teams across Nottinghamshire. Findings from the fieldwork are not directly reported in the thesis, as the purpose of fieldwork was to gain an understanding of the field (See section 4.6.3). Fieldnotes were taken as soon as possible, where possible; if it was not appropriate or physically possible to take notes, notes were taken at the earliest opportunity to ensure that as much detailed information as possible was retained.

4.7.2. Focus groups

For focus groups, purposive sampling (Patton, 2002) was initially used as an attempt to collect data from a heterogeneous sample of relevant professionals and stakeholders from the different levels of the system. According to Bryman, (2016) purposive sampling is performed to ensure that participants chosen for research are relevant to effectively address the research questions, whilst gaining a range of perspectives and opinions. Purposive sampling allowed me to purposefully chose relevant participants when commencing qualitative data collection (Ritchie et al., 2013). For

example, focus group participants were initially sampled across a range of roles and departments to represent the diverse staff population in the Family Service system of support. Due to this, purposive sampling can also be referred to as "judgement sampling" (e.g., Maul, 2018). Nonetheless, purposive sampling allows for researchers to identify a sample of participants that will ensure that the subjects/topics of the research are covered and that there is enough diversity in the chosen set of participants (Ritchie et al., 2013), to allow for a conversations and debates to ensue.

Early help professionals for focus groups were initially identified from several sources. Firstly, whilst waiting for ethical approval, I thought it would be beneficial for me to introduce myself to all members of the Family Service. I carried this task out by attending Family Service team meetings across the three teams (North, South and West) that make up the Family Service (See Figure 1.3). This provided me the opportunity to introduce myself and my research and allowed them the opportunity to ask any questions. Secondly, shadowing members of the Family Service during fieldwork aided in identifying potential focus group participants (See section 4.6.3). Thirdly, my gatekeeper permitted me access to and provided details of all the professionals that make up the Family Service. Initially purposive sampling led me to sample case managers and complex case managers. I decided to focus on (complex) case managers as they typically coordinate the support provided to families via the Family Service (See section 1.4.5). Owing to the large number of case managers in the Family Service, random sampling was then performed on the purposively sampled participants.

As data analysis began almost immediately after the focus groups had taken place (See section 4.8.1.1), theoretical sampling then took place as an attempt to sample a variety of stakeholders from the system. Theoretical sampling is a form of purposive sampling (Bryman, 2016). However, theoretical sampling is distinguished from purposive sampling, as participants for theoretical sampling are selected based on the generation of theory (Bryman, 2016). Therefore, abiding by the rules of theoretical sampling (and constructivist grounded theory), data is collected through theoretical sampling; firstly, until data saturation is achieved and secondly until theoretical saturation is achieved (Bryman, 2016; Clark et al., 2021). Data saturation is where sampling continues to generate no new findings whereas theoretical saturation is sampling until conceptual categories are completely developed and relationships between them are established (Bryman, 2016). However, as Guest et al. (2006) and Mason (2010) point out, there is no clear defining criteria to help researcher to establish if and/or when theoretical saturation has been achieved. A balance between theoretical saturation and obtaining a sensible amount of data to analyse it accurately is needed, therefore Bryman (2016), suggests that the criteria for sample size within grounded theory should be whatever it takes to achieve theoretical saturation (See section 4.8.1.1). Thus, theoretical sampling then led me to sample from the interventions teams and the

intensive support and parenting teams, who were convened in a focus group and further relevant stakeholders of the Family Service (See section 4.6.1) who were also convened in a focus group. Theoretical saturation had then been achieved.

Figure 4.3:
Sampling strategies employed in identifying participants for focus groups

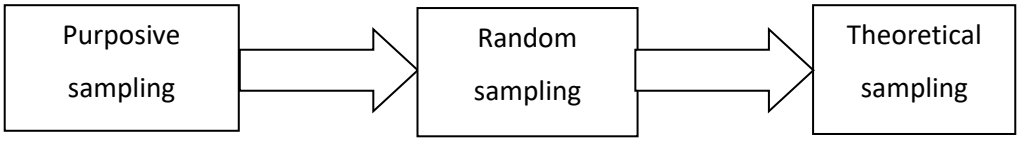


Figure 4.3 displays the order of sampling techniques used to sample participants for the focus groups. All participants for focus groups were invited to take part in a focus group via email. Arrangements for the focus group were negotiated with participants via email also. Focus groups were conducted face-to-face across three locations within the local authority. All focus groups were conducted in local authority buildings/offices, with permission from the local authority. Informed consent was gathered from all participants prior to their participation in a focus group. A total of 5 focus groups were conducted with various professionals and stakeholders of the Family Service (See **Error! Reference source not found.**). On average focus groups consisted of 5.8 participants and on average lasted 1 hour and 13 minutes.

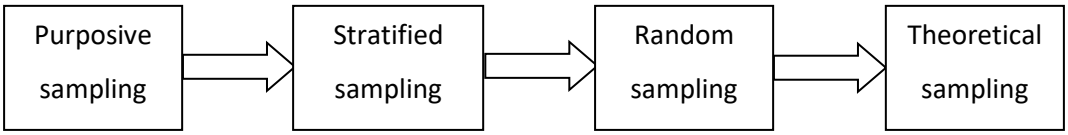
Table 4.2
Focus group characteristics

	Number of participants	Focus group length	Types of participants involved	Level of the ecological system drawn from
Focus Group 1	7	1:06:58	(a) Case managers (b) Complex case managers	Exosystem
Focus Group 2	7	1:16:58	(a) Case managers (b) Complex case managers (c) Rapid assessment worker (d) Level 2 Development Worker	Exosystem
Focus Group 3	5	1:07:56	(a) Child and family workers (interventions, intensive and parenting workers)	Exosystem
Focus Group 4	3	1:21:59	(a) Case Managers (b) Complex case managers	Exosystem
Focus Group 5	6	1:16:03	(a) Personal Development, Behaviour and Attitude Lead (primary school) (b) Designated safeguarding lead/Attendance Officer (college) (c) SENCO/ Designated safeguarding lead /teacher (primary school) (d) Multi-agency safeguarding hub (Education) (e) Student Welfare Manager/Deputy designated safeguarding lead (secondary school) (f) Child and Family Support Worker/Deputy designated safeguarding lead (primary school)	Microsystem

4.7.3. Interviews

Participants for interviews were identified from the Business Intelligence hub (See section 4.6.4.1). Participants for interviews were initially purposively sampled from the microsystem to include previous service users who: a) had been referred into the Family Service for parenting ability and b) received early help from the Family Service between 1st October 2015 to 18th September 2019. The purposively sampled target population was then stratified by age, to ensure that a representative sample of children, young people and families aged 0–18-year-olds who have previously received parenting ability based early help was evidenced. The sample was stratified into three age subgroups: 0-5 years old, 6-12 years old and 13-18 years old. Random sampling was then performed in each of the age stratified subgroups. After an initial stage of data analysis, theoretical sampling was the final sampling technique employed for interviews. Theoretical sampling was performed until theoretical saturation was achieved (See sections 4.7.2 and 4.8.1.1). Theoretical saturation was achieved after 10 interviews had been conducted. Figure 4.4 outlines the order of sampling strategies employed for the recruitment of participants for interviews.

Figure 4.4
Sampling strategies employed in recruiting participants for interviews



Before potential participants were contacted, their MOSAIC profiles (See section 4.6.4.1) were examined to ensure that: they were not in a state of distress or crisis, their case with the Family Service had closed and they were not currently on the waiting list to receive early help again. An email was then sent to their previous case manager. This was performed to gather the case managers professional opinion as to whether or not it was appropriate for me to contact that particular family at that time or if they thought inviting this family to take part in the research was going to cause them any unnecessary distress. It was not revealed to the case manager whether or not that family decided to participate in the study.

All parent/carers were contacted via telephone inviting them and/or their child/children to take part in an interview. With permission from parent/carers, I initially aimed to interview the 'lead' child from within a family (the 'lead' child of the family was the term used by the Family Service, used to describe the primary child who required early help) or siblings of the lead child. Although I

asked each parent/carer which family member it would be possible to invite to an interview, all parent/carers opted to be interviewed themselves (See section 4.6.2).

Upon initial contact, participants were given time to decide if they wanted to partake in the research. If participants agreed they were contacted via telephone to check their understanding, allow questions to be asked and then arrange practicalities of the interview. Before the interview began, participants were given another opportunity to ask any questions about the research and informed consent was gathered from all participants prior to the interview taking place.

Before each interview took place, I took time out to familiarise myself with the MOSAIC profiles of each family member to ensure that I had a brief understanding of their family history with local authority services (children's social care and early help services). Particular attention was paid to any instances of safeguarding concerns that had previously arisen. MOSAIC was also open whilst interviews took place. Therefore, when discussions surrounding safeguarding concerns arose during the interview, I could quickly refer to instances of safeguarding concern that the local authority were aware of. No instances arose where participants disclosed information that the local authority was not aware of (See section 4.9.3.6).

A total of 10 interviews were conducted with parent/carers. Four were conducted face-to-face and six were telephone interviews (See section 4.6.2). All interviewees were female. On average interviews lasted 36 minutes and 53 seconds and ranged between 16 minutes to 1 hour and 4 minutes in duration. On average participant's cases were closed to the Family Service 17.6 months, with a range of 2 – 41 months since case closure and qualitative (interview) data collection.

4.7.4. Secondary data

Participants used in the secondary analysis were identified from the Business Intelligence hub (See section 4.6.4.1). After the master dataset was developed, participants in the data frame were subject to an inclusion criteria. The inclusion criteria for the secondary data consisted of having:

a) A direct referral into the Family Service
b) A closed case
c) At least one case accepted into the Family Service
d) Seen a Family Service worker at least once
e) A referral for parenting ability
f) At least one Family Service action plan

Once the inclusion criterions were applied to the dataset, 4,638 participants remained in the final dataset (Figure 4.6). However, due to the extent and pattern of missing data in the final dataset, a

Complete Case Analysis had to be performed on the data (See section 4.8.2). Therefore, the final sample of participants included in the secondary quantitative data analysis phase of the research consisted of a total of 1,258 participants, representing the microsystem. On average participants were aged 150.03 months old (median= 153.00; SD = 56.159) with a range of 17- 591 months. Similarly, of the final sample 53.8% were male (n=664) and 47.2% were female (n=594).

4.8. Data analysis

4.8.1. Qualitative data

4.8.1.1. Method of analysis

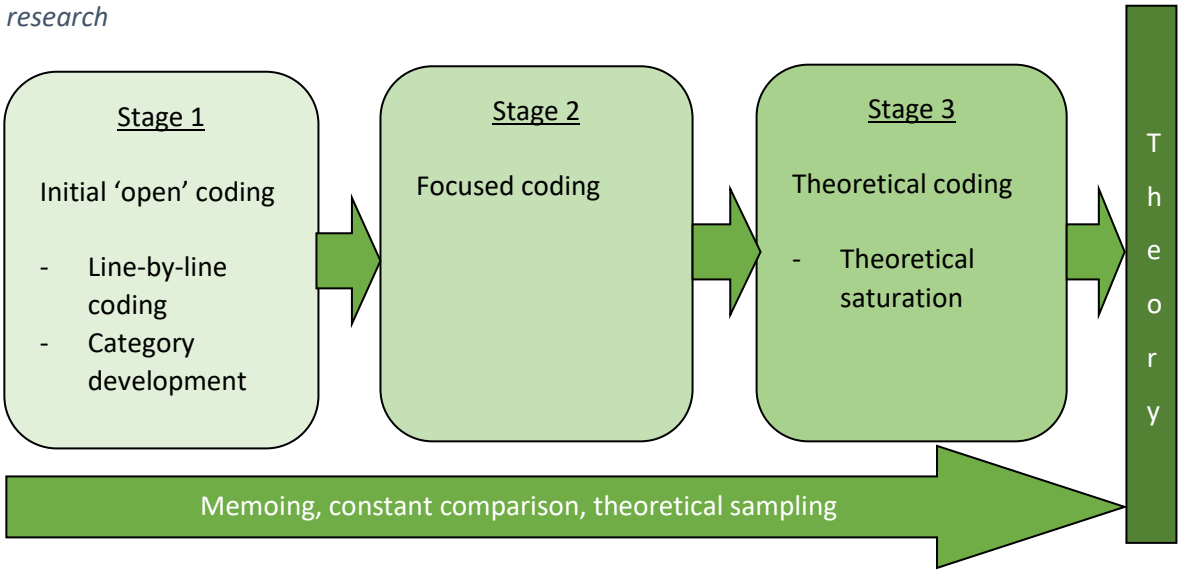
Constructivist grounded theory was the chosen method of analysis for the qualitative data. Constructivist grounded theory evolved from the work of Glaser, Strauss and Corbin on grounded theory (Glaser and Strauss, 1967; Glaser, 1978; Corbin and Strauss, 1990; Strauss and Corbin, 1990; Glaser, 1992; Strauss and Corbin, 1994; Glaser, 1998). Although constructivist grounded theory is a revised version of grounded theory, constructivist grounded theory however remains distinct from earlier versions of grounded theory (See Charmaz, 2017, p. 299). In grounded theory, theory emerges from the data and is extracted by an objective yet reflexive researcher, whereas constructivist grounded theory exerts the role and impact of the researcher in generating data and theory (Timonen et al., 2018).

Constructivist grounded theory was chosen as the method of analysis for qualitative data as it is "suitable for studying individual processes, interpersonal relations and the reciprocal effects between individuals and larger social processes" (Charmaz, 1995, pp. 28-9), which aligns with the systemic nature of the chosen conceptual framework. Grounded theory and constructivist grounded theory are distinctive from other qualitative data analysis methods as the strategies used and the construction of theory is unique to grounded theory (Charmaz, 2017). However, it has been noted that it is misleading to expect an elaborated theory to be produced from grounded theory, rather conceptual frameworks or conceptual clarity that builds on theory is likely to be produced from grounded theory (Timonen et al., 2018). Nonetheless, constructivist grounded theory remains a useful method for exploring and theorising about people and society (Charmaz, 2017, p. 299). Therefore, constructivist grounded theory allowed me to produce novel insights into early help for parenting ability (more specifically the Family Service) in which robust and rich data was collected to conceptualise a system of support for parenting ability based early help. This method of analysis allowed me to gather the voices/opinions of parenting ability based early help from: service users, service providers and stakeholders, and explore their place and contribution in the early help systems. Furthermore, the use of constructivist grounded theory allowed the findings to emerge from the data rather than forcing it (Bryant and Charmaz, 2019),

meaning that a substantive theory regarding early help/early help services from all perspectives could be conceptualised. It should also be noted that constructivist grounded theory is an established approach in the field of social work research (e.g., Farragher and Coogan, (2020), Hay, (2019), Allen (2011c), Bloomer et al., (2021), McKibbin et al., (2017), Barboza et al., (2021)).

Other qualitative analysis methods ask what and how, but grounded theory asks why (Charmaz, 2017). According to Charmaz (2014) constructivist grounded theory methods provides an advantage over other qualitative analytical methods as they provide explicit guidelines of how to proceed. Constructivist grounded theory outlines several techniques to help researchers analyse their data: coding (initial or open, focused and theoretical), memoing, theoretical sampling, theoretical saturation and constant comparison (Charmaz, 2014; Bryman, 2016). The process/procedure of utilising these constructivist grounded theory tools is illustrated in Figure 4.5 and a brief overview of each of these constructivist grounded theory tools are briefly outlined below:

Figure 4.5
Constructivist Grounded Theory techniques employed throughout the qualitative phase of the research



Initial Coding

Initial or open coding was the first of the constructivist grounded theory tools utilised. Line-by-line coding (Glaser, 1978) was initially used to describe data and/or potential analytic categories. "Coding means categorizing segments of data with a short name that simultaneously summarises and accounts for each piece of data." (Charmaz, 2014, p. 111). Initial codes were made concerned attributing meanings, actions and explanations to each line of the data. Each line of data could be coded with more than one category. The use of gerunds greatly aided in ensuring the analysis maintained momentum (Charmaz and Bryant, 2011).

Focused coding

Initial codes were compared and contrasted, and as a result focused codes were developed from frequent or significant initial codes. Focus codes emerged from the coding of the initial coding (Charmaz, 2014) and are used to advance the theoretical direction and conceptualisation of theory (Bryant, 2007). Focus coding was used to code larger portions of data and guided the research (Bryant and Charmaz, 2019). Focused codes that held explanatory power in addressing the research objectives were given particular attention.

Theoretical coding

Theoretical coding (Glaser, 1978, p. 72) was the highest level of coding used. Some argue that identifying theoretical codes is a process in itself, however others have argued that as theoretical codes should emerge from data it should not be seen a technique of constructivist grounded theory (Charmaz, 2014). Nonetheless, in this research theoretical coding was performed to outline, describe and explain characteristics of the theory emerging from the data.

Memos

Memoing was used throughout the analysis of the qualitative data for multiple reasons. Firstly, memos were initially used to make links between initial codes and observations. Secondly, memoing was used to make general informal analytic notes (Charmaz, 2014). Thirdly, memos were used as a form of reflexivity throughout the data analysis phase of the research. And finally, memos were also utilised as tool to help raise focus codes to conceptual categories and the overall conceptualisation of theory (Bryant, 2007).

Theoretical sampling

Theoretical sampling is a sampling technique unique to constructivist grounded theory (Glaser and Strauss, 1967, p. 62) that allows for the selection of theoretical purposive and relevant participants, utilised to develop and test emerging theory from the data (Ritchie et al., 2013). Theoretical sampling is conducted to develop and refine categories. A category will be established when no new properties arise (Charmaz, 2014, p. 199). The process of theoretical sampling is an iterative process that goes back and forth between analysing the data and theoretically sampling participants to refine, reflect and test emerging categories and theoretical ideas (Ritchie, et al., 2013; Bryman, 2016). This iterative process was conducted until data saturation was achieved (See sections 4.6 and 4.7.2 also).

Theoretical saturation

Theoretical saturation is achieved when no new codes/themes emerge from the data (Charmaz, 2014, p. 213). Therefore, once the categories are established, hypotheses should be generated from these categories and further data should be collected to aid the development and refining of further categories/hypotheses to confirm the importance of these categories (Bryman, 2016).

Calder (1977) suggests that saturation is achieved when the researcher can predict responses from participants, which should lead to either the end of data collection or the follow-up on any theoretical concepts/points that emerged from the data. However, one limitation of this technique is that it is hard to anticipate the total sample size from theoretical saturation (Charmaz, 2014; Bryman, 2016) as there is no set criteria to determine when theoretical saturation has been achieved. Theoretical saturation was achieved after conducting 5 focus groups with service providers and stakeholders, 10 interviews with previous service users and having shadowed 8 Family Service professionals.

Constant comparison

In constructivist grounded theory the data analysis process is not linear, rather it is iterative; data collection and analysis occur concurrently. This iterative process is central to theorising in grounded theory and is also known as the constant comparison method. Regardless of the level of coding, the constant comparison should be central to the coding process (Bryant and Charmaz, 2019). Constant comparison is needed for the emergence of codes and the conceptualisation of theory; it should aid in the generation of the theoretical properties of a category (Bryant and Charmaz, 2019). Constant comparison was adhered to throughout.

4.8.1.2. Data preparation

Before the analysis of the qualitative data could take place, audio recordings of the focus groups and interviews were transcribed verbatim. Focus groups and interviews were transcribed at the earliest possible opportunity - usually immediately after the focus group or interview took place. Qualitative field notes were also transcribed. Transcripts were then anonymised and pseudonymised to remove any identifying information, to ensure that confidentiality and anonymity were maintained. This was performed at the earliest of opportunities. Transcribing the focus groups and interviews personally aided with the familiarisation of the data. Having to re-read and re-listen to the recordings meant that the data became easily familiar. Therefore, when I began the initial coding phase of data analysis, I already had pre-generated codes/memos.

Simultaneously collecting and analysing the qualitative data is an essential part of constructivist grounded theory in that, data needs to be collected until theoretical saturation is achieved (Clark et al., 2021) and for this to be achieved, interviews and focus groups need to be transcribed and analysed at the earliest of opportunities after data collection (Charmaz, 2014). Clark et al. (2021) claim that on-going analysis during constructivist grounded theory allows researchers to gain an increased awareness of their data for the refinement of emerging theory. This meant that the initial themes uncovered within the focus groups were used to refine topics and modify

discussions in subsequent focus groups and initial themes uncovered within the interviews were used to refine topics and modify discussions in subsequent interviews also.

Qualitative data from interviews, focus groups and field notes was facilitated and managed using the Computer-Assisted Qualitative Data Analysis Software (CAQDAS) "NVivo" (version 12). CAQDAS programmes were originally developed and designed around grounded theory (Lewis-Beck et al., 2004). When appropriately used, the NVivo software can be used to aid researchers in carrying out various aspects of grounded theory (Hutchison et al., 2010), as NVivo allows you to simply and easily carryout the tools and techniques that are required for constructivist grounded theory. The computer does not do the analysis for you, rather it eliminates the physical element of analysis (Bryman, 2016, p. 602). Therefore, NVivo was chosen to aide me in organising and managing the transcripts and fieldnotes generated from qualitative methods.

4.8.2. Quantitative data

4.8.2.1. Data preparation

Quantitative secondary data was stored in the Business Intelligence (BI) hub, a database utilised by the local authority (see section 4.6.4.1). Overall, 16 datasets were extracted from the Business Intelligence hub such as: referrals, case closures. The extracted datasets were chosen as they were relevant to address the aims and objectives of the research. All secondary data from the Business Intelligence hub was taken from 1st October 2015 (when the Family Service were established) to 18th September 2019. The individual datasets needed to be merged to create a master dataset which allowed me to thoroughly explore participants' journeys through the Family Service and therefore address the aims and objectives of the research. A sample of participants from the master (merged) dataset was used for analysis (See section 4.7.4).

Pallant (2010) notes that before analysis can take place on the data, the data may need to be manipulated to perform an analysis of the data, in order to test the research hypotheses. Pallant (2010) highlights that traditional data manipulation can take many forms including:

a) Summing items (variables) together to provide a cumulative score for scales
b) Collapsing continuous variables into categorical variables
c) Collapsing the number of categories in a categorical variable
d) Recoding text into numbers
e) Calculating dates
f) Transforming skewed variables

Once data had been merged into the master dataset, traditional/conventional data cleaning methods were adhered to (such as those outlined above by Pallant (2010)), however additional

extensive data cleaning methods had to be performed owing to the extent of the missing data within the master dataset (91%) (See Figure 4.6 and section 4.8.2.2). These additional extensive data cleaning methods are outlined in further detail in Appendix 1. The process of manipulating and cleaning the data took over 30 months to complete.

In the final dataset there were a possible 29 different possible referral sources into the Family Service. These were categorised into the ecological systems set out in the conceptual framework adopted for this research, Bronfenbrenner's ecological systems theory (1977, 1979; See sections 1.7 and 4.3). Therefore the possible referral sources were categorised into those referrals originally made from the microsystem (child minder, college, family, GP, health other, health visitor, mental health (adult), paediatrician, pre-school nursery, primary school, school health, secondary school, self-referral, special school, Child and Adolescent Mental Health Services) and those originally referred from the exosystem (Youth Justice Service, children's social care excluding the multi-agency safeguarding hub, Education standards and inclusion, the multi-agency safeguarding hub, youth services, the Family Service, local authority housing/housing association, Nottinghamshire County Council's adult social care, Children's Centre Services, police, probation, Strategic Analytic Unit).

4.8.2.2. Missing data

Traditionally in the social sciences, and within social work, missing data is often ignored but missing data needs to be acknowledged (Saunders et al., 2006). If missing data - and its effect on the analysis - is ignored: inaccurate, invalid, inefficient, biased and ungeneralisable inferences can be made about a sample (Saunders et al., 2006; Dong and Peng, 2013) which is the opposite goal of researchers. According to Schafer and Graham (2002), the goal of researchers is to accurately guide academics, practitioners and policy makers with valid analyses.

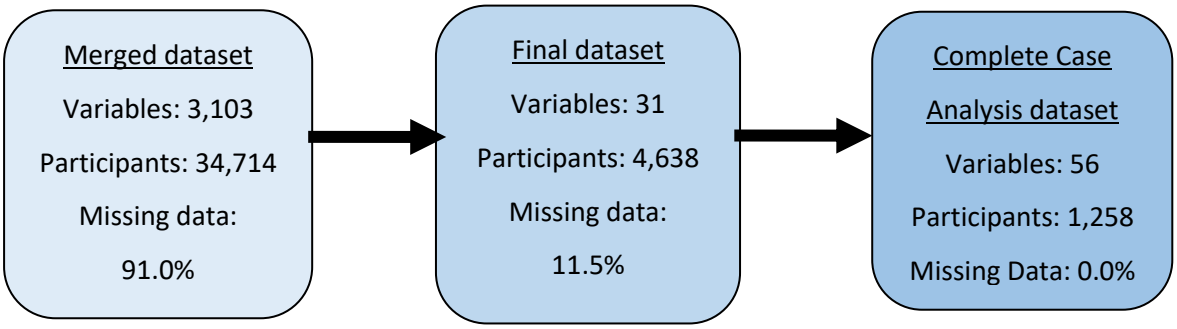
Researchers often consider the proportion of missing data to be the most influential aspect of missing data. However, scholars such as Tabachnick and Fidell (2014) have identified that it is not the proportion of missing data that has the most impact, it is the pattern of data missingness and how the missing data is 'treated'. Similarly, McKnight and McKnight (2011) in Trzesniewski, Donnellan and Lucas, (2011) suggest that missing data within a secondary dataset should be: understood, prevented, diagnosed, treated, and reported. Despite extensive methods utilised to minimalise the extent of missing data in the final dataset (see Appendix 1), the final dataset still contained an average 11.48% of missing data (at the variable level: minimum = 0%, maximum = 48.9%). Therefore, the missing data was explored using Statistical Package for the Social Sciences (IBM Corp., 2020).

Firstly, it is important to identify the type or pattern of missing data (Little and Rubin, 2002; Schafer, 1997). Patterns of missingness can be univariate, arbitrary or monotone. The missing data in this research was arbitrary as the missing data is randomly found across variables and participants (Dong and Peng, 2013). Secondly, Rubin's classification of Missing Data Mechanisms has been regarded as being "fundamental to the modelling of incomplete data" (Molenberghs and Kenward, 2007). Missing data mechanisms include: Missing Not At Random, Missing Completely At Random, and Missing At Random. The data was not Missing Completely At Random as Little's statistic was non-significant, where a significant statistic indicates Missing Completely At Random (Little, 1988). Furthermore, there is no way of then testing whether the data was Missing At Random or Missing Not At Random – it is hypothetical (Tabachnick and Fidell, 2014). Therefore, I conceptualised that the missing data was MAR.

Within the literature there are various suggestions on how to effectively 'treat' missing data. This includes but is not limited to: excluding cases listwise (also called a Complete Case Analysis), excluding cases pairwise (also called an Available Case Analysis) and mean replacement (Pallant, 2010). There are also more complex and sophisticated options such as multiple imputation (Pallant, 2010). However, performing more sophisticated methods to treat the missing data was beyond the scope of this mixed methods PhD and exceeded the capabilities of the research. Furthermore, owing to the quality of data provided by the local authority and given the significant amount of time it took to clean and manipulate the data, I decided to take a pragmatic approach to treating the missing data and reported the findings from a Complete Case Analysis on the data. Excluding cases listwise allowed me to acknowledge and treat the missing data quickly and sufficiently. Figure 4.6 depicts the process of data cleaning/merging/preparation, by identifying the: number of variables, number of participants, and mean percentage of missing data in each of the datasets. The Complete Case Analysis sample is described in further detail in section 6.3.

Figure 4.6

Descriptive statistics illustrating of the process of secondary data cleaning



4.8.2.3. Methods of analysis

Secondary quantitative data was analysed using the Statistical Package for the Social Sciences versions 27 and 28 (IBM Corp., 2020 and 2021), via descriptive statistics and non-parametric inferential statistics. The research aims and objectives guided the analysis performed on the data. Descriptive statistics were used to describe the sample and to provide context of participants/service users. Additional non-parametric inferential analyses were utilised to explore the wealth of data on Nottinghamshire's Family Service and to provide a more in-depth analysis.

Statistical techniques can broadly be categorised as either parametric or non-parametric. Parametric techniques are usually performed on data consisting of a large sample size (Salkind, 2020) and on data that is normally distributed (Field, 2017). The assumptions of 'normality' consist of a normal distribution, homogeneity of variance, independence of observations and data measured at the interval level (Pallant, 2010). If assumptions of normality are violated and parametric tests are performed on the data nonetheless, this can lead to inaccurate results that are not valid (Pallant, 2010). Therefore, when the assumptions of parametric tests cannot be achieved, non-parametric tests or distribution free tests should be adopted to avoid invalid results (Pallant, 2010, p. 116). Non-parametric tests are performed on nominal or ordinal data consisting of small samples, specifically, non-parametric tests are performed on data that does not meet the strict assumptions of the parametric techniques e.g., normally distributed data (Pallant, 2010). Some scholars argue that non-parametric tests hold less power than their parametric counterparts, owing to the less strict assumptions that are required (Pallant, 2010). However, Field (2017) argues that nonparametric tests only hold less power if the sampling distribution is normally distributed.

It is suggested that when data is skewed researchers can use non-parametric tests, collapse continuous variables to categorical variables or mathematically transform variables to achieve normally distributed variables (Pallant, 2010). Therefore, a plethora of data transformation methods/techniques were utilised and performed on the data in an attempt to transform the data to a normal distribution. The transformation techniques employed included: log transformation, square root transformation, cube root transformation, reciprocal transformation, exponential transformation, box plot transformation, power transformation and arcsine transformation techniques. However, these transformation methods did not achieve a normal distribution.

Therefore, as the secondary data violated the assumptions of parametric tests and after data manipulation methods did not work, it therefore meant that the non-parametric equivalent tests had to be adopted for this research. For this to happen, following Pallant's (2010) guidance,

continuous variables were collapsed to categorical variables. However, this meant that some detailed information was lost from the analyses.

The Pearson's chi-square test for independence is a non-parametric test of association that is used to explore if categorical variables are related (Salkind, 2020). The chi-square test for independence works by comparing the observed frequencies of each cell with the expected frequencies of each cell (solely caused by chance), to determine whether the difference between the observed and expected is statistically significant (Urdan, 2005). The chi-square test of independence was used to explore the relationships between categorical variables in the data. There are three assumptions made about the data when performing a chi-square test for independence (Verma and Abdel-Salam, 2019). They include:

1. Having two categorical variables, with two or more categories in each
2. having independent observations
3. having an expected frequency of at least 1, with most cells containing a minimum expected frequency of 5.

The data assumptions for a chi-square test were adhered to. Furthermore, Yates' Correction for Continuity was reported for variables that had only two categories each (which resulted in a 2 by 2 crosstabulation table), as it considers the overestimated chi-square statistic computed for a 2 by 2 table (Pallant, 2010). The effect size of each chi-square test was also reported; the Phi statistic was reported for a 2 by 2 table and Cramer's V statistic was reported for larger tables. Pallant's (2010) effect size criteria's - for Cramer's V and Phi - was utilised to categorise the strength of relationships.

The Mann-Whitney test is used to "…compare two conditions when different participants take part in each condition" (Field, 2017, p. 297). The Mann-Whitney U test essentially orders and ranks participants scores in each condition and compares the sum of the ranks across the two groups, in order to compare the distributions of the two groups on the dependent variable to test whether (or not) they are likely drawn from the same population (e.g., Field, 2017). The Mann-Whitney U test is the non-parametric alternative to the independent samples t-test; however, the independent samples t-test compares means whilst the Mann-Whitney U test compares medians (Pallant, 2010). The Mann-Whitney U test was used to explore the differences between two independent groups on a continuous variable. Pallant (2010) notes the assumptions of the Mann-Whitney U consist of having:

1. a continuous or ordinal dependent variable (DV)
2. two categorical, independent groups within the independent variable (IV)
3. independent observations

4. random samples

The data assumptions for Mann-Whitney U tests were adhered to. For Mann Whitney U tests, rather than the mean, the median for each group was reported as this is a more appropriate statistic to provide (Field, 2017). Unlike the mean, the median is a non-parametric statistic that is not affected by skewed data (Pallant, 2010, p. 229). The effect size was also calculated and reported for each Mann-Whiney U test performed on the data. Cohen's (1988) effect size thresholds of small (.1), medium (.3), and large (.5) effect sizes were adopted.

Because of the number of chi-square and Mann-Whitney U tests performed on the data and owing to a large sample size of participants (n= 1,258), the traditional significance level of $p<.05$ was not adhered to, rather a more cautious/reserved significance value of $p<.001$ was adopted for the purpose of the research, as this can reduce the risk of type 1 errors occurring (Rothman, 2010). However, Pallant (2010) has highlighted that as the risk of type 1 errors decreases, the risk of a type 2 error occurring consequently increases.

4.9. Research ethics

Ethical guidelines for this research are primarily informed by the British Association of Social Workers code of ethics. However, I also consulted other relevant professional codes of ethics e.g., National Association of Social Workers (NASW), British Psychological Society (BPS), Social Research Association (SRA), British Sociological Association (BSA), Social Research Association (SRA), and the Economic and Social Research Council (ESRC).

During the initial planning stages of the research, an up-to-date Data and Barring Service (DBS) check was obtained through NTUs doctoral school owing to contact with children and vulnerable adults. Ethical approval for this research was then gained from several sources: Nottingham Trent University's College Research Ethics Committee, the local authority and from participants themselves. This section explores the ethical considerations and procedures performed for this research.

4.9.1. Research Governance

Research governance procedures needed to be put in place before the research could commence. An Information-Sharing Agreement was signed by the local authority and Nottingham Trent University to allow access to data records, case files and participants (the Business Intelligence hub and MOSAIC). The Information Sharing Agreement was developed and produced by Nottingham Trent University and Nottinghamshire County Council so that the mutual nature of

the relationship could be reflected in this agreement. However, developing an Information Sharing Agreement that both parties were happy with was a lengthy process, as it took four months to obtain.

The Local Authority requested a clear focus on targeted early help and were satisfied that the research question could be modified to specifically include a focus on parenting ability. Therefore, when developing the variables for analysis of the secondary data, a wealth of data could have been taken into consideration for the purpose of this research. However, data was chosen and variables were developed, that addressed the aims and objectives of the research and reflected the mutual partnership nature of the research. For more information regarding how and why variables were developed for use in the secondary data analysis for this research see Appendix 1.

Steps were taken to ensure that the research was ethically conducted, and data was ethically analysed. As mentioned in section 3.6, there are social, economic and community determinants of need that influence service access and engagement. These social and economic determinants included race, ethnicity, gender and socio-economic status. All these determinants were of interest and could have been considered for the purpose of this research. Although ethnicity was of interest, the negotiated Information Sharing Agreement did not provide permission for me to explore this in the analysis of the secondary data. However, this was the only constraint placed on the research by the local authority. To fully protect the anonymity of those using the service, the local authority, in accordance with the General Data Protection Regulation (Data Protection Act, 2018), requested via the Information Sharing Agreement that the ethnicity of participants not be included in the analysis of the secondary data.

4.9.2. Ethical Approval

Ethical approval for this research was primarily sought from Nottingham Trent University's College Research Ethics Committee. The process of gaining ethical approval lasted about 6 months.

4.9.3. Ethical considerations

4.9.3.1. Voluntary participation

During each method of data collection, participants were reminded both in the information sheet and verbally, that their participation in this research should be completely voluntary. If participants decided not to participate in this research, they were not required to provide a reason for this. Participants for interviews were informed via information sheets that the early help services they received would not be affected as a result of participating or not, in this

research. I thought it was important for me to reiterate this to participants verbally when providing them with the information sheet and before informed consent was gathered.

Initially I decided not to pay participants for their participation in this research. However, when inviting participants to interviews, their recruitment proved difficult. Having contacted over 40 potential participants, no participants agreed to take part within the first three months. Through supervision, it was decided to include a £10 love2shop voucher as a way of thanking participants for their time. After ethical approval was once again approved for this amendment, recruiting interview participants became much easier.

For focus group participants, it was not revealed to their manager whether individuals agreed to take part or not. I was mindful not to conduct a focus group on a day where team meetings were held, as this could inadvertently reveal the identity of those taking part. As mentioned elsewhere (Section 4.6.1), focus groups for case managers and those team managers were convened separately.

4.9.3.2. Informed consent

All participants involved in this research were made fully aware of the purpose of the study before the research took place. A number of bespoke information sheets and consent forms were developed to reflect the diverse nature and types of participants in this research.

For interviews with parent/carers an information sheet was provided or read allowed to participants (See Appendix 6). This information sheet was then verbally discussed with participants. Once the information sheet had been discussed with and explained to parent carers, informed consent was then discussed, explained and gathered from parent/carers using the adult interview informed consent form (See Appendix 7). Participants were given the opportunity to ask questions about their participation or the research, at any point before the interview.
For child interviews I prepared a combined information sheet and assent form for children (See Appendix 8) and a separate information sheet (See Appendix 9) and consent form for the parent/carers of child participants (See Appendix 10). However, no interviews with children took place as no parent provided consent to talk to their child.

For focus groups, potential participants were approached via email, with the information sheet attached (See Appendix 14), inviting them to take part in this research. Before informed consent was gathered, the information sheets were discussed with and explained to each participant. Informed consent was then gathered from participants (See Appendix 15). Participants were given the opportunity to ask questions about their participation or the research before the focus group.

An information sheet was provided to Family Service professionals that were shadowed for this research (See Appendix 17). Whilst in the field I had multiple copies of the shadowing information sheet at hand to give out to various professionals that I encountered, to provide them with further information about my role and research, whilst observing their day-to-day activities and duties. However, informed consent was not gathered from participants who were observed in the field, instead verbal consent was obtained. Obtaining written informed consent from every individual observed would not have been possible as this would not have been physically possible and it would have caused extensive delays and disruptions to everyday process and operations (Bryman, 2016), which defeated the purpose of observing early help professionals in the field.

4.9.3.3. Audio recording focus groups and interviews

With permission from participants, all qualitative data (apart from fieldnotes) was audio recorded on a password protected audio recorder. Audio recording the interviews and focus groups allowed me to accurately recall and capture what the participants told me, rather than relying on memory or notes. I thought this was imperative when researching a sensitive topic such as early help. Using a recorder means that researchers can give their full attention to participants responses which can help to produce detailed responses (Charmaz, 2014). Furthermore, audio recording qualitative interview data can help researchers accurately recall participant responses, with a more thorough and repeated examination of responses whilst also allowing for the reusing of data (Heritage, 1984, p. 2380: cited in Clark et al., 2021). Similarly, recording focus groups also allows for an accurate record to be kept of who said what, when it was said and how it was said (Clark et al., 2021, pp. 751-752). On the other hand, one minor disadvantage to using audio recorders is that "using a recorder can disconcert respondents, who may become self-conscious or alarmed at the idea that their words will be preserved" (Clark et al., 2021, pp.716- 717). However, this did not appear to be a problem for any of the participants involved in the research.

4.9.3.4. Participants right to withdraw

All participants in this research were given the opportunity to withdraw (their data) from the study. Participants for interviews were told that they could stop the interview at any point if they wished to do so and that they would not have to provide a reason for doing so. Similarly, participants in focus groups were also told that they could leave at any point and participants who were observed as part of fieldwork were also reminded that they could request the observation period to be stopped at any point. I reiterated to all participants that they did not have to answer any question(s) that they did not feel comfortable doing so.

Participants were also given the opportunity to remove their data up to four weeks after the interview or focus group had taken place. All participants from interviews and focus groups were given a unique identifier which was attached to their data. This was a random name and number chosen or given to the participants, which they could use to withdraw their data if they chose to do so. No participant at any point requested that their data be removed from the study.

4.9.3.5. Distress

Qualitative data collection methods can unintentionally cause distress when discussing personal and/or sensitive topics (Draucker et al., 2009; Flick, 2009). Therefore, due to the sensitive nature of the topics covered across each data collection method, extra care and attention was dedicated to preventing, identifying, and sensitively dealing with any distress that arose from participants. I was mindful to end each interview on a positive note by trying to focus on how far they had come or how positive they seemed about their situation/future. Furthermore, I provided all participants with a debrief form (See Appendices 11, 12, 13 and 16) which also provided the contact details for an early help/Family Service helpline, should they have required any further support after participating in the research.

4.9.3.6. Limits to confidentiality

All participants in this research were informed that any information they disclosed to me would be kept confidential. However, whilst the purpose of interviews was on early help delivered and received, this inevitably meant that possible discussions relating to neglect, violence, abuse, etc. could surface. Although in the information sheets, I verbally reiterated to each participant before the interview began that if they were to disclose any information that would leave me to believe that anyone was at risk of harm, beyond that already known to the local authority, I would have to pass this information on to the local authority. But I would inform them if that was to happen. As mentioned in section 4.7.3steps were taken to ensure that I was familiar with any safeguarding instances or concerns known to the local authority, before each interview took place. No instances of concern arose.

Transcripts from focus groups and interviews were anonymised and pseudonymised to maintain and protect the anonymity of participants (See section 4.8.1.2). However, participants in focus groups and interviews were reminded via information sheets and verbally before data collection, that complete confidentiality could not be guaranteed as direct quotes were to be used in the thesis. Furthermore, due to the nature and format of focus groups, focus group participants were

also asked, via the information sheet, during the process of gaining informed consent and via the debrief sheet, to uphold the confidentiality of fellow participants.

Careful thought was given to the coding of focus group data based on participants professional role and position within the early help systems of support. Due to the large number of staff that make-up the Family Service, it was mutually decided with the local authority that the roles of participants could be identified to help make this useful distinction.

4.9.3.7. Further safeguards

Alongside the ethical practices and safeguards that were established for the safeguarding of participants rights in this research, safeguards were also put in place for the safety and wellbeing of myself as a researcher in the field researching a sensitive topic. For example: a risk assessment was regularly assessed during supervision. Safeguards from the risk assessment included for example informing my supervisor both before and after interviews. To compliment this risk assessment, the local authority also provided me with access to a helpline which is accessible to all early help professionals who require additional support after encountering distressing situations/circumstances.

A Data Management Plan was also developed and adhered for the storage, management and retention of the sensitive/personal data obtained for this research.

4.10. Chapter summary

In sum, this chapter has explored in detail, the chosen methodology and methods utilised for the thesis. The pragmatic paradigm theoretically underpinned this mixed methods research and allowed for the flexibility required to investigate early help support for parenting ability. The research was designed and dictated by the primary research question of "Has the early help agenda for parenting ability based targeted early help, helped?"

Bronfenbrenner's (1977, 1979) ecological systems theory was adopted as the conceptual framework to guide the sampling and data collection strategies; the use of mixed methods across Bronfenbrenner's systems allowed for the holistic exploration of complex social phenomena such as parenting ability based early help. The use of qualitative and quantitative methods allowed me to explore the subjective and objective components of early help and early help services across Nottinghamshire, from a typically vulnerable hard-to-reach population. Furthermore, the use of an exploratory sequential research design provided a clear process of phases to follow, with the qualitative methods being analysed and conducted, which informed the second, quantitative

phase of the research. This research design allowed me to follow-up, enrich, strengthen, expand on and clarify findings from qualitative methods with quantitative methods, increasing the value, understandings and confidence in interpretations and conclusions from the research.

Qualitative methods included focus groups with service providers and stakeholders of the Family Service and interviews with previous service users whereas quantitative methods included secondary data analysis, where data was extracted from a local authority database. By capturing a range of perspectives and experiences from service users, service providers and service stakeholders via qualitative methods and the outcomes of service users via secondary data analysis, this combination of methods ensured that a range of complementary data was collected on the same topic (parenting ability based early help) from a wide range of perspectives. Qualitative data was analysed using a constructivist grounded theory approach and quantitative data was analysed via non-parametric chi-square and Mann-Whitney U tests. Table 4.3 provides a summary of how and where in the thesis the research objectives are addressed.

Table 4.3

A summary of how and where the research objectives are addressed in the thesis

Research objective	Method(s) to address the research objective	Chapter the research objective is addressed
1. To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.	Secondary data	6
2. To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system.	Focus groups and interviews	5 (A and B)
3. To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families.	Focus groups and interviews	5 (A and B)
4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.	Secondary data, focus groups and interviews	5 (A and B), 6 and 7
5. To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting ability based early help, including any timing issues and potential gaps in the current system.	Secondary data, focus groups and interviews	7

Chapter 5A. Qualitative findings: Part A (Focus Groups)

5A.1. Introduction

This chapter is split into two parts, part A (focus group findings) and part B (interview findings). For ease of reference where I refer to findings elsewhere in the thesis, I denote the relevant section by referring to the chapter number, part and paragraph number (e.g., 5A.3). A summary of part A of chapter 5 is provided in Table 5A.1.

Table 5A.1
Summary of Chapter 5A

	Contents of Chapter 5A
Methods	Qualitative Focus groups (n=5)
Method of analysis	Constructivist Grounded Theory
Sample	n = 28 (Family Service professionals (n = 22) and Family Service stakeholders (n=6)). Average number of focus group participants = 5.8
Focus group length	Range = 1h:06m:58s – 1h:21m:59s; Average = 1h:13m
Ecological system sampled from	Microsystem and exosystem
Research objective(s) addressed in the chapter	2. To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system. 3. To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families. Partially addressed research objectives: 4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system. 5. To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting

	ability based early help, including any timing issues and potential gaps in the current system.
Chapter Introduction	This part of the chapter provides the findings and categories derived from the constructivist grounded theory analysis of the pseudonymised narrative data derived from the focus groups.

An overview of the findings ground from the focus group data is presented in Table 5A.2, with the supports and barriers presented in italics.

Table 5A.2

Themes grounded from the constructivist grounded theory analysis of the focus groups (n=5) with service providers and stakeholders of the Family Service

Themes from a constructivist grounded theory analysis of focus groups	
Perspectives and experiences	The nature and quality of (open and honest) relationships between Family Service professionals and service users - *Change(s) in professional(s)/children, young people and families having to retell their story* Qualities and approaches of a 'good' professional Outcomes - *Timescales* - *Reviewing cases/Family Service action plans* - *Strengths-based working to achieve 'good enough' progress*
An increasing level and complexity of service users' needs	Late help not early help - *Waiting lists* An unspoken increasing level of need Lack of funding and early help services available The emotional impact/toll of the job - *Peer support*

italics = supports and barriers within the identified themes.

5A.2. Perspectives and experiences

5A.2.1. The nature and quality of (open and honest) relationships between Family Service professionals and service users

Every participant referred to the importance of forming high-quality relationships with children, young people and families regularly during the focus groups; they recognised them as important for a strong, meaningful therapeutic alliance with children, young people and families during all parts of the service user journey through the Family Service for parenting ability. Participants discussed how a positive relationship with individuals at the start of the Family Service' involvement encouraged engagement in the Family Service:

> ***Scarlet: because we are a consent-based service the relationship with that practitioner does become all important because if you haven't got that, then it is very easy…… to lose that family if you like and you know they can disengage. (FG1: Case management team)***

> ***Monica: making sure you're really clear at the beginning about what you're going to share, who you're going to share it with and why you're going to share it…… If that's not explained clearly at the beginning, families will, will very quickly disengage from you (FG1: Case management team)***

and was also essential in ensuring positive outcomes are achieved by children, young people and families:

> ***Doris: I think the long-term outcomes generally for the families that need that longer term, they, the long-term outcomes come from having that relationship with them. (FG4: Case management team)***

Participants said that both high-quality and open and honest relationships between themselves and children and young people and parents, was essential in keeping families engaged from the start to the end of their journey with the Family Service. Participants said it was a significant contributing factor associated with achieving positive outcomes for children, young people and families. When asked whether they as professionals viewed early help as effective, Rhona explained:

> ***Rhona: …it really can work if parents invest and if parent engage, that's the key to it. So, it's alright, we can put whatever work or whatever support, but it's having the parents on board.***
> ***Janine: Absolutely (FG1: Case management team)***

A quality relationship between participants and children, young people and families was the key foundation that was required before any support or interventions could be delivered; without this relationship participants said the work would not be welcomed nor taken on board by parents. The importance of building relationships was also echoed by child and family workers such as Edna and Janet also:

> ***Edna: I like to spend quite a lot of time building a positive relationship because if you don't have that, they're not going to engage with you, because it's like "oh, well they might change appointments" or it will get to the point where they're like "we're not going to like carry on with this support". But I think it's the most important thing really, is to build that relationship with them first, before you then start…***
> ***Janet: …doing any work (FG3: Child and family workers)***

Participants spoke about how consistency and honesty was utilised to help build meaningful relationships between themselves and service users and participants said that transparency with children, young people and families was the catalyst that helped initiate the building of relationships. However, participants also reported this was a lengthy task. When discussing other strategies used to build relationships with service users, Fatima and Scarlet went on to explain:

> ***Fatima: I just try and build the relationship up. Like I don't go in like "oh, I'm this professional". I just talk to them like they are normal people. They are more likely to engage if you go in there, you know? Being you know, normal and chatting with them.***
> ***Scarlet: I…… think that is very important, that first impression, when you do go out to meet a family…… focus on or trying to pull out something that's going well or things that they are doing well. Because there will be something. (FG1: Case management team)***

Participants discussed how building a high-quality therapeutic alliance between themselves and service users was often encouraged through normalising asking for support. The first impressions families got from their case manager was also, according to participants, influential in building a relationship. Therefore, further strategies used to build high-quality open and honest relationships were voiced by Doris and Tamara as:

> ***Doris: I always use examples of what's, from my own life and talk about how I've got children and…… I've had to ask for help before. I suppose I just try to offer reassurance that it's okay and that it's not a reflection on them.***
> ***Tamara: I think you're right, I think you do have to give a little bit of yourself…… I think, I think it's your relationship with, definitely your relationship with that family because if you go in with all the power, you might as well forget it. (FG4: Case management team)***

Participants agreed how they needed to adopt an open and honest approach, using events in their own lives to reference, as this encouraged engagement from parents and helped build high-quality relationships. Both a high-quality relationship that was both open and honest in nature was essential in that, even though relationships could be established between service users and service providers, unopen and dishonest relationships made the overall therapeutic alliance superficial. Furthermore, (complex) case-managers said that being open and honest with service users in turn led to service users being open with them:

> ***Tamara: I think, I think most parents when you get to know them and again, it comes back to the relationship***
> ***Sabrina: Absolutely, yeah***
> ***Tamara: are quite upfront with us. "I just lose it", you know? "I'm just screaming, I do end up hitting them, I do end up throwing stuff at them. I do end up slamming doors". Most parents are upfront with us. (FG4: Case management team)***

Participants said the reciprocal open and honesty of their relationships with service users allowed them to effectively support parents (and children and young people) by providing help tailored to their needs and desires. Participants explained how transparency with service users also lent itself to honesty from parent/carers also.

Overall, stakeholders also agreed that the Family Service were highly effective at building high-quality, open and honest relationships with children, young people and families:

> ***Lara: …they [Family Service professionals] have a very good way in the meetings of building the, well first of all building the relationships with the families which is you know?***
> ***Joan: Huge***
> ***Aubrie: A big deal***
> ***Ellie: It's key isn't it?***
> ***Lara: Yeah, and then they have a very good way in the meetings of being able to then share the problems and the issues that need to be resolved (FG5: Stakeholders)***

Stakeholders of the Family Service recognised the time and effort Family Service professionals put into establishing and building high-quality, open and honest relationships with children, young people and families, which was seen as crucial in ensuring engagement with the Family Service and achieving positive changes overall. All stakeholders came to a consensus that Family Service professionals were good at building high-quality, open and honest positive relationships with children, young people and families which were recognised as needed throughout every stage the early help journey.

5A.2.1.1. Barrier: change in professional(s)/children, young people and families having to retell their story

All participants said that relationships between themselves and families were the underpinning foundations of their role (See section 5A.2.1). However, a few participants, such as Suzanna explained how the structure of the Family Service meant that it was likely service users had to build relationships with multiple professionals:

> ***Suzanna: the service…… was supposed to be designed so that you only had one worker going into support the family, when actually that completely was not the case. (FG3: Child and family worker)***

Despite this, Suzanna went onto explain how they managed to overcome this:

> ***Suzanna: They, case managers, are pretty good at prepping families for us coming in and there's a nice introduction, hand-over isn't there?***
> ***Janet: Yeah***
> ***Suzanna: So that's helpful, that's a really good way of doing the joint home visits. That helps families engage a bit more (FG3: Child and family workers)***

Participants, specifically child and family workers, agreed that case managers were efficient in handing over cases to other Family Service teams, to reduce the toll on parents and children and young people in having to retell their story. Participants said this effective intra-agency approach within the Family Service encouraged a continued engagement with the Family Service despite being introduced to a new professional. Regardless, participants stated that changes in professionals at any stage in their support journey was a barrier, as Edna explained:

> ***Edna: Whatever it is, you build up a good relationship with them and then it's like "bye", kind of thing. So, they don't even kind of want to build a relationship with you because they're like "well you're going to leave soon, so what's the point?" (FG3: Child and family worker)***

Most participants said that when children, young people and families had to retell their story, due to a change in worker, this turned into a barrier to engagement for them. Participants collectively argued that changes in workers at any point in their support journey(s) were problematic and hindered children, young people and families both building relationships with further professionals and achieving positive outcomes. Moreover, stakeholders of the Family Service also discoursed about how changes in professional(s) had a knock-on effect on schools:

Zelda: And also the changeover of staff, so they're trying to build a relationship with the person who's their support worker

Aubrie: That happens all the time doesn't it?

Zelda: And then the next time somebody different turns up…… and so we're still the stability. We're still the people who are like "well you're the familiar face and you have been for a long time, so I'm still going to tell you everything" "yeah, but you need to speak to your Family Service worker" (FG5: Stakeholders)

Participants explained how the familiarity and regular contact with school meant that when a change in professional had occurred, parents often returned to school with their problems owing to this familiarity and regular contact with school. Therefore, stakeholders of the Family Service were also found to encourage engagement with the Family Service by being advocates of/for the Family Service.

5A.2.2. Qualities and approaches of a 'good' professional

Within all focus groups there was discussion of the qualities of a 'good' targeted early help professional. All participants described how the needs of children, young people and families were at the forefront of their work and certain qualities and traits of early help professionals were seen as essential. For example, when discussing their approach upon initially meeting families, Rhona and Kali explained:

Rhona: I think you need to make sure that you read the case notes and the referral and you know the parents' names, there's little things like that…… you're actually paying an interest and you're investing your time. (FG1: Case Management team)

Kali: I think it's down to your personality as well, showing them that you want…

Edna: …that you care…

Kali: Yeah, you're invested and that you care. Yeah. (FG3: Child and family worker)

Participants said that service users valued professionals that demonstrated a dedication and investment in them as a family achieving positive outcomes. Scarlet expanded on this further:

Scarlet: When you start to persist a bit more, and you know invest your time and interest in that parent, carer, they might you know, think actually, you know? There is, somebody is spending some time on me, you know like, I am worth it kind of thing. (FG1: Case management team)

Most participants said that they adopted a persistent approach to working with families, as they reported that this demonstrated an investment in their families. This persistent approach

reportedly helped build parental confidence and self-esteem, thus improving parenting ability according to most participants. When discussing Adverse Childhood Experiences experienced by service users, Tamara explained:

> ***Tamara: we're all caring people…… if somebody disclosed sexual abuse, they would go over and above to support that family in every which way that they could, in any case of abuse they would because that's why we do the job we do. (FG4: Case management team)***

Participants talked about how as a targeted early help professional, they needed to be naturally caring and supportive people that strived to help families achieve positive change and move them out of crisis. Participants said helping children, young people and families to achieve positive long-term outcomes provided the drive and motivation to continually support families to their best of their ability. Further to this, participants such as Janet said an approach that built confidence in service users own parenting ability was needed:

> ***Janet: I think one of the things we've tried to do, is we've tried to explain to parents that…… coming and accessing the support shows that they are good parents and they do want to achieve the best for their families, so it's about building that confidence up and then actually by doing that, they're doing the best they can. (FG3: Child and family worker)***

Participants explained how they adopted an approach that encouraged service user engagement through focusing on the strengths of families and by pointing out that accessing help makes them good rather than bad parents, which many participants said in turn increased parental confidence (See section 5A.2.3.3 also). Similarly, (complex) case-managers also noted how they needed to be consistent and persistent in their approach:

> ***Rhona: When you let families down, when you arrange visits and cancel regularly…... families remember that and children as well. So, you need to consistent and persistent.***
> ***Janine: Don't come over a judgemental, sort of telling them rather than getting their…… advice in there***
> ***Rhona: So, it's doing it to instead of with isn't it? That doesn't necessarily work***
> ***Scarlet: Yes…… don't promise things that you can't do…… or even if you do genuinely forget to do it, then make a point of***
> ***Janine: Be honest (FG1: Case management team)***

Almost all participants spoke about how a key approach to working with children, young people and families was an approach that enveloped open and honesty with parents (See section 5A.2.1). But furthermore, most participants agreed that it was important to ensure that they did what

they said they were going to do, as when families were let down this turned into a barrier for engagement/participation with the Family Service. Child and family workers such as Janet claimed that involving the family's views/desires was also necessary:

> ***Janet: When we first initially go and meet the parents…… I will always go and [ask] that family what they need rather than just taking on board what the professional has said. (FG3: Child and family worker)***

Considering families views was seen as good practice by participants and some participants ascribed this approach of personalising support to the family's needs, wants and desires of working with the Family Service, as a support which encouraged service user engagement. By working with parents rather than doing it to parents, Tanya explained:

> ***Tanya: I think that's sort of, building that resilience up, not doing it to them but working with them (FG2: Case management team)***

Moreover, participants discussed how their Family Service action plans were constantly/regularly changing and adapting to consistently meet the personalised and ever-changing needs of children, young people and families:

> ***Jayda: So, you're going to be assessing across the whole time and making changes or adding things in, across the whole time you've got that family open to you.***
> ***Tilly: I think your action plans are just constantly being reviewed, almost on a visitly, daily basis. (FG2: Case management team)***

Participants said that they needed to be flexible in their approach to delivering support to children, young people and families to provide helpful support for children, young people and families. Over half of the participants discussed that as the needs and difficulties of families changed over time, the support provided by the Family Service was adapted to these changing needs, therefore flexible working was seen to be a valued asset of a 'good' Family Service professional.

Overall, when discussing the Family Service, stakeholders positioned Family Service workers very highly and expressed how they viewed the Family Service:

> ***Lara: It really is a quality piece of work, but I think again it's, it's those workers that are very skilled at it. So, I absolutely love it***
> ***Ellie: Um, when it gets accepted***
> ***Lara: When I get that call to say they've got a family support worker***
> ***Ellie: Yep***
> ***Lara: Because you know they're going really early in the morning and they look at all***

those routines and they, they get a really good insight to what really is going on with those families (FG5: Stakeholders)

Stakeholders agreed that the professionals who made-up the Family Service were highly skilled or 'good' professionals who effectively supported children, young people and families across Nottinghamshire. Participants said that the highly skilled Family Service professionals were a contributing factor in children, young people and families achieving and sustaining positive changes/outcomes.

5A.2.3. Outcomes

Participants identified short and long-term outcomes that children, young people and families can achieve from engaging with the Family Service. Participants agreed across all focus groups that the Family Service were successfully effective in the short-term at helping children and young people return to school and maintain an acceptable level of school attendance as set-out by/within Nottinghamshire County Council's local code of conduct for truancy and school absence (Nottinghamshire County Council, 2021). Case-managers spoke about the various ways that they helped encourage school attendance:

Blake: I'd say like relationships within the family home, so less conflict, less arguments, knowing how to handle situations with their children better. Children knowing how to handle their parents a bit better……
Ollie: And that impacts them in terms of like school attendance and school achievement (FG2: Case management team)

Participants discussed how improving relationships and communication between family members can in turn have a domino effect on school attendance. A stable and supportive home environment was seen to encourage school engagement and participation from children and young people. Nonetheless, most participants said that the ability to improve school attendance was seen as a positive outcome that could be achieved via many different approaches and had an overall positive impact on children, young people and families:

Rhona: So actually, improved emotional health and wellbeing, self-esteem, confidence, just by attending school that can be, just on a regular basis. Obviously, their attainment goes up…… so it has an impact on their learning as well.
Naomi: It reduces risk. Knowing where they are when they're not in school and what they're doing. (FG1: Case management team)

As a result of the improved relationships between individuals in the family, Catherine also went onto explain:

Catherine: It might mean actually we're not, a child isn't going into Local Authority care and parents are able to stabilise a placement…… So, there's some really quite significant short-term changes that, that we make. (FG2: Case management team)

A few participants said that preventing children and young people entering children's social care was a significant short-term outcome that participants could help families achieve by providing tools and strategies to families which encouraged an improved communication and relationships between individuals in the microsystem. Other positive short-term outcomes discussed by participants included:

Yasmin: I think in terms of the young people it's about getting somebody that's listening to them (FG3: Child and family worker)

Rhona: They might feel like someone is listening and that they've got that support…… I would imagine that would be, positive for the parents, to know that they're not on their own. (FG1: Case management team)

Participants such as Yasmin and Rhona said that they often provided both children and young people and parents with a voice that was heard and listened to, which consequently made them feel confident and almost immediately supported by the Family Service. Moreover, participants discussed how parental confidence could be developed through an increased knowledge and awareness of their child's needs. As Jayda explained:

Jayda: We come across a lot of…… children with ADHD [Attention Deficit Hyperactivity Disorder], autism, that type of thing. I think that it's the parents starting to understand those needs and understand their children and the impact of these conditions on them, it's obviously a long-term win, isn't it? (FG2: Case management team)

Participants explained how a large proportion of families who use the Family Service have children with additional needs such as Attention Deficit Hyperactivity Disorder, autism spectrum disorder, etc. and how the Family Service can provide knowledge and information to support parents understand their child's needs better, thus improving their long-term parenting ability. Participants such as Scarlet spoke about how the overall confidence gained by children, young people and families through engagement with and support from the Family Service, was both a short-term and long-term outcome:

Scarlet: In the short term, I mean I've been with a mum…… on this conflict workshop this morning and already you can see her, her confidence…… longer term, such as parents that attend like the parenting courses and things like that, it is that confidence building within their longer-term parenting, you know, to support them, when their children grow (FG1: Case management team)

Participants said that parents often lacked confidence in their own parenting ability and thus the support provided by the Family Service aimed to improve parental confidence. Participants recognised that an improved confidence in parenting ability, ultimately had a domino effect on other aspects of life, as Blake and Tilly discussed:

> ***Blake: I've had examples where adults like with sort of mental-health sort of long term, then you're sort of building back up that confidence, getting them back into volunteering or getting them to do stuff…… so, in terms of their sort of self-esteem and sort of emotional wellbeing, that's sort of quite long term.***
> ***Tilly: And sometimes for them to recognise quicker that somethings adrift or something isn't going quite right and acknowledge and maybe ask for that help earlier rather than letting it get to crisis point. (FG2: Case management team)***

Participants said that the support and confidence provided by the Family Service ultimately had a positive impact on parental mental health which they associated with community participation demonstrated via volunteering programmes or returning to employment. Rhona said that the confidence gained by families also translated into an increased awareness and knowledge of when and how to reach out for help in the future if necessary:

> ***Rhona: They [parents] know, they can access services in future. They might feel confident to be able to do so once they've been through the service and received some support. (FG1: Case management team)***

Most participants claimed that they helped parents develop stronger relationships with other agencies that surround families such as schools and GPs. The improved relationships between families and agencies were seen to ensure that problems could be prevented from escalating to crisis point before accessing/reaching out for help, which participants said was a positive long-term outcome for children, young people and families. Participants across all focus groups agreed that a strength of the Family Service was improving both the quantity of agencies and quality of relationships between the agencies surrounding the family (the mesosystem):

> ***Suzanna: So, we are getting really good at, when we're not there, other people around them who are friends and family and professionals just being there containing the family and just that, I think that's a really good long-term gain.***
> ***Janet: And a number of the parenting programmes cover that don't they?***
> ***Suzanna: They do, yeah (FG3: Child and family workers)***

Participants said that developing support networks for families was a long-term support for families. Improved support networks prevented families from re-entering the service, as they had easily assessable support that they could turn to at an earlier stage, rather than or before

reaching crisis – support that the Family Service were seen to deliver (See section 5A.3.1). All participants acknowledged that developing an appropriate exit strategy was crucial for service users to maintain positive outcomes that they had achieved whilst in the Family Service. Tilly Clarified:

> ***Tilly: Sometimes our parents, some of my parents in particular are just very negative parents and sometimes you just have to really reinforce how well they are doing, because it's that fear isn't it? That fear that if they close and they leave then it's all going to go wrong again (FG2: Case management team)***

Nonetheless, stakeholders also agreed that the Family Service had a positive influence in helping families achieve positive change/outcomes:

> ***Lara: I have to say when they do manage to get Family Service caseworkers and the intensive caseworkers, they are fantastic***
> ***Aubrie: They are good, definitely***
> ***Lara: And you see a family shift dramatically in you know, a short space of time and then, once they then sign off – which I think the intensive workers its 12 weeks, isn't it? And that 10/12 weeks, they do sign off and I feel like they do sign off at the right point (FG5: Stakeholders)***

Stakeholders discussed how the Family Service were extremely helpful and effective in their role of supporting families to achieve positive changes and move out of crisis. However, participants discussed how the Troubled Families Programme criteria for success was problematic:

> ***Suzanna: The PbRs [payment by results] are not related to the actual child and the child's welfare and the child's wellbeing…… it's not actually about that child's experience, because that's what we're all about making sure that a child has a better life than what they had originally before we got involved. So, we miss a trick sometimes. (FG3: Child and family worker)***

A few participants such as Suzanna acknowledged that the Family Service were effective in terms of achieving positive outcomes for families under the Troubled Families Programme, but participants argued that the outcomes measured by the Troubled Families Programme failed to include the voice and opinion of the child which was discussed by participants as being essential in ensuring long-term meaningful positive outcomes were achieved by children, young people and families.

5A.2.3.1. Barrier: timescales

A significant barrier described by the majority of participants was the locally determined timescales to work with families, that participants were expected to adhere to within their roles. Participants such as Rhona claimed that high-quality, open and honest relationships (See section 5A.2.1) inevitably took time to build which made the delivery of support even more time constrained:

> ***Rhona: Relationships are really important and unfortunately, we are bound by time scales, which makes things quite difficult sometimes. So as soon as we're getting the case in, we're kind of thinking about, exit plans straight away. (FG1: Case management team)***

Most participants highlighted that the locally determined timescales, were a hinderance and were sometimes unrealistic when trying to build strong positive relationships between themselves and service users. Janine and Rhona discussed this further:

> ***Janine: it can take three or four weeks to engage, with that particular person.***
> ***Naomi: But you've got to get four/six sessions, to complete the whole work and that's without building that relationship.***
> ***Rhona: I think there needs to be a bit of a leeway, don't they? For relationship building because ultimately that's the, that's one of the most important things, it's the foundations of what, of what we do. (FG1: Case management team)***

Participants expressed that the timescales to deliver intervention(s) should be timed after the therapeutic alliance has been built between themselves and service users. As mentioned in section 5A.2.1 relationships needed to be built prior to the delivery of support. Although participants said that they were always conscious of timescales attached to their work, participants such as Janet also reported that they were willing to go beyond the allocated timescales because of the time spent building this essential high-quality, open and honest relationship:

> ***Janet: And I think for us as workers, we're so committed to what we do and the support that we want to offer, that we will push it if we need to because we'd rather spend an extra six weeks with a family and actually, achieve what they need to achieve and help them be able to maintain, then actually go "well I've done my six pieces of work, we'll stop now". (FG3: Child and family worker)***

Participants discoursed about how relationships inevitably took a while to build, but participants also said that they were happy to ask their managers for extra time to work with families and complete delivering the intervention as service users were (now) engaging with them, owing to

the time invested into building a therapeutic alliance with service users. However, a few case-managers also discussed how the limited timescales were also exacerbated by the large amount of necessary paperwork:

> ***Tilly: We miss some of that really key human interaction with families because***
> ***Jayda: Yeah, we're sat at a desk***
> ***Tilly: Yeah, we're sat at a laptop or computer and you know, almost to a point sometimes where the assessment visits, some of your assessment visits you can't like, you can kind of book in a timescale – they don't always fit to that (FG2: Case management team)***

Participants spoke about how it was hard for them to determine how much time to allocate to tasks. Participants said the busyness and complex lives of service users often made tasks that were initially considered simple by participants, more time consuming than originally anticipated. Time management was therefore seen as essential as an early help professional. Additionally, participants such as Suzanna spoke about how service users needed time with the Family Service to sustain and maintain positive transformative outcomes:

> ***Suzanna: So, we're pulling out the moment that they show success…… When actually family life's not like that, it's got lots of ups and downs and they need to be made more resilient. (FG3: Child and family worker)***

A lot of participants discussed how the time constraints meant that families were closed to the Family Service almost immediately after positive change/outcomes had occurred in children, young people and families. But participants such as Tamara said that families required more time in the Family Service to sustain positive changes and become resilient:

> ***Tamara: We need to kind of go with the strengths on that family, we work with the strengths on that family. But we can't do that, we can't build somebody up in six weeks or three months or whatever, it just doesn't work like that. (FG4: Case management team)***

Participants explained how the timescales of the Family Service was a barrier for them in helping children, young people and families achieve positive long-term outcomes. Participants contemplated that the service users could better achieve longer term outcomes by providing longer term support, as Jayda explained:

> ***Jayda: it would be good if ideally we could…… say a month later, a visit and then another visit a month after that, to see "is it still working?"…… I do think that for a small extra input we could get a much bigger results, more out of it. (FG2: Case management team)***

The abrupt withdrawal of support was identified by some participants as a barrier for achieving longer term outcomes, as children, young people and families were not supported to become resilient – which participants voiced was essential for achieving long-term outcomes. Many participants discussed how families with complex and entrenched needs often required longer-term support than could be offered under the Family Service, given the locally determined timescales and the increase in service demand.

5A.2.3.2. Support: Reviewing cases/Family Service action plans

A support disclosed by most participants included the ability to review cases with their managers and assess the (lack of) progress and any potential difficulties encountered with families on their caseloads. Reviewing cases were particularly helpful in relation to the timescales (See section 5A.2.3.1), as reviews allowed participants to justify, if necessary, why the case should be kept open. As Janet and Edna explained:

> ***Janet: Its useful to be able to review it and I think that's, that is a massively important thing because…… reviewing it maybe at six weeks does give you the opportunity to go then, "well actually, we've had to build it [a relationship] for four weeks, we're now going to start doing some of the work", but it's about making sure that work is what the family needs.***
> ***Edna: And sometimes the need actually comes towards the end. (FG3: Child and family workers)***

Participants indicated that meeting the needs of children, young people and families were prioritised over sticking to timescales. Reviews were also used as an opportunity to prevent families from re-entering the service by addressing the needs of families as they arise/change over time. Participants said that they did feel supported by their managers in regard to reviewing/extending the recommended timescales, as Tanya explained:

> ***Tanya: I think team managers are quite good at doing it at a case-by-case basis, erm you know? We do sort of say 6 months is really we would like to have cases sort of closed. You know, we are sort of quite good at saying this family needs that little bit more. (FG2: Case management team)***

Participants agreed that managers were supportive in agreeing to extend/expand timescales if necessary. Participants discussed that this ability to extended timescales on a case-by-case basis, in turn made them feel supported, confident in their role and valued as an early help professional within their team and the Family Service in general.

5A.2.3.3. Support: strengths-based working to achieve 'good enough' progress

Throughout the focus groups, participants identified several techniques that supported them in their role of providing targeted early help support to children, young people and families. Participants discussed how the 'strengths-based' approach to working with families adopted by the Family Service was a valuable technique in encouraging engagement in children, young people and families:

> ***Suzanna: It's about flexibility and when you're out, we, I want to say manipulate, but it isn't a manipulation, what it is, it's about finding their strengths and what they want…… then you feed into what the actual social worker has identified.***
> ***Janet: The next steps to be done***
> ***Kali: Little steps build up their confidence (FG3: Child and family workers)***

All participants discussed how the strengths-based approach was also used to encourage families to change their mindset. Some participants explained how they needed to work with parents gradually to build confidence in their parenting ability. Participants such as Scarlet acknowledged that the strengths-based approach helped build confidence in children, young people and families and made them feel empowered:

> ***Scarlet: I think it's a mind-set isn't it sometimes?…… You're triggering that parent to then actually think "well, actually he is really good a drawing or he is quite good at that and he does actually get his pyjamas on before he goes to bed at night and he does sleep all night" you know, and it's that kind of thing, it's a mind-set. (FG1: Case management team)***

A few participants discussed how parents often had a negative attitude and mentality because of their family's circumstances and the difficulties they were facing and most said that the strengths-based approach was helpful in encouraging a more positive outlook, approach, and mindset towards parenting. Some participants such as Janine and Scarlet said that they highlighted to parents the small positive achievements accomplished along their journey:

> ***Janine: Just opening the door to us sometimes, just letting us in, into their house can be an achievement.***
> ***Scarlet: Yeah, they actually wouldn't even probably think about that. So just saying to them "oh, well thank you for letting me in to discuss these problems." (FG1: Case management team)***

More specifically, participants discussed how reflecting on small steps of progress was motivational for families, as this demonstrated that positive change and outcomes were possible to be achieved/had already been achieved. Ultimately all participants said that highlighting small

achievements: broke down barriers for parents, helped build parental confidence and reinforced that they were making positive changes, and were not bad or inadequate parents for accessing help. Jayda and Tanya discussed this further:

> ***Jayda: I do think we are very good at point out those positive things…… because we talk a lot about young people and children liking the positive things but actually***
> ***Tanya: Parents, umm***
> ***Jayda: A lot of our parents, when we give them the positive feedback, you can see them then ready to then move on to the next step because they recognise, they are able to do it (FG2: Case management team)***

Participants spoke about how the strengths-based approach was helpful in encouraging positive changes in both parents and children and young people. A few participants discussed how the delivery of a non-judgemental strengths-based approach was time consuming (See section 5A.2.2.1) but was overall beneficial for parents and children and young people and thus was a support for them in their role. Likewise, a lot of participants explained how they broke down their support and guidance down into manageable steps which were achievable by children, young people and families:

> ***Jayda: When you're putting together these plans, I think that's, that's where you are with your kind of target, where you want to go. You may want that family to end up here, but actually it may take 10 steps to get to there. It's about breaking that down with them, to look at how they can cope with those steps. (FG2: Case management team)***

Some participants such as Jayda talked about how parents needed to see the steps they needed to achieve (changes to be made) to reach their end goal, desired from working with the Family Service. Participants went on to explain how some families cannot recall the progress that they have made whilst with the Family Service owing to the entrenched needs and complex difficulties they were facing daily. This was outlined by Tilly and Francesca:

> ***Tilly: Families have got so much going on, when we come to closure point and we talk about kind of what they have done…… they can't remember some of the really small things or positive changes that they have made (FG2: Case management team)***

> ***Francesca: They [families] don't see those little things as actually big things and then…… it's the knock-on effect that it has on everything else. They're not always able to recognise I don't think. (FG1: Case management team)***

Many participants discussed how the strengths-based approach was also a support during the closing of the case to help children, young people and families reflect on the improvements that have been achieved due to/since the Family Service involvement:

> ***Doris: Sometimes families don't recognise its worked, but we can see actually there's been improvement. So it might be that attendance has improved…… they're doing better in school.***
> ***Tamara: Yeah, yeah absolutely.***
> ***Sabrina: And I think it's important as well, that you point that out to the families as well. So, when we are coming up to the closure and all of that…… it's about kind of celebrating how far that they have actually come (FG4: Case management team)***

Professionals recognised that the positive outcomes or changes achieved by families were more simplistic but emotionally demanding/challenging, yet meaningful outcomes/changes for families with increasingly complex and embedded needs. However, some participants such as Scarlet were mindful that small changes were often significantly big changes for families:

> ***Scarlet: It's about recognising the small changes that happen…… actually, in their own right are quite big things, for that family. You know and that comes again to like your exit, you know, closing the case, just because everything might not be you know, 100% but***
> ***Janine: It's about what's good enough, isn't it? Yeah (FG1: Case management team)***

Overall, most participants said that small changes cumulated to make an overall 'good enough' change in families to move them out of crisis. Participants discussed how progress made by families was a subjective judgement and the task according to participants, was determining how much of an impact the small changes achieved, made to that family.

5A.3. An increasing level and complexity of service users need

5A.3.1. Late help not early help

Participants across all focus groups agreed that the targeted early help provided by the Family Service should not be referred to as targeted early help (See section 1.4.2), as this does not accurately reflect the complex needs and entrenched difficulties faced by children, young people and families across Nottinghamshire. All participants discussed how the locally determined threshold for the Family Service was too high for the Family Service to be considered as early help:

Rhona: So, I suppose what I'm trying to say is that, the criteria doesn't help either to catch families at an earlier point because you have to really be having multiple issues, before you even come to tier three. (FG1: Case management team)

Participants attributed the fact that families are often at crisis point by the time they receive help from the Family Service, is as the Troubled Families Programme criteria and pathway to provision are set too high. This led participants such as Doris to reflect that families would not be considered by the Family Service if families were to reach out for help at an earlier stage:

Doris: So, we're called early help but actually none of my cases are ever early intervention, its always gone beyond that and I don't know if those families that were early intervention would get through. (FG4: Case management team)

The high threshold for the Family Service was seen as a barrier by participants, as Suzanna clarified:

Suzanna: Hardly ever do we do level two work and really the definition of early help is going from universal to level two, that is the definition of early help. So actually, they have to jump through a lot of hoops or they have to be in quite a desperate situation in order to meet our criteria and that is a barrier. (FG3: Child and family worker)

With troubles already engrained and entrenched in family's lives by the time Family Service support was provided, participants said that this was a barrier as this made positive change(s) reportedly harder to achieve for children, young people and families. Stakeholders also echoed this point as they explained:

Joan: It's supposed to be Early Help and actually it's not
Zelda: It's not early help
Aubrie: No not at all
Joan: The name needs changing (FG5: Stakeholders)

Participants cumulatively speculated that the term early help was inappropriate for the type of work that is performed by the Family Service and went on to suggest that new terminology is needed to adequately reflect and represent the help provided by the Family Service. Participants discussed how the help provided to families by the Family Service was beyond the point of early help as their difficulties had already escalated into crisis. Participants such as Catherine spoke about how the term early help did not adequately nor appropriately represent the intensity of support necessary to support children, young people and families at this level of need:

Catherine: And we do have quite a lot and its again, like that term early help, where a lot of families that come through, where parents are ringing and saying they want their

children accommodated, they don't want to look after them anymore…… so when you think of that term "early help" and yet a lot of our work is kind of, at that threshold. It's not the right terminology for the work we do. (FG2: Case management team)

Participants concurred that the term early help does not adequately embody the varied and increasingly arduous task of being an early help professional supporting children, young people and families with increasingly complex needs. Many participants described the types of tasks being performed by them as professionals, this led participants such as Suzanna to reflect that early help was not a fitting term:

Suzanna: We're working with family's reconciliation, we're reintegrating them back home from foster care, we're preventing them from going to care, but we're still called early help. So, I think with all of that perhaps the definition of early help really does need relooking at because yeah. Well, the level of need is so high, it's not early help (FG3: Child and family worker)

Participants spoke about how it was common for them to be performing tasks often considered the role of social workers, such as those described in the above extract. However, further to this, some participants suggested there is a misalignment between the connotations associated with early help and the actual type and provision of service provided by the Family Service to children, young people and families. Stakeholders similarly conversed about how the term early help was inappropriate:

Zelda: But for some of our parents they don't understand the early help, like "well my child's in key stage 2" "yeah, but what it means is…" [laughs]
Aubrie: Yeah
Zelda: It's because we have early years, so it's like hang on a minute, we've got all these phrases that are quite confusing at the time when somebody who's perhaps not quite got the mental capacity to understand everything that you're trying to tell them (FG5: Stakeholders)

Stakeholders said that the term early help was deceptively misleading for the role of the Family Service and was also a source of confusion for some families. Therefore, the term early help was described as a barrier for families due to similar terms such as the 'early years' making it hard for families to fully comprehend the support on offer by the Family Service when in a state of crisis.

5A.3.1.1. Barrier: waiting lists

During the focus groups participants discussed the barriers that hindered them in delivering effective early help to children, young people and families across Nottinghamshire. When asked what hindered them the most in their role participants responded:

> ***Janine: Waiting lists***
> ***Scarlet: Yes, waiting lists, they don't get the support they need. (FG1: Case management team)***

Participants explained how waiting lists meant that families were left without support whilst waiting for help. Participants such as Sabrina and Tamara explained how the waiting time into the Family Service transpired into a barrier for service users and was an additional challenge that they as professionals had to overcome:

> ***Sabrina: Some of the responses from families that we've had is when we've gone out they go "we wish you were here X amount of months ago"***
> ***Tamara: Yeah, yeah***
> ***Sabrina: And I think sometimes when the referrals do come in they could be at that early point but because of our waiting time, would could be looking at three or four months before they're actually even allocated to us. And things change for the family then as well. (FG4: Case management team)***

Participants said that the high demand for the service has resulted in large waiting lists for the Family Service, which participants suggested also contributed to the delivery of late help rather than early help. Participants spoke about how the waiting lists for the Family Service was a barrier as this left families frustrated and disheartened about not receiving help when they needed it the most. Similarly, participants went onto discuss how the waiting lists for parenting programmes from within the Family Service, was also a barrier as Janine explained:

> ***Janine: The difference in, how soon we can get these parents on parenting courses and how close they are to where they live, that's personally, I think is a bit of an issue……This area in particular does, does like a rolling programme and…… nearly every family I've put on, they've started a course within a month or so. Whereas, Location A they do a rolling programme between three areas, erm, so…… you've got to wait until it comes back round to your area – which could be a year later. (FG1: Case management team)***

Participants reported that the sooner parents could attend parenting programmes the sooner positive changes and therefore outcomes could be achieved by children, young people and families. Participants said that there was an inconsistency between the three areas of the Family Service regarding the accessibility of parenting programmes which participants said was a barrier

for service users as help was often needed here are then. Furthermore, (complex) case-managers also discussed that there is an increased waitlist for similar services/agencies that they signpost and refer families to:

> ***Sabrina: I think sometimes when we do referrals to other agencies…… they do brilliant packages of support and everything but sadly you can be looking at up to eight months before your family is allocated.***
> ***Doris: Yeah and that's even if you get the referral accepted. (FG4: Case management team)***

However, participants highlighted that despite waiting lists for services, this did not guarantee the referral would be accepted. Participants discussed how they had to support families to the best of their ability whilst waiting for specialist agencies/interventions. Participants said that waiting lists were a barrier for participants as they had to provide interim support to families in specialist areas where participants said that they were not often trained to support families in these specialist areas (See section 5A.3.2).

5A.3.2. An unspoken increasing level of need

As a result of late help from the Family Service owing to the high threshold for service involvement outlined in the pathway to provision (See section 1.4.2) and the waiting lists for help (See section 5A.3.1.1), all participants articulated a shift in their role has occurred due to an increase in service users need and service demand:

> ***Tamara: we're still not doing the early intervention because we're always firefighting at the other end.***
> ***Doris: I feel like we're not early intervention anymore we are a support service for social care in the sense that they, they've got all the child protection safeguarding stuff to deal with and all of the stuff that doesn't quite meet that, we have to pick up. So, it's not early intervention because a lot of the stuff that this family are dealing with don't hit that criteria. (FG4: Case management team)***

Participants agreed that due to the increase in demand for the service this meant that those with more complex needs were prioritised a place in the service for intervention. Due to the multifaceted needs faced by families, all participants viewed their role not as early help but as a support service for children's social care, helping the families that do not meet their threshold but who have more complex needs than the criteria of level two early help services. However, the increase demand for children's social care was also considered to be partially attributable to the increasing level of need of children, young people and families in the Family Service:

Ollie: Ultimately, we have left multiple children in those families in a situation where it's not even about not thriving you know, at times it been a struggle for them to get by and there will be temporary improvement and then it'll just go back. And you have to accept that some parents don't have the capacity to parent, and we don't always remove children, when we should. And that's why you get a lot of repeat referrals. (FG2: Case management team)

The subjective judgement of 'good enough' parenting made by various professionals across the ecological systems (See section 5A.2.2.3) meant that there has been an increase in the demand for the Family Service. A few participants spoke of a disconnect between their views of 'good enough' parenting and children's social cares view of good enough parenting:

Tamara: It's a difficult one because we're not, we're not supposed to be at crisis, we're not a tier four service. We're tier three.
Doris: But we're dealing with tier four stuff
Tamara: Because there's almost a level five now. That nobody talks about, but it is. That's how it feels, when you kind of, you know?
Doris: Absolutely. That's what I meant earlier, about saying we're almost like a support service for social care.
Tamara: But we should be like that
Doris: The stuff they can't manage within their capacity.
Tamara: We should be working with them like that, but we're not. (FG4: Case management team)

Participants agreed that the level of need displayed by families receiving targeted support was rapidly increasing and becoming more entrenched. This increasing need led participants to reflect that the continuum of need employed across early help services in general and the continuum of need in Nottinghamshire County Council's pathway to provision, needs updating to reflect the increase in the complexity of difficulties faced by children, young people and families. A few participants spoke of a desire for more complex and sophisticated training for them to effectively support the ever-increasing diverse and complex needs of children, young people and families:

Doris: One of my bug-bares is that I feel that we're expected to do a social workers job, but without the training for it…… we're not trained to the depth that they're trained but the expectations are the same and I really struggle with that sometimes. I feel a bit vulnerable, it makes me feel a bit vulnerable, so when I'm working with these families, schools expect me to do the same job as a social worker (FG4: Case management team)

Participants said how their lack of training coupled with the emotionally demanding task of being an early help professional (See section 5A.3.4) and the increasingly complex needs of children, young people and families across Nottinghamshire often made them feel inadequately equipped and trained to deal with the increasing severity and complexity of family's needs.

5A.3.3. Lack of early help funding and early help services available

There was a consensus among focus group participants that there is a lack of funding available for early help services and was therefore an overall lack of early help services available for children, young people and families both locally and nationally. Participants explained how they considered level 2 development workers as true early help:

> ***Ollie: When we reduced the level 2 services, level 2 did give us sometimes a heads up of a true early help situation…… We're not doing that now, so those families who were sometimes going to get***
>
> ***Nicole: They're never going to get that true early help. (FG2: Case management team)***

Level 2 development workers in the Family Service were seen as true early help, as they could identify those at need of help at an early stage and prevent small/initial difficulties from escalating into more severe needs/difficulties. But some participants also noted how the number of level 2 development workers have decreased significantly over the past few years because of a decrease in available funding. The reduction in funding has negatively impacted other services also, as Ollie and Tanya discussed:

> ***Ollie: So, you know, it's that sort of like referral pathway that's been impeded by cutbacks I suppose.***
>
> ***Tanya: I think its awareness as well, isn't it?***
>
> ***Ollie: Yeah***
>
> ***Tanya: Because of cutbacks and things, we don't do, I suppose lots of community sort of things, like we used to go to events and stuff (FG2: Case management team)***

Most participants highlighted how all agencies on the pathway to provision – not just local authority led services - have been impeded by cutbacks over recent years originating in the macro and chronosystems in the conceptual framework (Bronfenbrenner, 1979). Participants voiced that the lack of awareness surrounding the Family Service was also partially due to the diminishing resources and funding of children's services in general. Stakeholders also agreed with this, as they explained the main barrier associated with the Family Service was:

> ***Zelda: It's just getting them [laughs]***
>
> ***Joan: There's just not enough of it***

Maureen: There's just not enough of it

Aubrie: No that's the thing

Zelda: And the allocation you know? because its hard times (FG5: Stakeholders)

Stakeholders of the Family Service agreed that the Family Service was a highly valued service, but the difficulty was accessing the Family Service, because of high demand and thus threshold. The lack of funding and resources allocated/available for early help services in general, was a significant barrier spoken about:

Doris: We've already said we're not early help, we're not coming in at that stage so, there's a lack of service at our level but actually some of the early help services that are genuinely early help services, probably are there, like the Healthy Families team, like Tamara: But there's not that many of them though. If you put a referral through, I put a referral through for a Healthy Families team, for information about children. Often, I don't get that information back (FG4: Case management team)

Participants viewed services and agencies below the Family Service on the pathway to provision as true early help and the Family Service was seen as a crisis service (See section 5A.3.1). Participants agreed that although there are 'true' early help services available for children, young people and families across Nottinghamshire, they are both full to capacity and scarce. Some participants attributed this to the lack of funding and resources available to children's services. A few participants said that the lack of non-statutory 'true' early help services, high thresholds for non-statutory early help services and an increase in non-statutory service demand across the whole of the pathway to provision, has led to an increase in statutory early help demand and need from the Family Service:

Tamara: We try to do the team around the child or team around the family, but nobody turns up. You end up with us and school.

Doris: Yeah

Tamara: And parents. So, it, we've just lost that because the health visitors and the school nurses are healthy families trying to deal with everything, they can't make the meetings because they haven't got time. We've lost it. (FG4: Case management team)

Participants suggested that families are not sufficiently supported in a holistic systemic manner to truly encourage positive transformative change, as professionals from other agencies do not always have the capacity to attend regular family meetings such as team around the family meetings:

Doris: And I suppose its lack of services for parents as well. That's a lot of the work that we do is parenting and so we can put some parenting courses on and do that work with

them but then there's even less available to them once we've closed.

Tamara: Yeah, yeah

Doris: You know, in terms of them getting some follow-up support after we've been in there, there's not very much at all. (FG4: Case management team)

Participants such as Doris and Tamara spoke of a lack of services available for parents also, with increasingly less support available from other external agencies, once the Family Service had delivered their support to service users. Participants said that this meant that parents were not picked up by other specialist agencies/services, other than the Family Service.

5A.3.4. The emotional impact/toll of the job

Most participants spoke about and often referred to the emotional impact/toll that the role of being a targeted early help professional can have on their mental health and well-being. During the focus groups, some participants such as Doris and Suzanna discussed the onerous nature of their role:

Doris: But we carry a lot of responsibility (FG4: Case management team)

Suzanna: …they are about to have their kids removed, you know, on the back of your work, you know, if they can't make change and you know, you've just really got to try so hard to get the parents to change. Yeah, it's hard. (FG3: Child and family worker)

Participants reflected on the critical high-stakes work they carry out as part of their role as targeted early help professionals. Participants were conscious of the impact of their role and the consequences for families should they not be able to make positive changes to improve their parenting ability under their care. The high-stakes work performed by Family Service professionals led participants such as Suzanna to discuss the emotional impact and toll of their role:

Suzanna: But I think that the worry is if you've got isolated workers experiencing, because you're listening to trauma day-in and day-out and you're absorbing that trauma. (FG3: Child and family worker)

Participants said that listening to traumatic and distressing information daily can have a negative impact and toll of their own mental health and wellbeing. The entrenched needs of service users led case-managers to discuss:

Jayda: Also, its partly about your own emotional health. It's partly about "wow, well I heard about 17 things in that visit, what do I now need to do?"…… you may need that immediate kind of bit of digesting with somebody else…… And sometimes like "woosh" you know, it clears a path for you mentally, so I do think that

Tanya: I think it goes alongside looking after yourself as well as a worker…… sometimes we do just need to take that minute to go and have a coffee, or whatever it is, that I think that that's important as well for us. And to know when you need that moment or whatever it is that you need. (FG2: Case management team)

Participants articulated that self-awareness of their own mental health and emotional well-being was needed to ensure that they could support children, young people and families to the best of their abilities. A few participants said that protecting their own mental health was essential for Family Service workers, especially as the needs and complexity of needs of service users appear to be increasing:

Rhona: It can be quite disheartening at times because you think you want to do this, this and this but you haven't got anything [resources] to do it with. It grinds you down.
Scarlet: I think you're right, it can be a bit overwhelming sometimes…… you really have got to be careful with your own sort of, time management and your own sanity because it's quite easy to, I feel at times, maybe become consumed by everything and then find yourself "oh God, I'm not.."
Janine: "… in a good place." (FG1: Case management team)

Some participants voiced how it was easy to become negatively affected by the Adverse Childhood Experiences being discussed with them by service users. Participants claimed that the reduction in funding and resultant lack of resources available to early help services made supporting families more difficult (See section 5A.3.3 also). However, participants also disclosed how the increasing number of cases on their workloads also impacted on their mental health and emotional wellbeing:

Doris: At the moment I'm not doing anything well because I'm struggling with the high workload
Tamara: I'm so pleased that you have said that because I'm in that place at the moment where I've got all of these assessments and I am kind of feeling the pressure (FG4: Case management team)

Participants discussed their difficulties in managing their workloads at certain times and the resultant impact this had on their mental health and emotional wellbeing. A few participants articulated that the emotional toll and impact on professionals was exacerbated by having to carryout multiple new assessments at once. Participants agreed that the high workload experienced was a contributing factor to the negative impact and toll that the role of the targeted early help professional can have.

5A.3.4.1. Support: peer support

A support identified from the analysis of the data is the peer support and intra-agency working found amongst Family Service professionals. Participants across all focus groups reported that both the individual teams that make up the Family Service and the Family Service in general, had an abundant collective wealth of knowledge:

> ***Tamara: I think it's an extremely supportive team. (FG4: Case management team)***

> ***Matilda: We're quite lucky in the Family Service as well, because we've got workers that have got different backgrounds and obviously, we've got the three teams, so quite a mixed bag of workers and what their strengths are and they can often be drawn upon or advice given, if you go to the right person. (FG1: Case management team)***

Many participants spoke highly of their colleagues and valued their wealth of experience and knowledge that they brought to the team. For participants, the peer support and advice referred to as "***peer supervision***" (Tilly, FG2) provided by their co-workers was deemed to be an invaluable support, to which knowledge or advice could always be sought, and was reassuring for participants. When discussing complex cases participants explained how invaluable peer supervision was:

> ***Tamara: You go into that family and they say "it's this, it's this and this" and you think "shit, I aint got a clue"***
> ***Doris: Yeah, yeah***
> ***Tamara: So you come out of it, you go back into the office and I'll go "well I've got this family, what do you guys [think]?" and somebody…***
> ***Sabrina: You just need to unpick it all, don't you?***
> ***Tamara: Yeah***
> ***Doris: I don't ever doubt that I can come and get support from somebody. I don't ever worry about that aspect of it. (FG4: Case management team)***

Most participants discussed how they were confident that they could rely on and talk to their fellow professionals for peer support, which was a highly valued support for those particularly hard or challenging cases, that in turn provided families with effective and relevant support. However, some participants such as Nicole also discussed concerns regarding the decreasingly availability of peer supervision owing to a move away from being office based:

> ***Nicole: It is very important to be able to access your team because some of your visits can be very difficult…… you have to be mindful of your own emotional health because you know it can be quite damaging, if you're not using those reflective times to share with other people and kind of offload them really. (FG2: Case management team)***

Most participants said that informal peer supervision was a highly valued because as mentioned in section 5A.3.4 participants often emphasised the emotional impact and toll of being a targeted early help professional. Participants indicated that peer support and supervision partly alleviated the emotional toll and impact the role can have on them as professionals.

5A.4. Discussion

Relationships between participants and children, young people and families were revealed to be the underpinning foundations of effective targeted early help delivery and are consistent with the literature (e.g., Mason, 2012; Morris et al., 2017). Moreover, the findings from this research also demonstrate that a positive therapeutic alliance is considered essential at every stage of the targeted early help journey. The literature suggests that when professionals are viewed positively by families they are associated with transformative and meaningful outcomes (e.g., Brandon et al., 2015: Bunting et al., 2017). Furthermore, the findings from this research demonstrate that Family Service professionals were reliable, consistent, persistent, readily available, and open and honest, which is essential when building relationships with service users and helps children, young people and families achieve positive long-term outcomes (Ferguson et al., 2021).

Participants highlighted how a change in professional(s) was a barrier for both professionals and service users. It has indeed been highlighted in the literature how a change in worker can be problematic for service users (e.g., Blades et al., 2016) and so is having to retell their story (Morris, 2013; Bond-Taylor and Somerville, 2013). However, the findings indicate that families often return to the familiarity of professionals within schools after a change in early help professional, perhaps due to the close proximity of the school as an agency in the microsystem within conceptual framework.

Adopting an open and honest approach was seen as a vital and effective attribute for Family Service professionals to have. Moreover, being persistent and consistent, paying a genuine interest in families, being committed to their role as an early help professional and adopting (but crucially believing in) an early help culture were explicated by participants as essential attributes, values and approaches necessary to be a ‘good’ or effective targeted early help professional. This echoes national evaluations of the Troubled Families Programme such as Blades et al. (2016) who found that families value keyworkers who were: open and honest, consistent and persistent, reactive and responsive to their needs, focused on both the family’s strengths and difficulties, easily available to talk to, supportive of other organisational processes (e.g., team around the family meetings, multi-agency meetings, health meetings/referrals) and provided emotional support.

The findings demonstrate that Family Service professionals can help children, young people and families achieve a plethora of short-term and long-term outcomes which is consistent with the literature and are similar to those reported in other evaluations of the Troubled Families Programme (e.g., Blades et al., 2016; Ministry of Housing, Communities and Local Government, 2019a). However, the findings also revealed that the support provided to families to achieve long-term outcomes were often heavily dependent on and influenced by the locally determined timescales (See section 5A.2.3.1) and increase in service demand (See sections 5A.3.2 and 5A.3.3). For some families this cumulatively resulted in the early discontinuation of late help. Indeed, research from the Social Care Institute for Excellence (2013), found that it is difficult for local authorities to meet long-term targets and visions whilst upholding short-term immediate need of service users. However, reviewing cases was seen as a support for professionals so they could extend timescales when service users were successfully engaging with them. Previous research has suggested that local authorities were found to be ensuring that the help they were providing would be beneficial to children, young people and families in the long-term beyond their participation in the Troubled Families Programme (White and Day, 2016), which was also revealed to be true of Nottinghamshire's Family Service despite the barrier of short timescales to work with families.

Utilising the conceptual framework for the research – Bronfenbrenner's (1979) ecological systems theory - offers a novel contribution to the knowledge as the findings reveal that a significant outcome that the Family Service can support children, young people and families to achieve is an improved relationships between microsystems (the mesosystem). The findings indicate that Family Service professionals typically sit in the exosystem, then move into the microsystem of the child whilst providing support to families (if high-quality open and honest relationships are established). The Family Service then mediate, repair and/or (re)build strained relationships between microsystems that surround the child, particularly schools and other agencies such as GPs. This ensured that there were stronger relationships between microsystems (the mesosystem) for when the Family Service case was closed (thus an improved support network in the microsystem for children, young people and families), when the Family Service then moved back to the exosystem.

The findings from this research reveal that the Family Service support children, young people and families in improving their support networks to prevent them from needing support from the Family Service, as their needs could be met at an earlier stage via this support network. Research from the literature suggests there is less stigma associated to targeted and intensive family support than children's social care, and as a result service users can become empowered and their social networks can also be improved (Hoggett and Frost, 2018). Similar to research from Blades et al. (2016) this research also highlights how the development of support networks

ensures families feel more in control, confident and better able to cope via utilising a range of new support networks established as a result of support provided via the Troubled Families Programme (Blades et al., 2016), such as the Family Service. Moreover, support networks have also been suggested to increase resilience (Barnes and Morris, 2007; Morris and Burford, 2007).

The findings suggest that the support provided from the Family Service is considered by participants to be late help rather than early help, as families were at crisis by the time the Family Service support was received. This was partially attributed the 'high' criteria of both the Troubled Families Programme and the locally determined threshold for the Family Service, and to the increase in service demand/need. Although early help has been adopted as an umbrella term for services available to children, young people and families whom do not meet the threshold for children's social care (Edwards et al., 2021), the findings from the research suggests that we need be abstain from using the term early help as an umbrella term for all services delivered to children, young people and families below the threshold of children's social care, as it was a source of confusion and deception for families. Moreover, the findings suggest that the term early help does not adequately represent the multiplicity of children, young people and families needs nor reflect the true nature of the targeted early help professional role across Nottinghamshire.

Families in contact with child protection services often have busy and complex lives/needs (Walsh et al., 2018) and similarly, those with the most complex needs under the Troubled Families Programme are found to have multiple, wide-ranging and complex needs (Hayden and Jenkins, 2015). Furthermore, research has previously demonstrated how the thresholds have been increasing over the last decade owing to an increase in service demand (Crenna-Jennings, 2018) and this research demonstrates that this continues to be true across Nottinghamshire. Analyses of focus groups with service providers has unveiled that the ever-increasing needs of children, young people and families has rendered a new unspoken level of need of families, which needs to be reflected in the continuum of need. Participants viewed their implicit role as a support service for social care but were still supporting those families at a social care level. The needs of children, young people and families vary across local authorities and time, however the Association of Directors of Children's Services (2018) highlights how the provision of early help is threatened owning to the decrease in local authority funding, also coupled with an increased need and growth of the population, and the rise in service demand. This is supported by the Local Government Association (2021) who reported "soaring demand" for statutory services between 2010-2020. Not only does this research demonstrate that this is particularly true across Nottinghamshire, the findings also evidence and add to these growing breadth of concerns from within the academic, grey and policy-based literature e.g., Child Protection Review (MacAlister, 2022; See section 1.8.1). This suggests the need to revise the early help continuum of need to include this unspoken level of need unveiled from this research, that reflects the increasingly

complex and diverse needs of children, young people and families reported by participants, whilst also considering a focus on terminology. However, research suggests that pathways to provision are scarcely revised across local authorities (Association of Directors of Children's Services, 2021).

The findings indicate a diminishing availability of non-statutory (level one and two) early help services across Nottinghamshire, which were considered by participants as 'true' early help. Those early help services that have remained are also reportedly stretched beyond capacity owing to the increase in service user needs. Crenna-Jennings (2018) highlights that the strain on children's social care and social workers and early help services in general can be attributed towards funding cuts in the sector. Within Nottinghamshire, this was demonstrated through the lack of early help services and those that have remained have become stretched. The findings from this research also reveal that the lack of early help services, including the Family Service being the only level 3 service available, was a source of frustration for service providers and stakeholders.

Further findings revealed that waiting lists were found to hinder professionals at every stage of the service user journey of support, for example waiting lists: into the Family Service, to other teams within the Family Service and to external agencies were found to be a barrier for participants. Waiting lists have already been reported in the literature as a barrier for service users (e.g., Boddy et al., 2016; Day et al., 2016; Ball, 2019), but the research suggests that this is a barrier for service providers also. Nonetheless, the findings indicate an overall increase in service demand due to an increase in the level and complexity of service user's needs and a lack of similar early help services, has led to an increase in service demand and thus the waiting periods for agency support across Nottinghamshire has increased.

Analysis of the focus group data suggests that the role of the targeted early help professional is emotionally demanding and tasking. The emotional demand of the key worker role has been previously identified within the literature (Brandon et al., 2015). However, this research furthers the knowledge by unearthing that the emotional impact and toll on (Family Service) professionals is worsening owing to the increased level and complexity of need displayed by children, young people and families across Nottinghamshire.

A shared office space was highly valued by participants as a support for their resilience as targeted early help professionals, helping them to coping effectively and deal with the emotional impact/toll that the role can have (perhaps because of an increasing level and complexity of service users' needs and a lack of resources). The importance of office spaces/buildings has been highlighted by Ferguson et al. (2020) who found that informal support from team and office working is beneficial for the health and wellbeing of practitioners and professionals. Furthermore, peer support and peer supervision were found to be essential in alleviating the emotional impact/toll that being a targeted early help professional can have on their mental health,

suggesting a good intra-agency/team working within the Family Service. The Family Service did however have to move to more home-based working during the Covid-19 pandemic.

Chapter 5B. Qualitative Findings: Part B (Interviews)

5B.1. Introduction

A summary of part B of chapter 5 is provided in Table 5B.1.

Table 5B.1
Summary of Chapter 5B

	Contents of Chapter 5B
Methods	Qualitative Interviews (n = 10 (face-to-face (n=4) and telephone (n=6)))
Method of analysis	Constructivist Grounded Theory
Sample	Interviews were conducted with parent/carers. All interviewees were female. On average participant's cases were closed to the Family Service 17.6 months with a range of 2 – 41 months since case closure and data collection.
Inclusion criteria	a) Referred into the Family Service for parenting ability b) Received early help from the Family Service between 1/10/2015 to 18/09/2019
Interview length	Range = 16m – 1h:4m; Average = 36m:53s
Ecological system sampled from	Microsystem
Research objective(s) addressed in the chapter	2. To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system. 3. To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families. Partially addressed research objectives: 4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system. 5. To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting

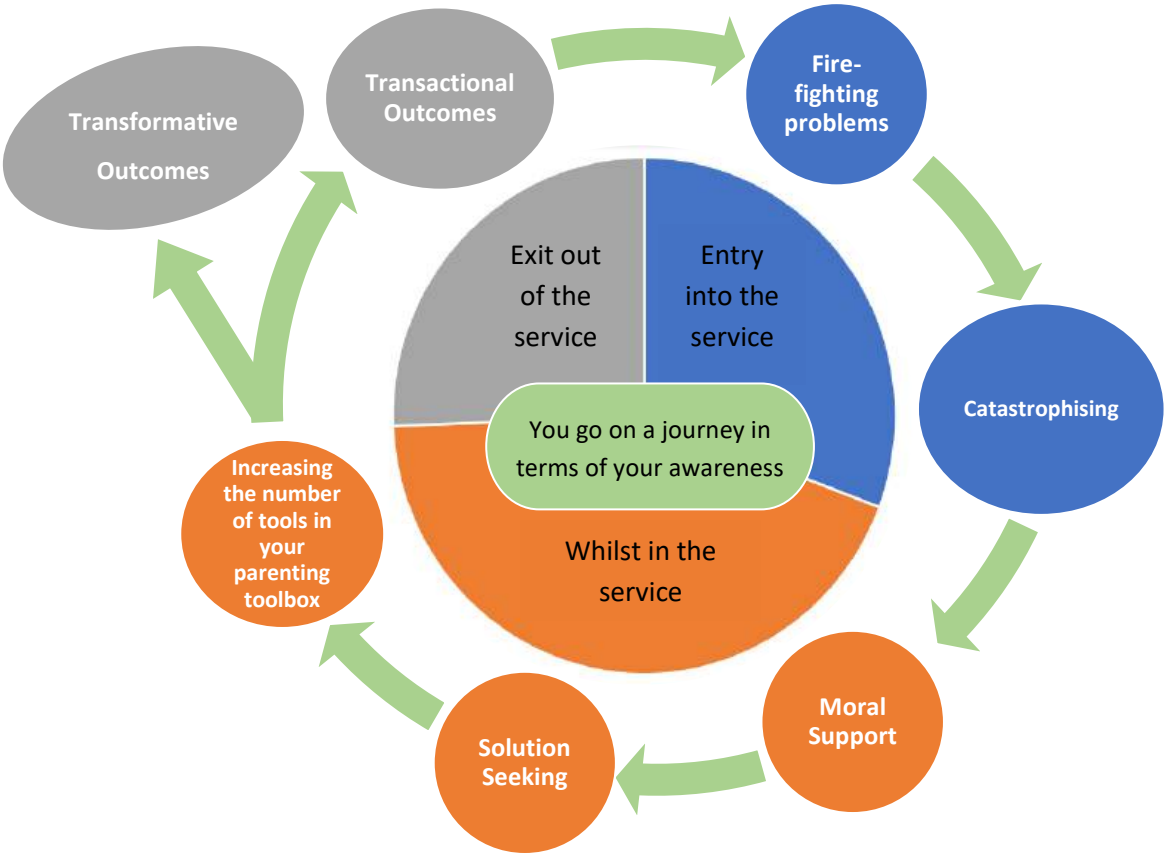
	ability based early help, including any timing issues and potential gaps in the current system.
Chapter Introduction	This part of the chapter unveils a conceptualised model of participants' targeted support journey(s) that emerged from the pseudonymised narrative data. The section begins by presenting the model and goes on to explore the categories within and characteristics of this model.

5B.2. Constructivist Grounded Theory

The constructivist grounded theory analysis of the interviews consists of a conceptualised theoretical model, which denotes the processes and journey participants go on whilst receiving targeted support from the Family Service, as described by participants themselves. This conceptualised model is presented in Figure 5B.5.1. The overall model represents the journey of parenting awareness experienced by participants when faced with difficulties and struggles, in which participants required targeted help for parenting ability from the Family Service. The model is broken down into the individual phases of this journey: the 'entry into the service' phase, the 'whilst in the service' phase and the 'exit out of the service' phase, to create a holistic overview of the service user journey. Each phase of the model is broken down into categories as reported by participants.

Figure 5B.5.1

Theoretical model of the parenting ability based early help journey: you go on a journey in terms of your awareness



5B.3. Entry into the service

The first phase of the model reflects the stages that participants said that they go through prior to seeking and accessing targeted support (from the Family Service). During this period, circumstances described by services users leading up to the Family Service involvement were described as highly distressing, and participants talked about 'fire-fighting problems' that were diverse (e.g., mental and/or physical needs, substance abuse, domestic abuse), complex (e.g., parental and/or child disability), multifaceted (e.g., a wide-range of needs as a family and as individuals) and embedded (e.g., stemming from years of early help/children's social care involvement). These adverse experiences reportedly led to participants 'catastrophising' about their circumstances, difficulties and needs.

5B.3.1. Fire-fighting problems

At the 'entry into the service' phase of the conceptualised model (Figure 5B.5.1) when almost all participants recounted reaching out for help (from the Family Service), they described already

feeling that they were firefighting a plethora of problems or challenges in their lives. "***We were at breaking point"*** (Grace). Participants had to firefight problems/challenges in their day-to-day lives which is illustrated by Lisa when describing how she felt before receiving early help:

> ***In the early days I was absolutely desperate. Sometimes I'd, I'd think that I didn't know how I was going to get through the day with the three of them [children]*** (Lisa)

Participants recalled how at the time leading up to support from the Family Service, day-to-day life was difficult for them, as multiple needs and difficult behaviours of their child/children made it hard for them to manage and cope. Trying to navigate through and gain access to the ever-changing field of early help services, added to the number of problems participants had to 'firefight' through, as Charlotte explained:

> ***School sent me to the GP and the GP actually said to me "well what is it you've come here for me to do?"…… It was always a kind of pushing "well I'm a parent, I'm asking for help, so I don't know. I don't know where to look and that's why I'm here"*** (Charlotte)

Participants reported that it was hard to find a service to meet their needs, but participants also spoke about how changing the thresholds/service requirements of services available for children, young people and families created further problems for participants to 'fire-fight':

> ***So, my son was 11 at the time and decided he was no longer eligible. They were, it was going to be for 12- to 17-year-olds and he was 11 and 4 months when they closed it. They closed down his entitlement. It was so ludicrous.*** (Lisa)

Participants said that not being believed by agencies in the microsystem (such as schools and GPs) was another difficulty that they had to firefight against. When asked if she thought support was offered at the right time, Charlotte responded:

> ***We needed it way before…… my words are "nobody ever wants to listen". You reach out for help and they just brush it off. "He's just being a normal teenager" and yeah, he was just being a normal teenager but we just needed just a little bit more support*** (Charlotte)

As a result of not being listened to or believed by agencies in their child's microsystem, participants disclosed that help was late rather than early. Participants said that being dismissed by agencies such as schools and GPs in the microsystem, not only disheartened participants but meant that their family's difficulties got worse:

> ***There was a lot of crossed wires to begin with, with the education because they didn't think that I wanted help…… And I'm like but I didn't refuse, I said "I needed a couple of days to think about it and talk to another professional".*** (Ana)

Participants explained how deciding whether or not to consent to a referral to the Family Service, was a big decision to make. This was articulated by Ana above. When late help was received, participants such as Sharon said they became disheartened that they were not acknowledged or supported a lot sooner:

> ***She [her daughter], had decided one day that she wanted to kill herself…… This was in primary school and then we didn't get any help for another two years. Apparently the, my information was put to the bottom of the pile, so everybody else's case was going before our case.*** (Sharon)

Receiving late help meant that participants had to firefight a range of problems and barriers on their own for a long time, which affected participants such as Sharon; she viewed her overall time with the Family Service as negative due to not receiving help when she needed it the most. Whilst firefighting problems participants expressed how it was difficult to watch their child/children struggling and this necessitated the need for help there and then. When reaching out for help, participants said they desired immediate gratification from engaging with the Family Service due to this.

5B.3.2. Catastrophising

For participants, the circumstances and difficulties faced by families that led to involvement from the Family Service was described as distressing and challenging times and participants appeared to adopt a catastrophic mindset about the multiple difficulties and challenges they were 'firefighting' (See section 5B.3.1). When describing the circumstances leading up to the Family Service involvement, Beth explained:

> ***But the first thing you think is "oh my gosh, what's happened?" and it was "oh, my kids are going to go something really bad has happened" and we didn't know what we'd done.*** (Beth)

Not knowing the underlying reasons behind their child's/children's struggles, participants said that they feared that they were responsible and to blame. Beth acknowledged and recognised that "***you just think the worst***" (Beth). Participants said they catastrophised that they were to blame for their family's difficulties/struggles as they were bad, inadequate parents because they required support for parenting ability:

> ***Because that's the thing, before we felt really embarrassed. Like we were the lowest of the low because we needed some help and we weren't doing things***

right. That was like the first time originally. It was horrible. It was devastating. (Beth)

The catastrophic mindset described by some participants suggests that they felt ashamed of needing parenting ability support to cope and move forward as a family. Participants claimed that they were forced to address their problems when reaching out for help, as this provided perspective and encouraged participants to acknowledge their difficulties/needs which was said to be required to move forward. This resulted in a reduced confidence in participants own parenting ability, again feeding into their catastrophic mindset. Consequently, participants such as Natasha and Charlotte also notably attempted to validate themselves as 'good' parents:

Some parents probably wouldn't have even tried to get help, if you know what I mean? They try and do it themselves and we were just like no. We've not dealt with, you know? None of us have done anything like that. (Natasha)

Yeah, it was us that were asking for the help. Nobody actually came up to us and said "we think you need help" or things like that. But we actually wanted [help] (Charlotte)

Participants justified themselves as 'good' parents as they were capable and able to recognise that their family needed help. Reaching out and accepting help from the Family Service was seen as the responsible thing to do by participants, which in turn provided self-validation as a good parent:

Well for me to ask for help, it took a lot out of me because obviously I don't like asking but I knew I had to have it for his sake…… It weren't about me at the time, it was about getting Marcus [her son] sorted. So, I had to put my emotions behind and put him first. (Holly)

Participants said they valued case-managers that acknowledged and recognised the toll that asking for help takes. Participants only reported accessing early help as a last resort due to their catastrophising and thus deciding whether to access early help was considered to be a big decision particularly for those who had not received early help before.

However, participants also sought to be validated as good parents to those in their child's microsystem, namely the child's school, who often did not acknowledge or believe the extent of problems that parent carers were firefighting (See section 5B.3.1). As Marge explained:

What I needed from the Family Services was back-up to evidence what was going on [laughs] that I wasn't a completely rubbish parent. And it wasn't all at the family's fault, and get help at school too, and get help for my son to deal and cope and manage and

self-regulate…… I needed to know I wasn't going insane and I needed help with school to acknowledge what was going on. (Marge)

Participants talked about how not being believed by those in the microsystem made them doubt and question their own parenting ability and this caused them to catastrophise. Participants said feeling validated (to school) as a good parent was a support for them in alleviating their catastrophising and also helped build a rapport with their Family Service professional (See section 5B.4.1).

Participants' catastrophic thinking was also coupled with, and exacerbated, by the stigmas associated with early help services and children's social care. Participants such as Charlotte catastrophised accessing early help services, often referring to and relying on the stereotypes associated with children's social care:

If any of my friends came to me and said that they was struggling, I'd actually mention the Family Service because I think sometimes when you think of things like that, you think "social services. They're going to take your kids off you", things like that…… I think that's what a lot of parents think. (Charlotte)

Having been in the Family Service and having had what she deemed to be a "helpful" experience, Charlotte highlighted how she would recommend the Family Service to her friends, as the stigma and stereotypes of child removal were not confirmed based on her experiences. Similarly, Holly also echoed this stigma attached to the Family Service owing to their close proximity and relationship with social services:

The only fear that I've got of, is like when people say "social services", it scares the life out of me because I think about them taking my kids away and it, it frightens me. (Holly)

Most participants viewed early help professionals as social workers and support from the Family Service was associated with children's social care. Some participants such as Natasha did however recognise and explain that their reliance on stigmas and stereotypes stemmed from a lack of knowledge about targeted early help:

When you take your child up to the hospital and the first thing they say to you is "oh we're phoning" you know "we have to phone to report it to social services" and it's like, it could be more, more advertised of what they do…… the service was fantastic (Natasha)

For participants who had not been in the service before or who had not previously heard of the

Family Service, participants discoursed how this was a scary and frightening experience for them. Catastrophising was worsened by this lack of knowledge. Participants said they had a fear of being judged by early help professionals, again coupled with and increased by the stigma associated with early help services/ children's social care. However, being in the service broke down the stigma associated to children's social care after having a positive, helpful experience (See section 5B.4). Participants suggested that the Family Service and the support they provide need to be advertised more.

5B.4. Whilst in the service

The central phase of the theoretical model (See Figure 5B.5.1) concerns the stages of the targeted early help journey conceptualised from the narrative data, that participants go through whilst receiving parenting ability help from the Family Service. Participants journeys 'whilst in the service' consists of: 'moral support' from early help professionals, 'solution seeking' and 'increasing the number of tools in your parenting toolbox'.

5B.4.1. Moral support (from early help professionals)

Participants highlighted how early help professionals, namely case managers, were a highly valued source of moral support, who they could rely on during distressing times when participants were usually 'firefighting' multiple, entrenched and complex problems/needs (See section 5B.3.1). Most participants recalled how relieved they initially felt knowing they could get some help:

> ***Relieved that we didn't have to do it on us own and I mean, I thought the way as well is that the person who came out didn't judge us like we've done something wrong…… like it was knowledgeable what Olivia had done [taken drugs]……everyone says "it's the parent's fault" so it was like nice that we wasn't judged.*** (Natasha)

> ***I felt fine about actually telling somebody that was prepared to listen…… it was a relief.*** (Grace)

Participants said they appreciated and valued early help professionals that were independent, open-minded and did not 'judge' them and their families before or initially meeting them. Providing moral support meant that participants did not feel embarrassed or judged and almost instantly made participants feel supported and more positive, which alleviated their catastrophising (See section 5B.3.2), as Beth explained:

> ***And she literally helped and it was, we were relieved. I was relieved, it was like someone's listening, someone's helping me and they worked with us instead of like, we didn't feel belittled. They were helping. If that makes sense?*** (Beth)

A professional who listened to participants about their difficulties that led to the Family Service involvement and the concerns that they had, alongside considering their views and needs when developing a suitable Family Service action plan was valued by participants. Not feeling judged but supported by their case manager provided the immediate gratification needed by some participants (See section 5B.3.2) which made them feel that positive change was possible through engaging with the Family Service. Being in regular contact with Family Service professionals provided participants such as Grace with moral support and ensured that participants felt they had someone to talk to and rely on:

> ***I totally felt safe and protected having her on board and knowing that there was somebody that I could turn to, like if an incident happened, which it did, on occasion…… So, it was like almost having that, that other adult in the house*** (Grace)

Participants noted the purpose of contact with their case manager was primarily when 'incidents' had occurred and this contact was to inform, offload and gain advice, which in turn provided moral support. All participants said that they valued an early help professional that was readily and easily available to contact and talk with, as participants said that this made them feel listened to, supported and valued. 'Regular' contact was determined by what participants themselves deemed to be 'enough':

> ***Every week. Yes, so it was often. More than enough because obviously she was at the school, I think she come to me every week and she went to the school a few times a week*** (Holly)

> ***It was very definite, and we led the way, they were very good with that. They offered, we started off about once a week and then it went to once a fortnight and it was like "are you happy with that?" and every step of the way they checked and they, at that point they weren't, we were supported.*** (Marge)

Moral support and contact were provided to participants both in person and over the phone. Participants talked about how both types of contact provided the necessary moral support needed. However, there is contradiction amongst participants, as some felt that they did not have enough regular contact with their professional(s):

> ***He [Child and family worker] used to ring me once a week to tell me when he'd be here.***
> *Interviewer: Do you think that was enough contact? Not enough?*

No, he was just telling me, informing me he'd be here like on a Tuesday at 4 o'clock. (Sharon)

For participants who recounted a less than helpful experience with the Family Service, they expressed that the Family Service was not a source of moral support for them and/or their families. Participants treasured early help support where professionals were friendly and worked with them and their family, rather than an early help professional that dictated what they should do. Not having regular contact with early help professionals created a barrier for participants such as Katie:

I don't feel like she supported us in any way and to be honest Corey [the participants son] never met her, that's another thing. None of my children met her and I saw her twice, like I said, once when she first came down to my house to introduce herself – and that wasn't for very long – and then in the school meeting. (Katie)

On the other hand, moral support was also provided to participants via the strengths-based approach. Participants felt validated as good parents (See section 5B.3.2 also) which made participants such as Ana and Beth feel more in control and confident in their parenting ability:

it was really reassuring to know that at the end of it, that they said I was actually, I was "quite a good parent" and I knew what I was doing. (Ana)

So, they [the Family Service] do, they build confidence as well and when you're confident and your able, you know, feel confident to say if somethings wrong and not hide it or say if you're not happy with something that they're doing in school or wherever else (Beth)

Participants valued help that made them feel listened to because participants were often found to be firefighting to be heard (See section 5B.3.1). Participants explained how the moral support provided by the Family Service, via the strength-based approaches, increased participants self-esteem and confidence in their parenting ability and capabilities. Participants such as Marge and Holly appreciated early help professionals informing participants if their parenting styles were not appropriate or which techniques would not 'work':

But also, they weren't afraid to tell us if we were wrong [laughs] (Marge)

I liked everything, what they said, how they said it, like they told me straight…… and I like that because I knew where I was going wrong. (Holly)

This friendly, truthful approach was said to be helpful for participants in them adopting new parenting styles and techniques that helped them manage and cope more effectively. Participants

explained how the moral support provided by the case manager also ideally extended to morally supporting families with their child/children's schools:

> ***Erm [sighs], after they [school] knew it wasn't me, they was very helpful*** (Ana)

> ***It took things off boiling point and calmed things down an awful lot and because we were being listened to by school, not just us parents, but my children as well, they calmed down as well. It, it wasn't so intense.*** (Marge)

Participants said that moral support was often required at school, as participants felt like they were not listened to by those at school (See section 5B.3.1) and school placed blame on them for their difficulties (See section 5B.3.2). Participants noted that when their family was seen to be working with early help services/the Family Service, and were therefore invested in achieving change, schools instantly appeared to change their approach to the family and were more helpful; participants attributed this to the authority figure of early help professionals "***they were just like a voice that people respected***" (Beth). Nevertheless, Ana explained how early help professionals became advocates for the family with and at school:

> ***It was nice to know that I, that school can't dictate to me and the Family Service gave me that confidence to turn round and say "well actually I can't do that because he won't go to school by himself"*** (Ana)

Participants indicated that the Family Service ensured that as a family, they were being listened to and supported by school. Therefore, participants explained how the Family Service become a mediator between the family and the school, which was a significant support that increased participants confidence and self-esteem in their parenting ability and ability to cope.

5B.4.2. Solution seeking

Participants often displayed a need for immediate gratification from seeking help with the Family Service (See section 5B.3.1), this was firstly seen via a need to be validated as a good parent (See section 5B.3.2), then 'whilst in the service' participants often described wanting solutions to their problems almost immediately, which is explored in the following section. Whilst in the Family Service, participants said that they sought specific solutions to the problems they were facing. For all participants, their contact with the Family Service was for specific reasons:

> ***We were only referred to access that course and it had to go through the Family Service to access the NVR [Non-Violence Resistance] course.*** (Lisa)

> ***I wanted to get my son a diagnosis.*** (Marge)

I just wanted to know how to help my kids. It, not just Corey but [to help] the other kids understand Corey as well (Katie)

The wide range of solutions being sought by participants reflects the diverse nature of children, young people and families needs across the local authority. Participants pursued their idealised solutions to their specific problems whilst in the Family Service and some participants such as Grace acknowledged that their time in the Family Service was a starting point to initiate positive changes:

I felt fine about meeting her because I knew I hadn't done anything wrong, I knew that we had, you know? Troubles to work through, so that we could live together as a family and it was a starting point really. (Grace)

Families attributed gaining access to the Family Service as being a catalyst for change that propelled families to engage with the Family Service and adopt positive parenting styles when effective idealised solutions were sought. Participants said that solutions were found when they managed to adapt and personalise the advice and techniques provided to them via the Family Service:

Just looking at things, some of the things we don't agree with but Erica [case manager] says "take it with a pinch of salt and just take bits out". So, we just took bits out and them bits that we took out has helped us. (Charlotte)

I think it did change my approach. I mean but it probably isn't the textbook way of doing it…… we've sort of done our own version of it I guess (Lisa)

Participants conversed about how they found solutions to their problems via their early help professional(s) and parenting programmes. Participants said that they only selected strategies relevant to their most challenging difficulties at that time. The ability to adapt the advice/techniques provided by the Family Service appears to be a key component in determining whether (or not) participants found an effective solution to their specific problems and hence deemed their overall experience as successful (or not):

Not everything works on the same child you know? Different things work on different children you know? I know my eldest son, if I take his BMX off him, it was the end of the world and he'd pull his neck in. Whereas my daughter, it was her phone. You know? Both the same results but it was different (Ana)

For parents with multiple children, participants indicated they had to learn that different 'solutions' were often required to effectively discipline and support individual children, with different needs and characteristics. This awareness was heightened when children in the same

household, all had multiple needs. Nonetheless, parents said that learning solutions that 'worked' on different children, consisted of a process of trial and error, and persistence. Some parents said that they personalised the support themselves, whereas others such as Beth said that they valued specifically adapted techniques:

> ***She [case manager] would listen to what help we would like while she was there and she worked with us and she just you know, made suggestions of things and they worked. And if they didn't work…… she just tweaked it and did it a different way, you know? Yeah, she was good, she was lovely*** (Beth)

Participants discussed how the persistent approach of early help professionals demonstrated an investment and dedication in meeting the family's needs and finding an effective solution to their difficulties. This was a treasured attribute of early help professionals. Participants explained that once they saw positive changes occurring, they became more accepting of the help which also encouraged participants to adopt these positive behaviours and strategies. Similarly, participants highly valued case-managers that recognised and acknowledged their work commitments, as Marge explained:

> ***We both work full-time so and, and to be fair Family Services with this were absolutely immense, they came to our house…… so we could both do it together and that was absolutely immense. That was way over, above and beyond and for that I will be eternally grateful for them.*** (Marge)

Early help professionals who adapted the provision and delivery of support was described by participants as making them feel extremely valued and respected, and encouraged them to seek the relevant solutions to their difficulties. Participants said that receiving individualised support ensured that solutions that met their needs as a family were found. Conversely, when parents felt like they were not listened to nor provided with the opportunity to attend parenting programmes and find solutions, this turned into a barrier:

> ***She kept sending me to Location B and I'm like "you're just not listening to me. I've already said I can't do Location B" "alright, cool, if it was in school time" but they always fell like 10 till 3 - my kids come out at 20 past 3 and there's no way I'd get from Location B on a bus to here in time. There's just no way.*** (Katie)

Similarly, when asked about how the Family Service did and did not meet her and her family's needs, Sharon responded:

> ***Well, I just wanted a bit more support…… they could have taken someone round and explained how to deal with the situation, instead of going "oh well, it doesn't matter if you didn't go to that meeting".*** (Sharon)

Participants said that when they felt not listened to, but dismissed and ignored about their personal circumstances, they did not find the solutions they were seeking for their problems. Moreover, participants such as Ana were quickly dismissive of techniques/support when they were viewed as irrelevant:

> ***Thousands and thousands of questions which sometimes you think "is that relevant?" because there wasn't any issue regarding behaviour or anything and it's like, okay I think that questions more relevant to someone with different issues.***
> *Interviewer: so you only needed like certain bits of it?*
> ***Yes, some of the suggestions were sort of, I'm like "it'll be alright for a 5 year old, but not for a 13 year old"***(Ana)

Participants explained how being given irrelevant support that could not be adapted to meet their family's needs meant that they did not find any solutions they were seeking. Being given irrelevant support was said to ***"come across as a bit patronising sometimes"*** (Ana). For participants who did not find a solution to the problems they had entered the Family Service in the first place, participants said that their overall time with the Family Service was negative/unhelpful.

5B.4.3. Increasing the number of tools in your parenting toolbox

Participants referred to the techniques they learnt from the Family Service as tools. Participants voiced the analogy of keeping these parenting tools in their parenting toolboxes for use in different situations/circumstances. Participants explained how their early help journey(s) with the Family Service aimed to increase the number of parenting tools they had to effectively cope, deal with, and manage in their day-to-day lives. Both advice from early help professionals and parenting programmes reportedly allowed participants to increase the number of tools they had in their toolbox, as Marge explained:

> ***It was the, the parenting course…… it provided us with a few extra tools that we didn't know. We knew a lot and we kind of rolled our eyes at "oh god yeah, yet another parenting course" and like I say it highlighted what we could do. It meant that we were both singing off the same hymn sheet which was really good because at that point we were starting to doubt each other.*** (Marge)

Whilst in the service, participants discussed how they found validation as 'good' parents from attending parenting programmes, which in turn increased their confidence in their parenting ability and approaches. Parenting programmes both confirmed participants parenting strengths and increased the number of tools participants had in their parenting toolbox. Participants

described how attending parenting programmes allowed them to introspect about their parenting styles and behaviours and acknowledged that attending parenting programmes provided an opportunity to reset, refresh and align their parenting behaviours to suit the needs of their child/children at that time. "***The more tools we have in our box, the better to help my son"*** (Marge). Allowing participants to attend more than one parenting programme, was also said by Lisa to be a valued support:

> ***So I think the first one we did [parenting course]…… we were very unaware of stuff and so, but then later on, you do another course and you get more from it because you're at a different place in your head, in terms of your awareness and what you're dealing with. Yeah, so, but yeah overall I think I'm a big fan of going and doing a course and hearing what other people have to say as well.*** (Lisa)

Participants referred to their experiences with children's services as a journey and recognised that they go on a journey in terms of their parenting awareness. For participants who had children with additional needs, attending multiple parenting programmes was described as allowing them to increase the number of tools in their toolbox, dependent on where they were at on their parenting ability journey(s) of awareness.

Participants explained how there was usually one or two parenting tool(s) that they regularly referred to and used in their day-to-day lives, but these 'effective' parenting tools did vary across participants. When asked how long it took for the techniques she learnt from the non-violence resistance course to start working, Charlotte stated:

> ***Yeah, a couple of weeks. Like I say some of things I didn't agree, like take their phone off them for an hour not a day, that, Arlo would laugh at me in my face…… I didn't take things like that, I still did it my own way. The main thing for me is the, the striking while the irons cold. That's the main thing for Arlo because of his anger.*** (Charlotte)

Charlotte spoke about how the non-violence resistance course was the most useful part of her experience with the Family Service as it provided her with new parenting ability 'tools' for which she could rely on. When effective parenting tools were found for their parenting toolboxes, participants exerted a sense of being in control and confident in these newly adopted parenting tools. Furthermore, participants acknowledged that for techniques to be 'successful/effective', they needed to persevere with the techniques and tools provided to them via their time with the Family Service; participants said that this was vital in successfully adopting and utilising the techniques and tools.

For participants who were trying to cope and manage with difficulties in their day-to-day lives, the outside perspective given by the case manager in turn also revealed effective, helpful parenting tools for participants:

> ***So, I says "but with his dyslexia he doesn't quite understand time", the way he sees time and she [case manager] went "get an egg timer".*** (Ana)

Shortly after in the interview, Ana explained:

> ***Well, I mean that has been amazing because I would never, ever of thought something so simple…… because putting a clock on the wall doesn't mean anything.*** (Ana)

When engrossed in their day-to-day struggles, participants explained how they appreciated having an external professional who could provide a novel perspective to oversee their circumstances and needs, and provide advice (tools) to them that participants said they could not think of on their own whilst trying to fire-fight a plethora of problems (See section 5B.3.1). This was a support for participants.

5B.5. Exit out of the service

There were discernible differences in the way participants described their exit out of the service. These can be conceptualised as transformative or transactional. Transformative outcomes were long lasting strategies for coping that transfer to other issues as they arise, as compared with more short-term immediate problem solving that does not transfer, conceptualised as transactional outcomes. Transactional outcomes were short term strategies that are not maintained or sustained after the Family Service has withdrawn. This section shall explore these conceptualised outcomes achieved by participants.

5B.5.1. Outcomes: Transformative vs transactional outcomes

5B.5.1.1. Transformative outcomes

For some participants, the parenting support and techniques provided to them by the Family Service transpired into transformative outcomes. Transformational outcomes included revolutionary solutions/changes for participants, which helped them to better cope and manage their long-term parenting journey of awareness. Some transformational outcomes were achieved because of the specific parenting tools and techniques gained by participants from the Family Service, as Charlotte explained:

Strike while the irons cold…… I used to be a shouter, I try not to shout because with Arlo [participants son] and his anger, it just raised him. So, once he'd calmed then I could speak to him and then he could understand why we was upset and obviously why he was grounded, things like that. (Charlotte)

Whereas for others, transformative outcomes arose because of the overall intervention of the Family Service:

I suppose they helped us to stop what could have been a tragedy down the line, would we of had a child on drugs that you know one day would end up in the gutter? (Natasha)

Transformative outcomes were characterised as being long term positive changes, as participants continued to utilise the perspectives/tools, suggesting that they have been maintained and successfully sustained, thus becoming transformative. Similarly, participants explained that transformational outcomes meant that the family had not returned to crisis. Participants said that these new positive parenting styles, tools, techniques and behaviours not only empowered them to feel more confident and in control of their own parenting ability but ensured that they were better able to cope and manage through further challenging periods of their lives.

A further transformative outcome achieved by participants was the development of an accepting mindset/outlook. For some participants such as Katie and Marge accepting the news that their child had additional needs, was a struggle:

I mean I wanted them [the paediatrician] to turn around and say "there's nothing wrong with him, he's just a naughty kid". (Katie)

I mean I'm lucky, my family's on, on track now and my son's on track. So, you know? There are families out there that need it more. So, he's got a good family. He's got a good head on his shoulders like I say he'll get there eventually within time. (Marge)

Alongside accepting their child's diagnosis, some participants discoursed that they had to grow to accept their child for who they were, including any 'negative' traits and challenging behaviours. Participants said that they felt more comfortable and able to meet their child's needs, owing to the support they received from the Family Service. Participants' acceptance was further gained from a deeper understanding of their child/ren's needs and behaviours:

Kids can be independent with it [autism spectrum disorder], they grow up and the way I see it is, when your child is that upset and anxious about going to somewhere and they don't like it, they're not comfortable, they're not, they don't really verbalise it in a way that helps them. They get into trouble normally (Beth)

Participants described how they understood their child's needs and behaviours more because of

their time in the Family Service which also led to an increased understanding and confidence in their own parenting ability and capabilities. Participants said that they adopted a more positive mindset and embraced their child's needs which was a dramatically, revolutionary positive turning point for participants along their parenting journeys thus making it transformative.

Another example of an outcome that should be construed as transformative was a newly established relationship or improved communication between participants and other agencies in the child's microsystem, namely their child's/children's school, this was demonstrated by Beth:

> ***But then when obviously my confidence grew and it was fine. I was very able to say if I was happy or not and when that happened to me, so when I was more confident, the school and the other you know, agencies involved they listen more. That's the thing.*** (Beth)

Most participants who established strong long-lasting relationships with their child's school attributed this to the Family Service:

> ***I am grateful to the Family Services for many things and their intervention at school to push things, to say it wasn't the family environment – which was what was being blamed – they were invaluable to us at that time.*** (Marge)

Participants noted how the Family Service provided them with a voice that was heard and listened to at school (See section 5B.4.1) and that being listened to by school made school seem more approachable and helpful to them. Continually being heard and acknowledged by school after the Family Service support had ended allowed for the maintenance of this relationship and open communication. Therefore, having received help from the Family Service, participants approached school with the view of receiving moral support from school and solution seeking, like 'whilst in the service' (See section 5B.4):

> ***To be honest I would probably ring school up now - because he's back at school -like we have done in the past because we're on quite personal terms at school. We are [laughs] they know us, and we know all the teachers, we even know them by voice, they don't even need to tell us the name, that's how many times they've rang up.*** (Katie)

Participants explained how they were in regular contact with school after the Family Service involvement owing to the improved relationships between themselves and their child's school. Participants discussed how school became the first point of contact for most problems and participants such as Grace now had the confidence and trust to reach out for help:

> ***So, I try and do the right thing – if I think something substantial has happened then I will notify school. So that they're aware of the emotional upheaval that's been going on, but if it's just silly day-to-day stuff, obviously I don't bother.*** (Grace)

When support continued from school after the Family Service withdrew, participants claimed that this ensured they had someone to turn to and that difficulties did not escalate to the point where the Family Service was needed again. Participants now felt it was necessary to inform school when difficulties arose.

The improved relationships between the microsystems (the mesosystem) also extended to an improved relationships between other individuals in the child's microsystem, as Natasha described:

> ***Now you can, she will, her and Zackary [participants' children] will actually talk to us and it's not just one word, you know? If I ask her a question that could be answered not just a "yes" or "no", I will get that, which before it used to be "yeah".*** (Natasha)

Participants also reflected how there was an improved relationship and communication between everyone in their household (within the microsystem). Participants spoke highly of the additional support provided to other children in the house (not the lead child) who also received and more importantly, benefitted from Family Service support. Participants attributed the initiation of this improved communication to the Family Service. Thus, the Family Service appear to aid in increasing the quantity and quality of relationships between and within the microsystems that surround the child (the mesosystem), when sustained this became transformative for participants.

5B.5.1.2. Transactional outcomes

In contrast, for some participants, the support and techniques provided by the Family Service were experienced as transactional. Transactional outcomes were those that participants described as temporary, transitory solutions, which helped them cope and manage through only a small period along their parenting journeys of awareness. Some transactional outcomes arose because of the early withdrawal of help, which meant participants such as Katie did not effectively pass through the 'whilst in the service' stages or categories of the conceptualised model (See Figure 5B.5.1):

> ***I was kind of, you got told "well your son's got this, your son's got that. Get on with it". I mean don't get me wrong she [case manager] gave us loads of leaflets and this, that and the other and told us of things on the internet that they could, the kids could sit and watch and stuff like that but, but that was it.*** (Katie)

Later in the interview Katie explained:

> ***I don't think they, they didn't really give us anything helpful and, that's really it.*** (Katie)

When participants felt they did not receive any helpful advice, their family's needs were not met nor were their difficulties improved due to engaging with the Family Service, this in turn made participants reflect that the Family Service did not help improve their family circumstances in anyway. Participants such as Marge said that although the help they received supported them through their difficulties, the help only provided a temporary solution in helping them to cope with their difficulties and struggles at the time of receiving help:

> ***It feels like we've been dropped by them [the Family Service] now and things haven't come to a complete resolution and things that were said that were going to be done, haven't been done and we have been dropped and kind of left in the lurch. But we are no way as bad as we were with what the Family Service did.*** (Marge)

Despite participants being grateful for the help, they also discussed how they were disappointed that the ideal solutions they were seeking (See section 5B.4.2) were not found:

> ***Like everything we got kind of told we could get dealt with, didn't, we didn't and it's always been like that ever since day one…… you just seem to go round in a circle all the time*** (Katie)

Participants said that when the Family Service support ended and the support did not meet their expectations, this led them to reflect on their overall time with the Family Service as being negative. Participants such as Lisa also highlighted how this made them feel disheartened:

> ***It was fairly short term but yeah, yeah, I thought she listened. I felt she was lovely…… but yeah sometimes it, and that gets you through a certain thing, doesn't it? That helps with the stress. But yeah, sometimes you want more than, you need a bit more than that.*** (Lisa)

Participants acknowledged that as much as the Family Service provided the moral support and parenting tools, individually and/or alone, these supports only provided a transitory outcome. Although participants appreciated and heavily relied on their early help professional(s) for moral support, participants themselves acknowledged that support beyond that of moral support was needed from the Family Service (See section 5B.4.1). Beth clarified:

> ***I think the first few times I thought "well that was a relief we don't need them anymore. Everything's fine" but again that was probably a bit of naivety on my part, you know? [Laughs] looking back.*** (Beth)

For participants who had children with additional needs, participants recognised that the Family Service only provided transactional outcomes, as further input from services was inevitably going to be needed again when further difficulties/needs arose. Participants attributed this to the parenting journey they go on. The Family Service support was described by Lisa as a small part/piece of their parenting jigsaw, where further specialist support often provided more transformative outcomes:

> ***I don't know if it's fair to say, I think they need more experts. I think they need more people qualified at a higher level so that the erm - I don't know - so that the input is more effective. I think what they need is people with more knowledge of autism and I guess ADHD [Attention Deficit Hyperactivity Disorder] as well.*** (Lisa)

For some participants, personalising support meant that they needed more specific help, particularly for children with "***non-neurological, non-neurotypical conditions***" (Lisa). A few participants said that the lack of specific/adapted support for participants who had children with additional needs resulted in a transactional outcome; it was not a turning point where help was no longer needed after the Family Service withdrew. Participants highlighted the need for further support and advice from the Family Service after their cases were closed, when asked what could be done to improve the Family Service Charlotte explained:

> ***Probably not write us off so quick, just because… it's like I said once Tracey [case manager] had done with us, she couldn't deal with us again. It would be nice for Tracey to actually come out and try and assess what happened that day, where she said she wasn't allowed.*** (Charlotte)

Participants inevitably faced further difficulties/struggles in their daily lives after the Family Service withdrew, however participants noted how there were occasional instances when they required brief support/advice for these times of need. A couple of participants such as Grace went onto suggest that there should be support for service users during the withdrawal stage of Family Service support:

> ***My only point is if there was some sort of transition from the closing of the case, to sort of have some stability that you can turn to because it's absolutely needed.*** (Grace)

Participants highlighted the need for transitioning the withdrawal of support to prevent the abrupt withdrawal of support. Participants speculated that providing the security and assurance of a Family Service professional, once their case was closed, would result in stability, reliability and peace of mind for participants by knowing that there was someone to talk to, should it be needed. Participants reflected how transactional outcomes could be modified into transformative

outcomes by providing brief support and guidance for families, when they began to struggle shortly after the Family Service had withdrawn.

5B.6. Discussion

The findings revealed that participants seeking support from the Family Service had multiple, complex and often entrenched needs. Similar evaluations reveal similar conditions of adversity faced by participants on the Troubled Families Programme (e.g., Bond-Taylor and Somerville, 2013). It is documented in the literature that children, young people and families with low socio-economic status are likely to seek, accept and engage with children's services (Hooper et al., 2007). The findings are consistent with the literature and support the notion that difficulties become more entrenched and exacerbated when help is not provided (or sought by participants) at an early stage.

It also emerged from participants' narratives that before being referred for targeted support, participants had to overcome structural barriers embedded in the provision of early help services. Trip et al. (2019) found similar findings amongst parent/carers with children who had an intellectual disability and refers to this a navigating the ever-changing seas theoretical model. Trip et al.'s (2019) model supports the findings from this research and can be used to clarify and further explain the impact of changing formats and delivery of early help services for children and young people with additional needs.

Service fatigue is also well documented in the literature as being a barrier for participants; it has been found that families enrolled onto the Troubled Families Programme have typically had service involvement for the majority of their lives (e.g., White and Day, 2016). Similar findings were also revealed in this research. Dewey and Germain (2014) refer to this as 'social service fatigue' and found that because of this social service fatigue, service users articulate and document their self-sufficiency to validate progress and actively engage with peer support. This service fatigue might explain the need for participants who were seeking validation as a good parent upon entering the Family Service.

Late help was another barrier for participants to firefight against. As mentioned in section 3.4 the impact of late help has been well documented within the literature and (the fear of) not being believed has been highlighted as a barrier for both children and young people and parent/carers alike (Cossar et al., 2013; Burgess et al., 2014). This may account for why the support received was later rather than earlier, as participants were not believed by those in the microsystem.

The findings from this research suggest that participants adopted a catastrophic mindset due to the extent and complexity of problems they were experiencing. Catastrophising is strongly

associated with depression and anxiety (Nieto et al., 2020) by reducing positive moods and increasing negative moods and mental illness (Angell, 2017) and it was unveiled that catastrophising was likely to colour relationships across the system. In the literature, catastrophising mainly refers to physical pain catastrophising (e.g., Sullivan et al., 2001; Quartana et al., 2009) however, this research highlights the need to focus on catastrophising as a result of psychological pain, upset and distress. For example, research suggests that parental catastrophising arises shortly after an official autism spectrum disorder diagnosis and is a result of coping and managing with a life-long condition (Byrne et al., 2018). Catastrophising is comparable to and characteristic of being problem focused rather than solution focused (Tomison, 2002) and the findings reveal that the Family Service provided this change in mindset to become solution focused. Findings from the literature suggests that parental stress is highly prevalent in parents with a child who have a neurodevelopmental disability (Valicenti-McDermott et al., 2015). Moreover, the link between (parental) stress and depression and anxiety has been established (Hammen, 2005), which overall suggests that as participants were firefighting a range of problems and difficulties and they were utilising catastrophising as a coping mechanism.

Catastrophising was also reinforced and worsened by the feelings of shame invoked in participants (Morris et al., 2018), as they required additional external support to help them cope and manage with their difficulties. The catastrophic mindset adopted by participants was also exacerbated by participants reliance on the stigmas and stereotypes associated to children's social care (Colton et al., 1997; Scholte et al., 1999), often due to the lack of awareness regarding the availability of services for children, young people and families in the area (Easton et al., 2013). Similarly, the findings from this research also suggests that early help professionals get misconceived as children's social care owing to their close proximity to children's social care within the conceptual framework (See Figure 1.4). This blurring of the professional status and identity of early help professionals have been documented as a barrier to access and engagement with early help services in the literature (Moran et al., 2007; Mason et al., 2020). This suggests the need for more awareness surrounding targeted support from the Family Service.

The immediate relief felt by participants was found to be a significant support for most participants. The findings also revealed the integral role of the case-manager in the delivery of targeted help and the valuable attributes of the keyworker, such as providing moral support, believing participants, listening and understanding the family's needs, etc. This is supported by both Ball (2019) who has highlighted how achieving positive outcomes is heavily dependent on having likeable keyworkers who can establish positive relationships with all family members and Morris et al. (2017) who highlighted the family-worker relationship is built via understanding the complexity of family life and the lives of individual members within that family. The holistic family approach was also found to be valued by participants and was a support for them in achieving

positive transformational family outcomes. Moreover, the role of the key worker in providing moral support to service users, delivering a parent friendly approach, providing holistic support, offering solutions and becoming family advocates was similarly found in previous evaluations of the Troubled Families Programme (Bond-Taylor and Somerville, 2013; Blades et al., 2016). The 'parent friendly' approach of the case manager, desired by participants, was consistent with further evaluations of the Troubled Families Programme (White and Day, 2016; Blades et al., 2016), increasing the validity of these findings. A parent friendly approach was characterised by: allowing participants to offload, listening to and believing participants about their difficulties, being open and honest with participants, personalising support, being readily available and accessible, having regular contact with participants, increasing and/or establishing a support network for families and managing expectations of the support the Family Service provide. The importance of support networks has previously been demonstrated (e.g., Barnes and Morris, 2007; Morris and Burford, 2007) and the importance of managing expectations of what help and support can be provided by services has also been highlighted as an identified recommendation in similar research (e.g., Blades et al., 2016).

Personalising support has been identified as a mechanism that can encourage and significantly help parents adopt positive parenting styles and behaviours, particularly for those with multiple, complex needs such as neurodevelopmental disability and conduct problems (McKay et al., 2020). Support was modified by participants themselves or via the Family Service. However, parental motivation and meeting parental needs is also highly influential for achieving positive outcomes for parents with children with Attention Deficit Hyperactivity Disorder (Smith et al., 2015), which should also be considered by the Family Service.

The strengths-based working adopted by case managers was found to help positively engage families and helped build a rapport between participants and professionals. Indeed, a systematic review of strengths-based approaches found that professionals self-empower parents, which in turn facilitates engagement and empowers families to seek solutions and knowledge (Toros and Falch-Eriksen, 2021). Participants desired solutions (from the Family Service) to specific problems and difficulties they were facing. The types and extent to which families faced difficulties vary across different neurodevelopmental disabilities but adaptive and behavioural struggles have the greater significant impact on families (Dovgan and Mazurek, 2018). Indeed, most participants were seeking solutions to behavioural struggles. This emphasises the importance of a range of parenting programmes which provide a range of tools and techniques for parents to find the correct tools for their parenting toolboxes.

Parenting programmes have been found to be effective across many areas of need including, but not limited to: child abuse (Kennedy et al., 2016), preventing the reoccurrence of child

maltreatment (Chen and Chan, 2016; MacMillan et al., 2009), reducing parental stress (Barlow et al., 2012), increasing parental self-esteem and reducing Attention Deficit Hyperactivity Disorder symptoms (Coates et al., 2015), improved child behavioural outcomes (Thomas and Zimmer-Gembeck, 2007), and parenting practices and perceptions of child behaviours (Letarte et al., 2010). However, parents are more likely to disengage with parenting programmes when they were seen as unhelpful or progress was not seen immediately (Friars and Mellor, 2009; Smith et al., 2015). For participants in this research, those who successfully adopted new positive parenting styles acknowledged the persistency needed to ensure strategies were effective and embedded.

The findings from the research reveal that participants achieved transformative and/or transactional outcomes, because of their time within the Family Service. When each stage of the 'whilst in the service' phase of the model was achieved, transformative outcomes were achieved. On the other hand, if any stage of the 'whilst in the service' phase was not successfully or effectively achieved, this typically meant that transactional outcomes were achieved. Transformative and transactional outcomes are postulated based on the relationships between service users and service providers; relationships with the Family Service also appeared to colour relationships with other agencies across the ecological systems. Transformative social work practice (e.g., Pyles and Adam, 2015; Schott and Weiss, 2015) has found to be a key characteristic of transformative change outcomes for children, young people and families. Transformative practice in social work encompasses a critical analysis of the conditions and barriers that contribute to disadvantage and prevents individuals from achieving change (Munford and Sanders, 2021). Relational practice is a vital part of transformative practice; it places services users at the heart of their plan development and recognises contextual and wider daily issues that impact individuals via critical reflection. Transformative practice therefore provides service users with a voice that is heard (Dore, 2019).

The Family Service appear to remove the blame placed on parents, by school, for their child's difficult behaviours (Morris et al., 2018), which was transformative for participants. Scorgie and Sobsey (2017) highlight the 'home-school collaboration' is based on trust and can improve child outcomes, specifically for children and young people with disabilities. The improved relationships in and between the child's microsystems were transformative. The positively maintained and sustained changes ensured that (due to the open and honest communication between parents and school) difficulties could be effectively dealt with and managed earlier rather than later. This was evident as none of the participants received further help from the Family Service.

Acceptance was another identified factor which contributed to the achievement of transformative outcomes for children, young people and families. The acceptance achieved by participants has

been highlighted in the literature as an essential component of the journey's parents go on, shortly after receiving a diagnosis of autism spectrum disorder for their child (Altiere and von Kluge, 2009) and explains the need for acceptance by participants in this research. Transformative practice can also aid in the achievement of acceptance (Dore, 2019); acceptance was achieved via an increased understanding, awareness and knowledge surrounding their child's behaviours and needs. There was a remarkedly improved confidence in participants own parenting ability, which has also been noted in evaluations of targeted support and the Troubled Families Programme (e.g., Blades et al., 2016).

On the other hand, transactional outcomes were achieved due to various reasons: the abrupt or sudden withdrawal of help (too early discontinuation of late help), the inability to sustain improved relationships/practices, not finding the right solution to their problems, and not increasing the number of tools in their parenting toolboxes. These barriers to transformative outcomes have been previously documented in the literature. For example, similar findings of an abrupt withdrawal of support was found in a national evaluation of the Troubled Families Programme (Department for communities and local government, 2016). This led participants to recommend the need for a helpline to be available for parents after their case is closed which could potentially remove the need for further service involvement later.

Overall, the conceptualised model of participants' journeys through targeted support in Figure 5B.5.1 is similar to the stages of change in the transtheoretical model (DiClemente and Prochaska, 1998). The transtheoretical model denotes that there are 6 stages involved in the process of change: pre-contemplation, contemplation, determination, action, relapse and maintenance. The transtheoretical model processes of change such as conscious raising, dramatic relief, self or environment re-evaluation, self and social liberation, helping relationships, counterconditioning, reinforcement management and stimulus control (DiClemente and Prochaska, 1998) can be used to explain the strategies used to utilise, embed and maintain positive parenting changes via targeted support. The transtheoretical model has been used to explain the change processes in women experiencing Intimate Partner Violence (Reisenhofer and Taft, 2013) and can be used to explain the process of transformative changes via targeted support. This research suggests participants early help journey of awareness is also characterised by positive parenting ability changes, a process similar to the transtheoretical model of change.

5B.7. Summary

In sum, part A of this chapter provides the findings from the constructivist grounded theoryanalyses of the focus groups with service providers and stakeholders of the Family Service. The findings have explored the perspectives and experiences, and the supports and barriers to

effective service delivery, as set out in the research objectives. The research provides a novel insight into the Family Service from the perspectives of a range of Family Service professionals and a range of Family Service stakeholders, but also expands the knowledge with regard to similar local evaluations of the Troubled Families Programme. The findings suggest that Family Service professionals have adopted a positive preventative approach to working with children, young people and families and a positive shift in culture towards early help appears to be underway.

The findings reveal further that there is an increasing level and complexity of need demonstrated by children, young people and families across Nottinghamshire and suggests that the term early help does not adequately reflect the (crisis) support provided by targeted 'early help' professionals. The findings demonstrate that the early help continuum of need and should be updated to reflect the increasing level and complexity of need displayed by service users across Nottinghamshire.

Part B of this chapter then presented a novel conceptualised journey of parenting awareness participants (previous service users referred for parenting ability) go on. The model indicates that before entering the Family Service, participants were firefighting against a plethora of problems or difficulties, which led to catastrophising. Whilst in the Family Service, participants required moral support from their early help professionals, were seeking solutions to specific problems and aimed to increase the number of tools in their parenting toolboxes. When exiting the Family Service, the outcomes achieved by participants were transformative and/or transactional. The conceptualised model adds a novel contribution to knowledge by exploring the targeted early help journey with the Family Service, from the perspective of service users. The supports and barriers as described by participants were also identified throughout the analysis.

Chapter 6. Quantitative findings

6.1. Introduction

A summary of the chapter is provided in Table 6.1.

Table 6.1
Summary of Chapter 6

	Contents of Chapter 6
Methods	Quantitative secondary data analysis
Methods of analysis	Descriptive statistics and non-parametric inferential statistics (Chi square and Mann-Whitney U). All quantitative data was analysed using Statistical Package for the Social Sciences versions 27 and 28 (IBM Corp., 2020 and 2021).
Sample	n = 1,258 (Complete Case Analysis)
Inclusion Criteria	a) A direct referral into the Family Service b) A closed case c) At least one case accepted into the Family Service d) Seen a Family Service worker at least once e) A referral for parenting ability f) At least one Family Service action plan
Ecological system sampled from	Microsystem
Research objective(s) addressed in the chapter	1. To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families. 4. To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.
Chapter Introduction	Four outcome variables were developed (See Appendix 1): *the proportion of accepted cases*, *the proportion of interventions received*, *the proportion of closed successful interventions* and *the proportion of successful case closures,* to explore their relationships with and amongst other variables in the dataset. The analyses are presented in relation to each objective that they address.

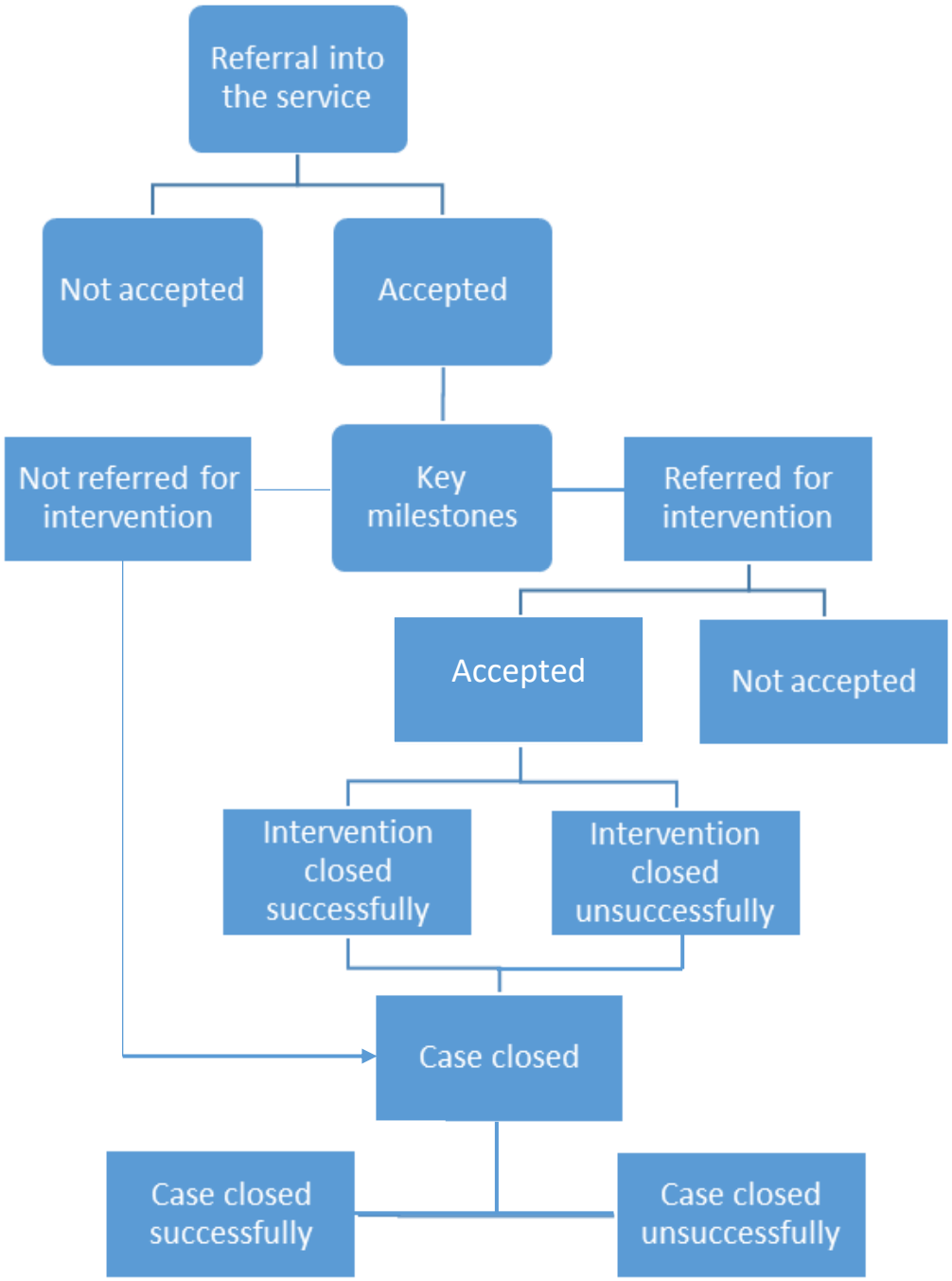
Owing to the amount of tests performed on the data, only a selection have been presented in this chapter. For example, there was no significant associations between gender and any other variables discussed throughout this chapter (See Appendix 18).

6.2. Quantitative journey through the service

Figure 6.1 depicts the quantitative journey through the Family Service and the key decision points that service users encounter through their Family Service journey. This was conceptualised from the secondary data and therefore illustrates the parenting ability based service user journey through the service from the perspective of the secondary data/local authority. The quantitative data testified to the key decision points service users encounter on their journey through the Family Service. The four outcome variables are aligned to the quantitative service user journey through the service and reflect the various possible quantitative decision points service users can face on this journey through the service.

Figure 6.1

Conceptualised quantitative service user journey through the Family Service



6.3. Demographic information

A total of 1,258 participants were included in the final Complete Case Analysis sample. On average participants were aged 150.03 months old (median= 153.00; SD = 56.159) with a range of 17- 591 months. Of the final sample 53.8% were male (n=664) and 47.2% were female (n=594).

From the final sample 25.6% (n=322) of service users were originally referred from the microsystem, where as 74.4% (n=936) were originally referred from the exosystem. A total of

51.4% (n=647) were referred for an intervention whereas, 48.6% (n=611) were not referred for an intervention. Table 6.2 provides some further descriptive statistics of the sample in relation to participant characteristics.

Table 6.2
Descriptive statistics of the participant characteristics of the sample

	Mean	Median	Standard Deviation (SD)	Range
Child in need count	0.28	0.00	0.56	0 – 3
Section 47 count	0.30	0.00	0.66	0 – 6
Child protection plan count	0.08	0.00	0.28	0 – 2
Missing person count	0.28	0.00	1.13	0 – 14
Early help count	1.32	1.00	1.15	0 – 7
Family Service count	0.99	1.00	0.08	0 – 1

On average service users had been seen by 1.83 workers (median=2.0, SD=1.04) and the number of workers ranged from 0 – 7 workers. Participants had cumulatively been seen on average 8.58 times (median=7.00, SD=7.35), ranging from 0 – 55 times and on average spent 146.90 cumulative working days in the service (median = 139.00, SD=75.61), ranging from -14.00 – 554.00 cumulative working days. Service user's referral(s) remained open for 18.98 cumulative days on average (median=1, SD=40.28, range= -5.00 – 459.00). The average cumulative number of days between the referral(s) into the service and the start of the Family Service assessment was 60.88 days (median=47.00, SD=54.39, range= -8.00 – 389.00).

Table 6.3 provides the descriptive statistics for the four outcome variables. Based on the use of proportions for the outcome variables, success would therefore be indicated by a higher rather than lower proportion.

Table 6.3
Descriptive statistics of the four outcome variables

	Mean	Median	Standard Deviation	Range
Proportion of accepted cases	0.95	1.00	0.15	0.00 – 1.00
Proportion of interventions received	0.41	0.00	0.47	0.00 – 1.00
Proportion of closed successful interventions	0.74	1.00	0.43	0.00 – 1.00
Proportion of successful case closures	0.68	1.00	0.45	0.00 – 1.00

The following subsections provides examples of participants chosen from the final sample to aid understanding of the dataset and what success/real-life journeys through the Family Service can look like in relation to the variables in the dataset. They are presented in order of success in relation to the outcome variables starting with the least successful, ending with the most successful case example.

6.3.1. Child A

Child A was a 163-month-old female. She had 2 referrals into the Family Service (with the first referral coming from the microsystem). However, only one of the referrals into the Family Service was accepted – therefore Child A had a moderate proportion of accepted cases (0.50). She was seen by 1 worker for a total of 7 occasions cumulatively. Whilst in the Family Service, Child A received two Family Service action plan reviews and she was referred for three interventions of which she received two– this meant that Child A received a moderate proportion of interventions (0.67). Child A was identified as a child in need once and had been subject to a Section 47 enquiry once also. The referrals into the Family Service remained open for 0 days however, there were 40 days between the referral into the service and the start of the Family Service assessment. Overall, child A was in the service for 288 working days. Overall, both interventions were closed unsuccessfully - this led to a low proportion of closed successful interventions (.00). Similarly, both cases were closed unsuccessfully which led to a low proportion of successful case closures (.00).

6.3.2. Child B

Child B was a 96-month-old female. She had 2 referrals into the Family Service (with the first referral coming from the exosystem) and both were accepted – therefore Child B had a high proportion of accepted cases (1.00). She was seen by 2 workers, for a total 14 occasions

cumulatively. Whilst in the Family Service, Child B received no Family Service action plan reviews and she was referred for one intervention which she received – this meant that Child B received a high proportion of interventions (1.00). Child B had never been: identified as a child in need, subject to a Section 47 enquiry, placed on a child protection plan or identified as a missing person. The referrals into the Family Service remained open for 0 days and there were 6 days between the referrals into the service and the start of the Family Service assessment. Overall, child B was in the service for 204 working days. Overall, one intervention was closed successfully and one was closed unsuccessfully, this led to a moderate proportion of closed successful interventions (0.50) and a low proportion of successful case closures (.00) as both cases closed unsuccessfully overall.

6.3.3. Child C

Child C was a 74-month-old male. He had 2 referrals into the Family Service (with the first referral coming from the microsystem) and both referrals were accepted– therefore Child C had a high proportion of accepted cases (1.00). He was seen by 2 workers for a total of 5 occasions cumulatively. Whilst in the Family Service, Child C received four Family Service action plan reviews but was never referred for an intervention – this meant that Child C received a low proportion of interventions (.00). Child C had never been: identified as a child in need, subject to a Section 47 enquiry, placed on a child protection plan or identified as a missing person. The referrals into the Family Service remained open for 8 days however, there were 149 days between the referrals into the service and the start of the Family Service assessment. Overall, child C was in the service for 92 working days, the interventions from the Family Service were closed successfully leading to a high proportion of closed successful interventions (1.00) and a high proportion of successful case closures (1.00) as overall, both cases were closed successfully also.

6.4. Research Objective 1

Research Objective 1: To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.

To address this first research objective, I begin this section by exploring the relationships between variables that describe participant characteristics at the intervention level (i.e., the proportion of closed successful interventions), and at the case level (i.e., proportion of successful case closures). Participant characteristics included: age, child in need count, Section 47 count, child protection plan count, missing person count and early help count. This section then goes on to explore: first

referral source, the proportion of accepted cases and the number of case closures in relation to success at the intervention and case level.

6.4.1. Age

A chi-square test of independence was conducted to examine whether there was a relationship between the proportion of closed successful interventions and service user age; there was no significant association (χ^2 (3, n=1258) = 1.132, p >.001, Φc = 0.030). There was also no significant association between service user age and overall success (χ^2 (3, n=1258) = 1.614, p >.001, Φc = 0.036).

6.4.2. Child in need count

A chi-square test of independence was performed to examine whether there was a relationship between the cumulative number of times service users were placed on a child in need plan and the proportion of closed successful interventions; there was a significant small association (χ^2 (2, n=1258) = 105.955, p <.001, Φc = 0.290). There was also a significant moderate association between child in need count and a successful case closure (χ^2 (2, n=1258) = 115.937, p <.001, Φc = 0.304) (See Table 6.4).

Table 6.4 *Child in need count and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation*

	Child in need count			χ^2	Φc
	0	1	2 - 3		
Proportion of closed successful interventions					
0.00 – 0.50	210	120	34	105.955**	.290
	57.7%	33.0%	9.3%		
	(-10.1)	(7.9)	(5.8)		
0.51 – 1.00	753	122	19		
	84.2%	13.6%	2.1%		
	(10.1)	(-7.9)	(-5.8)		
Proportion of successful case closures					
0.00 – 0.50	259	142	37	115.937**	.304
	59.1%	32.4%	8.4%		
	(-10.7)	(8.7)	(5.5)		
0.51 – 1.00	704	100	16		
	85.9%	12.2%	2.0%		
	(10.7)	(-8.7)	(-5.5)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

The results indicate service users are more likely to have a low proportion of closed successful interventions and a low proportion of successful case closures when placed on a child in need plan.

6.4.3. Section 47 count

A chi-square test of independence was performed to examine the relationship between the number of times service users were subject to a Section 47 enquiry and the proportion of closed successful interventions; there was a significant weak association (χ^2 (2, n=1258) = 35.303, p <.001, Φc = 0.168). There was also a significant weak association between the cumulative number of times service users were subject to a Section 47 enquiry and a successful case closure (χ^2 (2, n=1258) = 27.164, p <.001, Φc = 0.147) (See Table 6.5).

Table 6.5

Section 47 count and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Section 47 count				
	0	1	2 – 6	χ^2	Φc
Proportion of closed successful interventions					
0.00 – 0.50	249	77	38	35.303**	.168
	68.4%	21.2%	10.4%		
	(-5.5)	(3.3)	(4.6)		
0.51 – 1.00	737	123	34		
	82.4%	13.8%	3.8%		
	(5.5)	(-3.3)	(-4.6)		
Proportion of successful case closures					
0.00 – 0.50	309	89	40	27.164**	.147
	70.5%	20.3%	9.1%		
	(-4.9)	(3.1)	(3.8)		
0.51 – 1.00	677	111	32		
	82.6%	13.5%	3.9%		
	(4.9)	(-3.1)	(-3.8)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies

The findings indicate that service users are more likely to have a low proportion of closed successful interventions and a low proportion of successful case closures when having been subject to a Section 47 enquiry.

6.4.4. Child protection plan count

A chi-square test of independence (with Yates Continuity Correction) was conducted to establish whether there was an association between the number of times service users were subject to a child protection plan and a successful intervention closure; there was a significant small negative association (χ^2 (1, n=1258) = 42.895, p <.001, Φ = -0.188). There was also a significant small negative association between the number of times service users were placed on a child protection plan and a successful case closure (χ^2 (1, n=1258) = 39.030, p <.001, Φ = -0.176) (SeeTable 6.6).

Table 6.6

Child protection plan count and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Child protection plan count			
	0	1-2	χ^2	Φ
Proportion of closed successful interventions				
0.00 – 0.50	309	55	42.985**	-.188
	84.9%	15.1%		
	(-6.7)	(6.7)		
0.51 – 1.00	856	38		
	95.7%	4.3%		
	(6.7)	(-6.7)		
Proportion of successful case closures				
0.00 – 0.50	378	60	39.030**	-.176
	86.3%	13.7%		
	(-6.2)	(6.2)		
0.51 – 1.00	787	33		
	96.0%	4.0%		
	(6.2)	(-6.2)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

The results indicate service users are more likely to have a low proportion of closed successful interventions and a low proportion of successful case closures when having been placed on a child protection plan.

6.4.5. Missing person count

A chi-square test of independence was performed to examine if there was a significant association between the number of times a service user was identified as a missing person and the proportion of closed successful interventions; there was no significant association (χ^2 (2, n=1258) = 6.197, p >.001, Φc = 0.070). There was also no significant association between the number of times service users were identified as a missing person and a successful case closure (χ^2 (2, n=1258) = 7.508, p >.001, Φc = 0.077).

6.4.6. Early help count

A chi-square test of independence was conducted to establish if there was an association between the number of times service users received early help and the proportion of closed successful interventions; there was a significant weak association (χ^2 (4, n=1258) = 19.677, *p* <.001, Φc = 0.125). There was also a significant weak association between early help count and a successful case closure (χ^2 (4, n=1258) = 20.811, *p* <.001, Φc = 0.129) (See Table 6.7).

Table 6. 7
Early help count and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Early help count						
	0	1	2	3	4 – 7	χ^2	Φc
Proportion of closed successful interventions							
0.00 – 0.50	67	157	76	34	30	19.677**	.125
	18.4%	43.1%	20.9%	9.3%	8.2%		
	(-1.6)	(-1.3)	(0.2)	(1.8)	(3.8)		
0.51 – 1.00	201	423	183	58	29		
	22.5%	47.3%	20.5%	6.5%	3.2%		
	(1.6)	(1.3)	(-0.2)	(-1.8)	(-3.8)		
Proportion of successful case closures							
0.00 – 0.50	80	190	94	40	34	20.811**	.129
	18.3%	43.4%	21.5%	9.1%	7.8%		
	(-1.9)	(-1.4)	(0.6)	(1.8)	(3.8)		
0.51 – 1.00	188	390	165	52	25		
	22.9%	47.6%	20.1%	6.3%	3.0%		
	(1.9)	(1.4)	(-0.6)	(-1.8)	(-3.8)		

Note. ** = *p*<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggest that those who have received early help more than twice before are more likely to have a low proportion of closed successful interventions, indicating they are serial users of service without success. Similarly, those who have received early help on two or more occasions are also more likely to have a low proportion of successful case closures, rather than a high proportion of successful case closures.

6.4.7. First referral source

A chi-square test of independence (with Yates' Continuity Correction) was performed to determine the relationship between the first referral source and the proportion of closed successful interventions; there was a significant weak association (χ^2 (1, n=1258) = 22.550, *p* <.001, Φ = 0.136). There was also a significant weak association between the first referral source and a successful case closure (χ^2 (1, n=1258) = 27.104, *p* <.001, Φ = 0.149) (See Table 6.8).

Table 6.8

First referral source and the proportion of closed successful interventions and the proportion of successful case closures

	First Referral Source			
	Microsystem	Exosystem	χ^2	Φ
	Proportion of closed successful interventions			
0.00 – 0.50	127	327	22.550**	.136
	34.9%	65.1%		
	(4.8)	(-4.8)		
0.51 – 1.00	195	699		
	21.8%	78.2%		
	(-4.8)	(4.8)		
	Proportion of successful case closures			
0.00 – 0.50	151	287	27.104**	.149
	34.5%	65.5%		
	(5.3)	(-5.3)		
0.51 – 1.00	171	649		
	20.9%	79.1%		
	(-5.3)	(5.3)		

Note. ** = *p*<.001. adjusted standardised residuals appear in brackets below group frequencies.

Although the findings indicate that those with a low proportion of successful case closures and those with a high proportion of successful case closures are most likely to have been referred from the exosystem. Those referred from the exosystem are more likely to have a high proportion of closed successful interventions and a high proportion of successful case closures rather than low proportions. Furthermore, those referred from the microsystem are more likely to have low proportions of closed successful interventions and successful case closures than a high proportions.

6.4.8. The proportion of accepted cases

A chi-square test of independence was carried out to establish the relation between the proportion of accepted cases and the proportion of successful case closures; there was a significant weak association (χ^2 (2, n=1258) = 18.505, p <.001, Φc = 0.121) (See Table 6.9).

Table 6.9
Cross-tabulation of the proportion of accepted cases and the proportion of successful case closures

Proportion of successful case closures	Proportion of accepted cases			χ^2	Φc
	0.00 – 0.50	0.51 – 0.80	0.81 – 1.00		
0.00 – 0.50	33	21	384	18.505**	.121
	7.5%	4.8%	87.7%		
	(-0.3)	(4.3)	(-1.8)		
0.51 – 1.00	66	8	746		
	8.0%	1.0%	91.0%		
	(0.3)	(-4.3)	(1.8)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

One important finding is that those who have had a moderate proportion of accepted cases are nearly five times more likely to have a low proportion of successful case closures rather than a high proportion. This suggests that those who have been refused entry into the service at least once (due to not meeting the Family Service threshold), are more likely to have a low proportion of successful case closures.

6.4.9. Number of case closures

A chi-square test of independence (with Yates' Continuity Correction) was conducted to examine the association between the number of case closures and the proportion of successful case closures; there was a significant weak association (χ^2 (1, n=1258) = 222.311, p <.001, Φ = -0.423).

The results indicate those with a higher proportion of successful case closures (0.51 – 1.00) are more likely to have had one case closure (97.7%) rather than 2 – 4 case closures (2.3%). However, those with a lower proportion of case closures (0.00 – 0.50) are also more likely to have had one case closure (68.3%) rather than between 2 and 4 case closures (31.7%). This suggests that those with one case closure are almost 30% more likely to have a high proportion of successful case closures rather than a low proportion of successful case closures. However, those who have had

2-4 case closures are over 13 times more likely to have a low proportion of successful case closures rather than a high proportion of successful case closures. Interpretations of these findings suggest that being in the service more than once increases the chances of having a lower proportion of successful case closures.

6.4.10. Research objective summary

In summary, the findings indicate that there is no significant association between age and the proportion of closed successful interventions nor the proportion of successful case closures. However, the findings from further analyses suggest that either being placed on a child in need plan, having a Section 47 enquiry, being placed on a child protection plan or having received early help before is associated with a low proportion of closed successful interventions and a low proportion of successful case closures. In other words, service users are more likely to have a low proportion of closed successful interventions and a low proportion of successful cases closures when having been: placed on a child in need plan, subject to Section 47 enquiry, placed on a child protection plan or having received early help twice before, perhaps due to having more (complex) needs.

The findings in this section also suggest that those referred from the exosystem (agencies such as: Youth Justice Service, children's social care, Children's Centre Services, the multi-agency safeguarding hub, police) are more likely to have high proportions, rather than a low proportions, of closed successful interventions and successful case closures. However, those referred from the microsystem (agencies such as: family, GPs, primary school, secondary school, etc.) are more likely to have a low proportion of closed successful interventions and a low proportion of successful case closures rather than high proportions.

Findings revealed that those with one case closure are almost 30% more likely to have a high proportion of successful case closures rather than a low proportion of successful case closures. However, those who have had 2-4 case closures are over 13 times more likely to have a low proportion of successful case closures rather than a high proportion of successful case closures. Further interpretations indicate that those who have been refused entry into the service at least once are more likely to have a low proportion of successful case closures.

6.5. Research Objective 4

Research Objective 4: To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence

access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.

To address the fourth research objective presented above, this section begins by exploring associations between the first referral source and other variables in the dataset. I then explore the relationships between variables relating to the outcomes experienced by service users (interventions and Family Service action plan reviews) and their influence on the outcome variables. Finally, I present analyses concerning service user contact with Family Service and the timings of early help to test if they influence the outcome variables (*the proportions of: accepted cases, interventions received, closed successful interventions and successful case closures*).

6.5.1. Factors influencing access: First referral source

6.5.1.1. First referral source and number of referrals

A Mann-Whitney U test was performed to establish whether those referred from the microsystem and those referred from the exosystem differ in terms of the number of referrals they have had into the service. The number of referrals for those referred from the microsystem (Mdn = 2.00) was significantly higher than for those referred from the exosystem (Mdn = 1.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 82658, z = -15.162, p <.001. Being referred into the Family Service from the microsystem seems to have a moderate effect (r = 0.429) on the number of referrals into the Family Service.

6.5.1.2. First referral source and number of accepted cases

A Mann-Whitney U test was performed to determine whether there are differences in the number of accepted cases for those originally referred from the microsystem and those originally referred from the exosystem. The number of accepted cases for those referred from the microsystem (Mdn = 1.00) statistically significantly differed than those referred from the exosystem (Mdn = 1.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 96801.5, z = -13.296, p <.001. The results indicate that those who were referred from the microsystem tend to have had a larger number of accepted cases than those referred from the exosystem. The referral source seems to have a moderate effect (r = 0.375) on the overall number of accepted cases.

6.5.1.3. First referral source and the proportion of accepted cases

A chi-square test of independence was conducted to establish if there was an association between the proportion of accepted cases and the first referral source; there was a significant moderate association (χ^2 (2, n=1258) = 64.029, p <.001, Φc = 0.226).

The findings suggest that those with a low proportion of accepted cases (0.00 – 0.10) are equally likely to be referred from the microsystem (47.5%) and the exosystem (52.5%). Whereas those with a moderate proportion of accepted cases (0.11 – 0.89) are more likely to be referred from the microsystem (72.4%) than the exosystem (27.6%). However, those with a high proportion of accepted cases more likely to have been referred from the exosystem (77.5%) than the microsystem (22.5%). The findings indicate that those referred from the exosystem are three times more likely than those referred from the microsystem to have a high proportion of accepted cases.

6.5.1.4. First referral source and early help count

A Mann-Whitney U test was performed to explore whether those who were referred from the microsystem and exosystem differ in terms of the number of times they have received early help. Those referred from the microsystem (Mdn = 1.00) significantly differed from those who were referred from the exosystem (Mdn = 1.00) in terms of the number of times they received early help, U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 125286, z = -4.808, p <.001. Those who were referred from the microsystem received early help significantly more times than those referred from the exosystem. Being referred into the Family Service from the microsystem seems to have a small effect (r = 0.136) on the overall number of times services users have received early help.

6.5.1.5. First referral source and number of case closures

A Mann-Whitney U test was performed to explore if those referred from the microsystem and those referred from the exosystem differ in terms of the number of case closures. The number of case closures for those who were referred from the microsystem (Mdn=1.00) significantly differed than for those who were referred from the exosystem (Mdn=1.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 118101, z = -10.096, p <.001. The results indicate that those who were referred from the microsystem tend to have had more case closures than those referred from the exosystem. Being referred into the Family Service from the microsystem seems to have a small effect (r = 0.285) on the overall number of case closures.

6.5.1.6. First referral source and interventions

A chi-square test of independence was performed to establish if there was an association between the first referral source and whether or not participants were referred for an intervention; there was no significant association (χ^2 (1, n=1258) = 1.983, *p* >.001, Φ = 0.042). There was also no significant association between the first referral source and the proportion of interventions received (χ^2 (2, n=1258) = 5.047, *p* >.001, Φc = 0.063).

Similarly, a Mann-Whitney U test was conducted to establish whether those who were referred from the microsystem and the exosystem differ in terms of the number of referrals for interventions they had; there was no significant differences, $Mdn_{Microsystem}$ = 1.00, $Mdn_{Exosystem}$ = 1.00, U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 140894.5, z = -1.860, *p* >.001. There was also no significant difference in the number of interventions received according to the first referral source, $Mdn_{Microsystem}$ = 0.50, $Mdn_{Exosystem}$ = 0.00, U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 140812, z = -1.925, *p* >.001.

6.5.1.7. First referral source and contact with Family Service

A Mann-Whitney U test was conducted to determine whether there were differences in the cumulative number of referrals leading to being seen by a Family Service worker between those referred from the microsystem and the exosystem. The cumulative number of referrals leading to being seen by a Family Service worker for those who were referred from the microsystem (Mdn = 2.00) was statistically significantly higher than those who were referred from the exosystem (Mdn = 1.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 82430, z = -15.286, *p* <.001. The findings indicate that being referred into the Family Service from the microsystem seems to have a moderate effect (r = 0.431) on the overall cumulative number of referrals leading to being seen by a Family Service worker.

The number of different workers seen for those who were referred from the microsystem (Mdn= 2.00) was also significantly higher than for those who were referred from the exosystem (Mdn = 1.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 111623.5, z = -7.445, *p* <.001). Being referred into the Family Service from the microsystem seems to have a small effect (r = 0.21) on the overall number of different workers seen by.

The cumulative number of times seen was also significantly greater for those who were referred from the microsystem (Mdn = 8.00) than for those who were referred from the exosystem (Mdn = 6.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 131088.5, z = -3.494, *p* <.001). Being referred into the Family Service from the microsystem seems to have a small effect (r = 0.098) on the overall cumulative number of times seen.

6.5.1.8. First referral source and timings

A Mann-Whitney U test was performed to ascertain if there was a difference in terms of the cumulative number days referral(s) into the service remained open for those referred from the microsystem and exosystem; there was no significant differences, $Mdn_{Microsystem}$ = 1.00, $Mdn_{Exosystem}$ = 1.00, U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 159711.5, z = 1.668, *p* >.001. There was also no significant differences in the cumulative number of working days spent in the service according to referral source, $Mdn_{Microsystem}$ = 144.00, $Mdn_{Exosystem}$ = 136.50, U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 139624, z = -1.969, *p* >.001.

However, the cumulative days between the referral and Family Service assessment start was significantly higher for those referred from the microsystem (Mdn = 62.00) than for those referred from the exosystem (Mdn = 43.00), U ($N_{Microsystem}$ = 322, $N_{Exosystem}$ =936)= 119314.5, z = -5.581, *p* <.001). Being referred into the Family Service from the microsystem seems to have a small effect (r = 0.157) on the overall cumulative days between the referral into the Family Service and the start of the Family Service assessment.

6.5.2. Experienced outcomes

This section explores the relationships between variables relating to the outcomes experienced (i.e., interventions and Family Service action plan reviews) by service users and their influence on the outcome variables.

6.5.2.1. Interventions received

6.5.2.1.1. Age

A chi-square test of independence was performed to determine whether there was an association between age and the proportion of interventions received; there was a significant moderate association (χ^2 (6, n=1258) = 153.248, *p* <.001, Φc = 0.247).

From the results it was identified that those who received a low proportion of interventions were most likely to be aged between 60 – 131 months old (primary school aged) (38.0%) or 132-203 months old (secondary school aged) (33.6%). Those who received a low proportion of interventions were least likely to be aged 17 – 59 months old (12.9%). Whereas those who received a high proportion of interventions (0.9 – 1.0) were most likely to be aged between 132 – 203 months old (secondary school aged) (56.0%) and were half as likely to be aged 204 – 591 months (aged 17 or above) (21.8%), or 60 – 131 months (primary school aged) (20.6%). Those who received a high proportion of interventions were least likely to be aged between 17-59 months old (1.6%).

6.5.2.1.2. Child in need count

A chi-square test of independence was carried out to ascertain where there was an association between the cumulative number of times service users were placed on a child in need plan and the proportion of interventions received; there was a significant weak association (χ^2 (4, n=1258) = 54.342, *p* <.001, Φc = 0.147) (See Table 6.10).

Table 6.10
Cross-tabulation of child in need count and the proportion of interventions received

Proportion of Interventions received	Child in need count			χ^2	Φc
	0	1	2 - 3		
0.00 – 0.10	562	104	15	54.342**	.147
	82.5%	15.3%	2.2%		
	(5.4)	(-3.9)	(-3.9)		
0.11 – 0.89	83	45	17		
	57.2%	31.0%	11.7%		
	(-5.8)	(3.8)	(4.8)		
0.90 – 1.00	318	93	21		
	73.6%	21.5%	4.9%		
	(-1.8)	(1.5)	(0.8)		

Note. ** = *p*<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggest service users are more likely to have received a moderate or high proportion of interventions when placed on a child in need plan.

6.5.2.1.3. Section 47 count

A chi-square test of independence was performed to explore the relationship between the cumulative number of times service users were subject to a Section 47 enquiry and the proportion of interventions received; there was a significant small association (χ^2 (4, n=1258) = 21.954, *p* <.001, Φc = 0.093) (See Table 6.11).

Table 6.11
Cross-tabulation of Section 47 count and the proportion of interventions received

Proportion of Interventions received	Section 47 count			χ^2	Φc
	0	1	2 - 6		
0.00 – 0.10	565	90	26	21.954**	.093
	83.0%	13.2%	3.8%		
	(4.3)	(-2.8)	(-3.2)		
0.11 – 0.89	100	32	13		
	69.0%	22.1%	9.0%		
	(-2.9)	(2.2)	(1.8)		
0.90 – 1.00	321	78	33		
	74.3%	18.1%	7.6%		
	(-2.5)	(1.5)	(2.1)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggest service users are more likely to have received a moderate or high proportion of interventions when subject to a Section 47 enquiry.

6.5.2.1.4. Child protection plan count

A chi-square test of independence was utilised to establish whether there was an association between the cumulative number of times service users were placed on a child protection plan and the proportion of interventions received; there was a significant small association (χ^2 (2, n=1258) = 13.957, p<.001, Φc = 0.105). The results indicate that although those who received a low, moderate or high proportion of interventions were most likely to have never been placed on a child protection plan, those who have been placed on a child protection plan either once or twice are more likely to have received a moderate proportion of interventions (13.8%), are second most likely to have received a high proportion of interventions (8.6%) and are least likely to have received a low proportion of interventions (5.3%).

6.5.2.1.5. Early help count

A chi-square test of independence was conducted to establish if there was an association between early help count and the proportion of interventions received; there was a significant moderate association (χ^2 (8, n=1258) = 157.781, p <.001, Φc = 0.250) (See Table 6.12).

Table 6.12
Cross-tabulation of early help count and the proportion of interventions received

Proportion of Interventions received	Early help count					χ^2	Φc
	0	1	2	3	4 - 7		
0.00 – 0.10	207	330	101	32	11	157.781**	.250
	30.4%	48.5%	14.8%	4.7%	1.6%		
	(8.6)	(1.8)	(-5.5)	(-3.9)	(-5.6)		
0.11 – 0.89	5	52	47	19	22		
	3.4%	35.9%	32.4%	13.1%	15.2%		
	(-5.6)	(-2.6)	(3.7)	(2.8)	(6.3)		
0.90 – 1.00	56	198	111	41	26		
	13.0%	45.8%	25.7%	9.5%	6.0%		
	(-5.2)	(-0.1)	(3.2)	(2.1)	(1.6)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggest that the more times service users received early help (between 2 to 7 times), the more likely they are to have received a moderate proportion of interventions.

6.5.2.2. Interventions

6.5.2.2.1. Number of referrals for interventions

A chi-square test of independence was performed to examine if there was an association between the number of referrals for interventions and the proportion of successful case closures; there was no significant association (χ^2 (4, n=1258) = 11.238, p >.001, Φc = 0.095). There was also no significant association between the number of referrals for interventions and the proportion of closed successful interventions (χ^2 (4, n=1258) = 16.574, p >.001, Φc = 0.115).

6.5.2.2.2. Number of interventions received

A chi-square test of independence was conducted to establish if the number of interventions received was associated with the proportion of successful case closures; there was no significant association (χ^2 (4, n=1258) = 10.419, p >.001, Φc = 0.091). There was also no significant association between the number of interventions received and the proportion of closed successful interventions (χ^2 (4, n=1258) = 15.897, p >.001, Φc = 0.112).

6.5.2.2.3. Proportion of interventions received

A chi-square test of independence was conducted to examine the relationship between the proportion of interventions received and the proportion of successful case closures; there was no significant association (χ^2 (2, n=1258) = 3.844, *p* >.001, Φc = 0.055). There was also no significant association between the proportion of interventions received and the proportion of closed successful interventions (χ^2 (2, n=1258) = 3.825, *p* >.001, Φc = 0.055).

6.5.2.2.4. Proportion of closed successful interventions and the proportion of successful case closures

A chi-square test of independence (with Yates' Continuity Correction) was conducted to examine whether there was an association between the proportion of closed successful interventions and the proportion of successful closures; there was a significant very strong association (χ^2 (1, n=1258) = 875.929, *p* <.001, Φ = 0.836). The findings suggest that those with a higher proportion of successful case closures (0.51 – 1.00) are highly likely to also have a higher proportion of closed successful interventions (98.8%) compared to a low proportion (0.00 -0.50) of closed successful interventions (1.2%). Likewise, those who have a lower proportion of successful case closures are highly likely to have a lower proportion of closed successful interventions (80.8%) compared to a higher proportion of closed successful interventions (19.2%).

6.5.2.3. Family Service action plan reviews

A chi-square test of independence was run to establish if there was an association between the number of Family Service action plan reviews and the proportion of interventions received; there was no significant association (χ^2 (4, n=1258) = 2.665, *p* >.001, Φc = 0.033). However, there was a significant weak association between the number of Family Service action plan reviews and the proportion of closed successful interventions (χ^2 (2, n=1258) = 15.256, *p* <.001, Φc = 0.110) and a significant weak association between the number of Family Service action plan reviews and a successful case closure was also observed (χ^2 (2, n=1258) = 16.206, *p* <.001, Φc = 0.114) (See Table 6.13).

Table 6.13

Number of Family Service action plan reviews and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Number of Family Service action plan reviews				
	0	1 - 5	6 - 21	χ^2	Φc
Proportion of closed successful interventions					
0.00 – 0.50	308	38	18	15.256**	.110
	84.6%	10.4%	4.9%		
	(3.9)	(-3.5)	(-1.3)		
0.51 – 1.00	667	165	62		
	74.6%	18.5%	6.9%		
	(-3.9)	(3.5)	(1.3)		
Proportion of successful case closures					
0.00 – 0.50	365	46	27	16.206**	.114
	83.3%	10.5%	6.2%		
	(3.6)	(-4.0)	(-0.2)		
0.51 – 1.00	610	157	53		
	74.4%	19.1%	6.5%		
	(-3.6)	(4.0)	(0.2)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggests that although service users were most likely to have never received a Family Service action plan review, those that did were more likely to achieve a high proportion of closed successful interventions and a high proportion of successful case closures (compared to low proportions). This suggests that Family Service action plan reviews can increase the chances of having a successful intervention and case closure.

6.5.3. Real life experiences

This section looks at analyses concerning variables relating to contact with the Family Service and analyses relating to the timing of early help to test if they influence the outcome variables (*the proportions of: interventions received, closed successful interventions* and *successful case closures*).

6.5.3.1. Contact with Family Service

6.5.3.1.1. Number of different workers seen by

A chi-square test of independence was conducted to establish if there was an association between the number of different workers seen by and the proportion of closed successful interventions; there was a significant weak association (χ^2 (4, n=1258) = 30.506, p <.001, Φc = 0.156). There was also a significant weak association between the number of different workers seen by and a successful case closure (χ^2 (4, n=1258) = 27.817, p <.001, Φc = 0.149) (See Table 6.14).

Table 6.14

The number of different workers seen by and the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Number of different workers seen by						
	0	1	2	3	4 - 7	χ^2	Φc
Proportion of closed successful interventions							
0.00 – 0.50	7	126	136	53	42	30.506**	.156
	1.9%	34.6%	37.4%	14.6%	11.5%		
	(0.4)	(-4.1)	(1.0)	(1.1)	(4.5)		
0.51 – 1.00	14	423	307	109	41		
	1.6%	47.3%	34.3%	12.2%	4.6%		
	(-0.4)	(4.1)	(-1.0)	(-1.1)	(-4.5)		
Proportion of successful case closures							
0.00 – 0.50	7	165	155	62	49	27.817**	.149
	1.6%	37.7%	35.4%	14.2%	11.2%		
	(-0.1)	(-3.1)	(0.1)	(1.0)	(4.8)		
0.51 – 1.00	14	384	288	100	34		
	1.7%	46.8%	35.1%	12.2%	4.1%		
	(0.1)	(3.1)	(-0.1)	(-1.0)	(-4.8)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of the findings suggest that the more professionals service users are seen by, the more likely they are to have a low proportion of closed successful interventions and a low proportion of successful case closures. Overall, the results reveal that the optimal number of different workers to be seen by is one or two for a high proportion of closed successful interventions, or one to three for a high proportion of successful case closures.

6.5.3.1.2. Cumulative number of referrals leading to being seen by a Family Service worker

A chi-square test of independence was performed to establish if there was an association between the cumulative number of referrals leading to being seen by a Family Service worker and the proportion of interventions received; there was no significant association (χ^2 (4, n=1258) = 14.226, *p* >.001, Φc = 0.075). However, there was a significant weak association between the cumulative number of referrals leading to being seen by a Family Service worker and intervention success (χ^2 (2, n=1258) = 89.474, *p* <.001, Φc = 0.267) and there was also a significant moderate association between the cumulative number of referrals leading to being seen by a Family Service worker and a successful case closure (χ^2 (2, n=1258) = 92.173, *p* <.001, Φc = 0.271) (See Table 6.15).

Table 6.15

Cumulative number of referrals leading to being seen by a Family Service worker and the proportion of closed successful interventions and the proportion of successful case closures

	Cumulative number of referrals leading to being seen by a Family Service worker				
	1	2	3 - 6	χ^2	Φc
Proportion of closed successful interventions					
0.00 – 0.50	189	140	35	89.474**	.267
	51.9%	38.5%	9.6%		
	(-9.5)	(8.1)	(3.7)		
0.51 – 1.00	703	153	38		
	78.6%	17.1%	4.3%		
	(9.5)	(-8.1)	(-3.7)		
Proportion of successful case closures					
0.00 – 0.50	239	151	48	92.173**	.271
	54.6%	34.5%	11.0%		
	(-9.3)	(6.9)	(5.7)		
0.51 – 1.00	653	142	25		
	79.6%	17.3%	3.0%		
	(9.3)	(-6.9)	(-5.7)		

Note. ** = *p*<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of the findings suggests that the larger number of cumulative referrals leading to being seen by a Family Service worker the more likely they are to have a lower proportion of closed successful interventions and a lower proportion of successful case closures.

6.5.3.1.3. Cumulative number of times seen

A chi-square test of independence was performed to establish if there was an association between the cumulative number of times seen and the proportion of interventions received; there was a significant moderate association (χ^2 (12, n=1258) = 182.808, p <.001, Φc = 0.270). There was also a significant weak association between the cumulative number of times seen and the proportion of closed successful interventions (χ^2 (6, n=1258) = 48.604, p <.001, Φc = 0.197), and a significant moderate association between the cumulative number of times seen and a successful case closure was also observed (χ^2 (6, n=1258) = 51.869, p <.001, Φc = 0.203) (See Table 6.16).

Table 6.16

Cross-tabulation of the cumulative number of times seen and the proportion of interventions received, the proportion of closed successful interventions and the proportion of successful case closures

	Cumulative number of times seen								
	0 - 2	3 - 5	6 - 7	8 - 10	11 - 15	16 - 20	21 - 55	χ^2	Φc
Proportion of interventions received									
0.00 – 0.10	157	190	139	92	64	27	12	182.808**	.270
	23.1%	27.9%	20.4%	13.5%	9.4%	4.0%	1.8%		
	(7.4)	(3.2)	(4.0)	(-2.8)	(-4.0)	(-5.4)	(-7.3)		
0.11 – 0.89	8	22	13	35	24	17	26		
	5.5%	15.2%	9.0%	24.1%	16.6%	11.7%	17.9%		
	(-3.7)	(-2.7)	(-2.6)	(2.8)	(1.4)	(1.9)	(6.0)		
0.90 – 1.00	36	94	56	76	74	53	43		
	8.3%	21.8%	13.0%	17.6%	17.1%	12.3%	10.0%		
	(-5.4)	(-1.5)	(-2.5)	(1.0)	(3.3)	(4.4)	(3.7)		
Proportion of closed successful interventions									
0.00 – 0.50	52	54	56	71	55	49	27	48.604**	.197
	14.3%	14.8%	15.4%	19.5%	15.1%	13.5%	7.4%		
	(-1.0)	(-5.0)	(-0.7)	(2.1)	(1.5)	(4.9)	(0.9)		
0.51 – 1.00	149	252	152	132	107	48	54		
	16.7%	28.2%	17.0%	14.8%	12.0%	5.4%	6.0%		
	(1.0)	(5.0)	(0.7)	(-2.1)	(-1.5)	(-4.9)	(-0.9)		
Proportion of successful case closures									
0.00 – 0.50	68	65	68	84	64	54	35	51.869**	.203
	15.5%	14.8%	15.5%	19.2%	14.6%	12.3%	8.0%		
	(-0.3)	(-5.7)	(-0.7)	(2.1)	(1.3)	(4.5)	(1.6)		
0.51 – 1.00	133	241	140	119	98	43	46		
	16.2%	29.4%	17.1%	14.5%	12.0%	5.2%	5.6%		
	(0.3)	(5.7)	(0.7)	(-2.1)	(-1.3)	(-4.5)	(-1.6)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations from these findings indicate that the optimal number of times to be seen (for a high proportion of closed successful interventions and a high proportion of successful case closures) is no more than 7 cumulative times.

6.5.3.2. Timings: Cumulative days referral(s) open

A chi-square test of independence was conducted to examine if there was an association between the cumulative number of days the referral(s) remained open and the proportion successful interventions closures; there was no significant association (χ^2 (7, n=1258) = 12.708, p >.001, Φc = 0.101). There was also no significant association between the cumulative number of days the referral(s) remained open and a successful case closure (χ^2 (7, n=1258) = 15.876, p >.001, Φc = 0.112).

6.5.3.3. Timings: Cumulative days between referral(s) and the Family Service assessment start

A chi-square test of independence was conducted to examine the relation between the cumulative days between the referral(s) into the service and the start of the Family Service assessment and the proportion of interventions received; there was a significant small association (χ^2 (10, n=1258) = 35.609, p <.001, Φc = 0.119). There was also a significant weak association between the cumulative days between the referral(s) and the Family Service assessment start and the proportion of closed successful interventions (χ^2 (5, n=1258) = 37.428, p <.001, Φc = 0.172). A small significant association between the cumulative number of days between the referral(s) and the start date of the Family Service assessment start date and a successful case closure was also observed (χ^2 (5, n=1258) = 29.234, p >.001, Φc = 0.152) (See Table 6.17).

Table 6.17

Cumulative days between referral(s) and the Family Service assessment start and the proportion of interventions received, the proportion of closed successful interventions and the proportion of successful case closures cross-tabulation

	Cumulative days between referral(s) and the Family Service assessment start							
	-8 - 14	15 - 35	36 - 59	60 – 99	100 - 150	151 - 389	χ^2	Φc
Proportion of interventions received								
0.00 – 0.10	105	114	171	134	97	60	35.609**	.119
	15.4%	16.7%	25.1%	19.7%	14.2%	8.8%		
	(-2.7)	(-2.1)	(-0.1)	(0.0)	(3.0)	(4.0)		
0.11 – 0.89	31	32	31	30	13	8		
	21.4%	22.1%	21.4%	20.7%	9.0%	5.5%		
	(1.1)	(1.0)	(-1.1)	(0.3)	(-1.1)	(-0.4)		
0.90 – 1.00	92	92	116	83	38	11		
	21.3%	21.3%	26.9%	19.2%	8.8%	2.5%		
	(2.1)	(1.6)	(0.9)	(-0.3)	(-2.4)	(-3.9)		
Proportion of closed successful interventions								
0.00 – 0.50	38	63	98	73	53	39	37.428**	.172
	10.4%	17.3%	26.9%	20.1%	14.6%	10.7%		
	(-4.5)	(-0.9)	(0.9)	(0.2)	(2.0)	(4.1)		
0.51 – 1.00	190	175	220	174	95	40		
	21.3%	19.6%	24.6%	19.5%	10.6%	4.5%		
	(1.9)	(-0.7)	(-0.5)	(-2.4)	(-1.7)	(1.2)		
Proportion of successful case closures								
0.00 – 0.50	58	79	109	82	68	42	29.234**	.152
	13.2%	18.0%	24.9%	18.7%	15.5%	9.6%		
	(-3.3)	(-0.6)	(-0.2)	(-0.6)	(3.0)	(3.5)		
0.51 – 1.00	170	159	209	165	80	37		
	20.7%	19.4%	25.5%	20.1%	9.8%	4.5%		
	(3.3)	(0.6)	(0.2)	(0.6)	(-3.0)	(-3.5)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

The results indicate that those who received a low proportion of interventions are more likely to have been waiting 60 - 389 cumulative days between the referral(s) into the service and the start of the Family Service assessment compared to those who received a higher proportion of interventions who were more likely to have waited -8 - 59 cumulative days between the referral(s) and the start of the Family Service assessment.

Those with a lower proportion of closed successful interventions are more likely to have been waiting 36 - 389 cumulative days between the referral(s) into the service and the start of the Family Service assessment compared to those with a higher proportion of closed successful interventions who were more likely to have waited -8 – 35 cumulative days between the referral(s) and the start of the Family Service assessment.

These findings also suggest that those with a lower proportion of successful case closures are more likely to have been waiting 100+ cumulative days between the referral(s) into the service and the start of the Family Service assessment compared to those with a higher proportion of closed successful interventions who were more likely to have waited -8 – 99 cumulative days between the referral(s) and the start of the Family Service assessment.

6.5.3.4. Timings: Cumulative working days in the service

A chi-square test of independence was performed to examine if there was an association between the cumulative working days in the service and the proportion of interventions received; there was a significant weak association (χ^2 (12, n=1258) = 35.916, p <.001, Φc= 0.119). There was also a significant weak association between the cumulative working days in the service and the proportion of closed successful interventions (χ^2 (6, n=1258) = 45.149, p <.001, Φc = 0.189). There was also a significant weak association between the length of time in the service and a successful case closure (χ^2 (6, n=1258) = 58.556, p <.001, Φc = 0.216) (SeeTable 6.18).

Table 6.18

Cross-tabulation of cumulative working days in the service and the proportion of interventions received, the proportion of closed successful interventions and the proportion of successful case closures

	Cumulative working days in the service								
	-14 - 60	61 - 79	80 - 110	111 – 145	146 - 190	191 - 250	251 - 554	χ^2	Φc
Proportion of interventions received									
0.00 – 0.10	66	86	123	120	155	83	48	35.916**	.119
	9.7%	12.6%	18.1%	17.6%	22.8%	12.2%	7.0%		
	(2.4)	(3.6)	(1.2)	(-2.0)	(0.5)	(-3.2)	(-1.7)		
0.11 – 0.89	5	9	21	33	30	31	16		
	3.4%	6.2%	14.5%	22.8%	20.7%	21.4%	11.0%		
	(-2.2)	(-1.6)	(-0.8)	(1.0)	(-0.5)	(2.2)	(1.3)		
0.90 – 1.00	30	29	68	94	94	77	40		
	6.9%	6.7%	15.7%	21.8%	21.8%	17.8%	9.3%		
	(-1.0)	(-2.7)	(-0.8)	(1.4)	(-0.3)	(1.9)	(0.9)		
Proportion of closed successful interventions									
0.00 – 0.50	28	43	73	47	56	72	45	45.149**	.189
	7.7%	11.8%	20.1%	12.9%	15.4%	19.8%	12.4%		
	(-0.3)	(1.5)	(1.9)	(-3.8)	(-3.7)	(2.9)	(3.4)		
0.51 – 1.00	73	81	139	200	223	119	59		
	8.2%	9.1%	15.5%	22.4%	24.9%	13.3%	6.6%		
	(0.3)	(-1.5)	(-1.9)	(3.8)	(3.7)	(-2.9)	(-3.4)		
Proportion of successful case closures									
0.00 – 0.50	31	63	80	58	71	81	54	58.556**	.216
	7.1%	14.4%	18.3%	13.2%	16.2%	18.5%	12.3%		
	(-0.9)	(3.9)	(1.0)	(-4.2)	(-3.7)	(2.4)	(3.8)		
0.51 – 1.00	70	61	132	189	208	110	50		
	8.5%	7.4%	16.1%	23.0%	25.4%	13.4%	6.1%		
	(0.9)	(-3.9)	(-1.0)	(4.2)	(3.7)	(-2.4)	(-3.8)		

Note. ** = p<.001. adjusted standardised residuals appear in brackets below group frequencies.

Interpretations of these findings suggest that 111 – 190 cumulative working days is the optimal time in the service to achieve a high proportion of closed successful interventions and a high proportion of successful case closures.

6.5.4. Research objective summary

In summary, findings from Section 6.5 of this chapter explored factors (variables) that influenced access into the service (namely *the first referral source*), the outcomes that service users can experience throughout their time in the service (interventions and Family Service action plan reviews) and the real-life experiences of services users (contact between service users and service providers and the influence of the timings of early help).

Significant findings from this section reveal that those who were referred from the microsystem (agencies such as: family, GPs, primary school, secondary school, etc.) are statistically more likely to have had: a larger number of referrals into the service, a larger number of accepted cases, a lower proportion of accepted cases, received early help more times, been seen a larger number of different times, been seen by a larger number of different workers, been seen more cumulative times overall, a larger number of case closures, and waited a larger number of cumulative days from the referral(s) into the system to the Family Service assessment start than those referred from the exosystem (agencies such as Youth Justice Service, children's social care, Children's Centre Services, the multi-agency safeguarding hub, etc.). However, those referred from the exosystem are more likely to have a high proportion of accepted cases than those referred from the microsystem.

Significant findings from the exploration of the experienced outcomes revealed that those participants of secondary school age or above are statistically more likely to have received a moderate or high proportion of interventions, however those aged primary school age or below were statistically more likely to have received a low proportion of interventions.

Similar significant findings also revealed that although most participants did not receive a Family Service action plan review, those who received a Family Service action plan review are more likely to have a higher proportion of both closed successful interventions and successful case closures. This indicates Family Service action plan reviews can enhance the chances of success in terms of a successful intervention closure and an overall successful case closure. Furthermore, the findings also indicate a very strong significant association between proportion of closed successful interventions and the proportion of successful case closures, indicating that a successful intervention is highly significantly associated with a successful case closure.

Significant findings from the exploration of the real-life early help experiences of service users revealed that the optimal number of different workers seen by is one or two for a high proportion of closed successful interventions, or one to three for a high proportion of successful case closures. Further interpretations from the findings in this section also suggest that the optimal cumulative number of times to be seen is 7 or less, as the findings indicate that those who were cumulatively seen more than 8 times are statistically more likely to have a low proportion - rather than a high proportion - of both closed successful interventions and successful case closures.

Interpretations of these findings suggest that the larger number of cumulative referrals into the Family Service leading to being seen by a Family Service worker, the more likely they are to have a lower proportion of closed successful interventions and a lower proportion of successful case closures. Those who had a smaller number of cumulative referrals into the Family Service leading to being seen by a Family Service worker, are more likely to have high proportions of closed successful interventions and successful case closures.

Interpretations from this section also suggest that service users who waited 59 cumulative days or less between the referral(s) and the start of the Family Service assessment are significantly more likely to have received a high proportion of interventions. Similarly, those who waited 35 cumulative days or less between the referral(s) and the start of the Family Service assessment are statistically more likely to have a high proportion of closed successful interventions. Further analysis revealed those who waited 99 or less cumulative days from the referral(s) into the service and the start of the Family Service assessment are statistically more likely to have a high proportion of successful case closures. Together these findings suggest that reducing the waiting times into the service to less than 99 days could enhance the chances of a successful intervention and a successful case closure.

Finally, analyses revealed that the optimal time in the service is between 111 – 190 cumulative working days, as spending this amount of time in the service was found to be significantly associated with a high proportion of all three outcome variables (*the proportions of: interventions received, closed successful interventions and successful case closures*).

6.6. Chapter Summary

In sum, this phase of the research explored the secondary quantitative data. The research aims and objectives guided the analyses performed on the data – non-parametric inferential statistics (via chi-square tests and Mann-Whitney U tests) were utilised to explore the wealth of data on those referred to Nottinghamshire's Family Service for parenting ability support. The use of secondary data (obtained from the local authority) allowed me to produce novel insights into the

service user journey through the Family Service (for those referred for parenting ability) whilst exploring influential factors across four outcome variables, to determine influential factors in early help service delivery for parenting ability.

This chapter explored objective elements of early help delivered by the Family Service and based on the findings identified potential recommendations for policy and practice throughout. The chapter began by identifying and exploring the quantitative service user journey through the service for those referred to the Family Service for parenting ability support. The journey through the service outlined a clear entry point into the service and possible points of exit throughout the journey through the Family Service (See Figure 6.1). The outcome variables were aligned to and reflected this conceptualised quantitative journey through the service for parenting ability referrals.

The analyses presented in this chapter then explored and identified the influence of: participant characteristics, the first referral source, interventions, Family Service action plan reviews, contact with Family Service, and the timings of early help both in relation to success, (measured via the three outcome variables of: *the proportion of interventions received, the proportion of closed successful interventions and the proportion of successful case closures*) and in relation to other variables in the dataset relating to targeted early help delivered across Nottinghamshire.

The main conclusions that can be drawn from the quantitative analysis of data are:

- No significant associations were found between gender and all variables discussed throughout this chapter (See Appendix 18).
- Service users are more likely to have a low proportion of closed successful interventions and a low proportion of successful cases closures when having been: placed on a child in need plan once or more, subject to Section 47 enquiry once or more, placed on a child protection plan once or more or having received early help twice or more.
- Those referred from the exosystem are more likely to have high proportions - rather than low proportions - of closed successful interventions and successful case closures. Whereas those referred from the microsystem are more likely to have low proportions rather than high proportions of closed successful interventions and successful case closures.
- Those who have been refused entry into the service at least once are more likely to have a low proportion of successful case closures. Those with one case closure are almost 30% more likely to have a high proportion rather than a low proportion of successful case closures. However, those who have had 2-4 case closures are over 13 times more likely to have a low proportion rather than a high proportion of successful case closures.
- Those who were referred from the microsystem are statistically more likely to have had: a larger number of referrals into the service, a larger number of accepted cases, a lower

proportion of accepted cases, received early help more times, been seen a larger number of different times, been seen by a larger number of different workers, been seen more cumulative times overall, a larger number of case closures, waited a larger number of cumulative days between the referral(s) into the service and the Family Service assessment start than those referred from the exosystem. However, those referred from the exosystem are more likely to have a high proportion of accepted cases than those referred from the microsystem.

- Service users of secondary school age or above are more likely to have received a moderate or high proportion of interventions, whereas service users of primary school age or below are more likely to have received a low proportion of interventions.
- Family Service action plan reviews can enhance the chances of success in terms of a successful intervention closure and an overall successful case closure.
- A successful intervention is strongly associated with a successful case closure.
- Those who had a smaller number of cumulative referrals into the Family Service leading to being seen by a Family Service worker, were more likely to have a high proportion of closed successful interventions and successful case closures.
- The optimal number of different workers to be seen by is one or two for a high proportion of closed successful interventions, or one to three for a high proportion of successful case closures. In other words, the less workers seen by the better chances of a successful closed intervention and case closure.
- The optimal cumulative number of times to be seen is 7 or less, as the findings indicate that those who were cumulatively seen more than 8 times are statistically more likely to have low proportions - rather than high proportions - of both closed successful interventions and successful case closures.
- The optimal cumulative number of days between the referral(s) and the start of the Family Service assessment is 59 or less for a high proportion of interventions. The optimal cumulative number of days between the referral(s) and the start of the Family Service assessment is 35 or less for a high proportion of closed successful interventions. Likewise, the optimal cumulative number of days between the referral(s) and the start of the Family Service assessment is 99 or less for a high proportion of successful case closures. Together these findings suggest that reducing the waiting times into the service to less than 99 days could enhance chances of a successful intervention and case closure. This greatly contributes to the debate on the timings of early help and in answering the question: how “early” is early help?
- The optimal time in the service is between 111 – 190 cumulative working days, as spending this amount of time in the service was found to be significantly associated with a

high proportion of all three outcome variables (*the proportion of interventions received, the proportion of closed successful interventions and the proportion of successful case closures*).

Further interpretations and explorations of these findings, alongside the implications for practice and policy will be discussed in the remaining chapters of the thesis.

Chapter 7. Data triangulation

7.1. Introduction

In mixed methods research, the integration of the qualitative and quantitative findings is integral (Bryman, 2006), as this is considered representative of 'true' mixed methods research. This chapter provides the findings from the within and between method triangulation (Lewis-Beck et al., 2004) of the findings from the methods utilised within this thesis. Within method triangulation occurred between the qualitative methods (focus groups and interviews) and between method triangulation occurred between qualitative methods and quantitative methods (secondary data analysis). The chapter outlines the similarities and differences between the findings from the different methods (Creswell, 2014), to holistically triangulate the data. As presented in Figure 4.1, there are two between and two within mixed methods research objectives addressed throughout this research. This chapter provides the triangulated findings to address these mixed methods research objectives.

7.2. Triangulation: factors influencing access and engagement

This section explores the factors that were found to influence access into and engagement with parenting ability support from the Family Service, unveiled from within and between the qualitative and quantitative methods to address research objective 4. A summary of the factors that were found to have been influential in accessing and engaging with the Family Service is presented in Table 7.1 alongside relevant evidence.

Table 7.1

Factors influencing access into and engagement with the Family Service for parenting ability concerns

		Qualitative Methods		Quantitative Methods
	Access or Engagement?	**Focus groups**	**Interviews**	**Secondary data**
Lack of awareness on the Family Service	**Access/ Engagement**	*Janet: So, it's almost kind of like lack of knowledge, that our service isn't possibly explained correctly to families. (FG3: Child and family worker)* *Francesca: But for some families, actually they've never had anybody involved and that's really quite daunting (FG2: Case management team)*	*It could be more, more advertised of what they do, it's not just "oh you're going to get in trouble because you took your child to the hospital" it could. So, as I say it's not, the service was fantastic, it's, I think it's just knowing exactly that you know? The stigma of you've got a social worker, it's not that (Natasha)*	
Stigma	**Access/ Engagement**	*Suzanna: I get sort of a lot of confidential cases, and I think that there is stigma about accessing, accessing support from the Family Service.* *Kali: I think generally there's a*	*If any of my friends came to me and said that they was struggling, I'd actually mention the Family Service because I think sometimes when you think of things like that, you think "social services. They're going to take*	

		stigma around accessing services (FG3: Child and family workers)	*your kids off you" things like that. (Charlotte)*	
Previous positive experiences with children's services	**Access/ Engagement**		*She was, the lady, she was the one who helped my mum when we was younger…… with her I could relax, she's seen everything and I knew she wouldn't judge me because she's seen me as a kid. (Holly)*	
Ashamedness of needing help	**Access**	*Doris: If the family don't know much about the Family Service, then I suppose it's that stigma of having to have support, needing support…… because in their head they see it as a failure, they struggle to admit that in the first place…… that can be a barrier for some families. (FG4: Case management team)*	*Because that's the thing, before we felt really embarrassed. Like we were the lowest of the low because we needed some help and we weren't doing things right. That was like the first time originally. It was horrible. It was devastating. (Beth)*	
Fighting to be believed and heard	**Access/ Engagement**	*Lara: When we're telling other professionals that we strongly believe you know? that it is disguised compliance…… it doesn't matter what I'm saying [laughs] that case is now closed and now I've got to wait for the child*	*We needed it [the Family Service] way before, but nobody, I, my, my words are "nobody ever wants to listen". You reach out for help and they just brush it off. (Charlotte)*	The number of referrals for those referred from the microsystem were statistically higher than for those referred from the exosystem. The number of accepted cases for those referred from the microsystem was statistically significantly higher

		Ellie: The next crisis *Lara: Yeah, you know? Something serious to happen or the child to make another disclosure (FG5: Stakeholders)* *Ellie: Everybody is, is always asking "what have you done first?"* *Zelda: Yeah* *Ellie: "What other tier one have you had?" and it's almost like a box ticking exercise* *Zelda: Yeah, umm* *Ellie: Rather than actually supporting the family (FG5: Stakeholders)*	*I mean we've been fighting for absolutely years to get anywhere because nobody believed me and what she was like (Sharon)* *We said "can we, we need some help. We've got to have some help with this…… and we just literally tried everything to get some help. (Beth)*	than those referred from the exosystem. Further findings indicate that those referred from the exosystem are three times more likely than those referred from the microsystem to have a significantly high proportion of accepted cases.
Service fatigue	**Access/ Engagement**	*Monica: I think as well, it depends on previous experience. So, if you've got families that have previously been open for a long time to children's social care, they can get a little bit of agency fatigue (FG1: Case management team)*	*I'm used to that anyway [having services come in] it's just like "here we go again". Do you know what I mean? Here we go again. Its, its fine. They're here to do a job you know? And they're here to help and support (Ana)*	The findings suggest that being in the service more than once increases the chances of having a lower proportion of successful case closures.
Deciding to consent is a	**Access/ Engagement**	*Janet: we've tried to explain to parents that…… coming and*	*There was a lot of crossed wires to begin with, with the education*	

big deal for service users		*accessing the support shows that they are good parents and they do want to achieve the best for their families, so it's about building that confidence up and then actually by doing that, they're doing the best they can. (FG3: Child and family worker)*	*because they didn't think that I wanted help…… And I'm like but I didn't refuse, I said "I needed a couple of days to think about it and talk to another professional". (Ana)*	
Immediate gratification desired from engaging with the Family Service/ seeing positive changes occurring	**Engagement**	*Scarlet: Once they work with the Family Service and they start to see improvements or they start to do things a little bit differently and they, and they see the benefit from that, I think that does encourage families to, to want to, stay involved and to sometimes not to even want to close. (FG1: Case management team)*	*She came round to the house…… and for me, at 45 now, for me it was a turning point in my life because I felt that for the first time somebody was believing me…… it was quite traumatic because it was that realisation that it, somebody believed me there was a weight lifted off my shoulders, I felt protected. (Grace)*	
Changes to service thresholds	**Access**	*Ellie: Everything's channelled through early help and its got to meet a threshold every time* *Lara: Yeah*	*So, my son was 11 at the time and they decided he was no longer eligible. They were, it was going to be for 12- to 17-year-olds and he was 11 and 4 months when they closed it. They*	The findings indicate that those who have been refused entry into the service at least once (due to not meeting the Family Service threshold),

	Zelda: And the thresholds change, don't they? So, you think "yeah, this will get it done" but they've changed the thresholds, so you have to relearn them every time and manage those expectations (FG5: Stakeholders)	*closed down his entitlement. It was so ludicrous…… I did appeal it but didn't get anywhere with it. (Lisa)*	are more likely to have a low proportion of successful case closures.

7.2.1. Discussion

Together, the findings suggest that those referred from the microsystem are statistically more likely to have had a larger number of referrals into the service and a larger number of accepted cases. However, those with a high proportion of accepted cases are more likely to have been referred from the exosystem. This complements the findings from focus groups that reveal that stakeholders have experienced no successful referrals into the Family Service despite multiple attempts. However, one explanation for this finding is that since children's social care who work closely with the Family Service also lie within the exosystem – where the Family Service appears to sit – and therefore those referred from children's social care would already be familiar with the thresholds/requirements for early help from the Family Service due to their close proximity within the conceptual framework (Bronfenbrenner, 1977, 1979). Together, the findings suggest that those referring into the Family Service from the exosystem bypass several barriers that those referring from the microsystem experience. The integrated findings indicate that referrals from the microsystem must go through multiple ecological systems within Bronfenbrenner's (1977, 1979) ecological systems theory to receive help, which do not appear to be faced by those already in the exosystem such as children's social care.

Factors influencing access into and engagement with the Family Service revealed from this research, include: a lack of access to information on services, suspicion and stigma, misconceptions about early help services, previous bad experience(s) with services and individual issues e.g., mental health, and have similarly been revealed in the literature (Easton et al., 2013; Placa and Corlyon, 2014), increasing the reliability and validity of these findings/claims. Research suggests that service users feel embarrassed and ashamed and are therefore unlikely to engage in (early help) services, owing to the stigma and shame associated with being in contact with 'local authority' services (e.g., Hooper et al., 2007; Bilson et al., 2017; Gibson, 2020) and findings from this research echo these claims for parenting ability based support.

The findings indicate that case managers are vital in ensuring children, young people and families engage and maintain engagement with the Family Service throughout their targeted parenting ability based early help journey(s). Previous evaluations of the Troubled Families Programme have also highlighted how keyworkers are essential in ensuring engagement and participation from children, young people and families (Blades et al., 2016) which echoes findings from this research. Furthermore, the findings indicate that case managers reportedly utilise a plethora of approaches to engage (and maintain engagement with) children, young people and families with the parenting ability support on offer from the Family Service. For example, the findings also unveil that a successful approach adopted by the Family Service was an open and honest one, which was used to build high-quality relationships and encourage engagement with the Family Service. The

open and honest approach of targeted early help professionals has been previously identified within the literature also (e.g., Parr, 2016; Blades et al., 2016; White and Day, 2016; Mason, 2012) increasing the reliability and validity of these claims.

7.3. Triangulation: perspectives, experiences and outcomes of the Family Service

This section presents the triangulation of the findings between, and within, the various methods used for this research. To partially address objective 4 of the research, this section focuses specifically on the perspectives, experiences and outcomes of parenting ability based targeted support from Nottinghamshire's Family Service. A summary of the evidence from across all three methods is provided in Table 7.2, and presents the evidence relating to each of the identified perspectives, experiences and outcomes identified from across the findings.

Table 7.2

Triangulation of the perspectives, experiences and outcomes of parenting ability support from the Family Service

	Qualitative Methods		Quantitative Methods
Perspectives/ experiences/ outcomes	**Focus groups**	**Interviews**	**Secondary data**
The nature and quality of (open and honest) relationships between Family Service professionals and service users	*Edna: I like to spend quite a lot of time building a positive relationship because if you don't have that, they're not going to engage with you…… I think it's the most important thing really, is to build that relationship with them first, before you then start* *Janet: Doing any work (FG3: Child and family workers)*	*And she literally helped and it was, we were relieved. I was relieved, it was like someone's listening, someone's helping me and they worked with us instead of like, we didn't feel belittled. They were helping.* (Beth)	
Interventions received	*Scarlet: I think a lot of parents lose confidence in their own parenting ability…… In the short term, I mean I've been with a mum…… on this conflict workshop this morning and already you can see her, her confidence…… longer term, such as parents that attend like the parenting courses and things like that, it is that confidence building within their longer-term parenting, you*	*It was the, the parenting course…… it provided us with a few extra tools that we didn't know. We knew a lot and we kind of rolled our eyes at "oh god yeah, yet another parenting course" and like I say it highlighted what we could do. It meant that we were both singing off the same hymn sheet which was really good*	There are no significant associations between the number of referrals for interventions, the number of interventions received, and the proportion of interventions received with the proportion of closed successful interventions nor the proportion of successful case closures.

	know, to support them, erm, when their children grow (FG1: Case management team)	*because at that point we were starting to doubt each other.* (Marge) *[I] learnt a lot from that course. (Grace)*	However, the findings indicate a very strong significant association between proportion of closed successful interventions and the proportion of successful case closures.
The approach/ qualities of a good professional	*Rhona: When you let families down, when you arrange visits and cancel regularly…… families remember that and children as well. So, you need to consistent and persistent. Janine: Don't come over a judgemental, sort of telling them rather than getting their…… advice in there Rhona: So, it's doing it to instead of with isn't it? That doesn't necessarily work Scarlet: Yes…… don't promise things that you can't do (FG1: Case management team)*	*I mean the best thing for me…… we could get everything off our chest. Everything that we're struggling with, be totally honest and people help you and guide you in the right direction and put things in place for you and work with you. But they, but they do it together with us, for support (Beth)*	
Transformational outcomes	*Jayda: We come across a lot of…… children with ADHD [Attention Deficit Hyperactivity Disorder], autism, that type of thing. I think that it's the parents starting to understand those needs and understand their children and the impact of these conditions on them (FG2: Case management team)*	*I suppose they helped us to stop what could have been a tragedy down the line, would we of had a child on drugs that you know one day would end up in the gutter?* (Natasha) *I used to be a shouter, I try not to shout because with Arlo [participants son] and*	77.9% of participants only had one accepted referral into the Family Service, suggesting that these individuals achieved transformative outcomes after receiving support from the Family Service.

	Blake: You're sort of building back up that confidence, getting them [parent/carers] back into volunteering or getting them to do stuff…… so, in terms of their sort of self-esteem and sort of emotional wellbeing, that's sort of quite long term. *Tilly: And sometimes for them to recognise quicker that somethings adrift or something isn't going quite right and…… ask for that help earlier (FG2: Case management team)*	*his anger, it just raised him. So, once he'd calmed then I could speak to him and then he could understand why we was upset* (Charlotte)	
Transactional outcomes	*Rhona: Improved emotional health and wellbeing, self-esteem, confidence, just by attending school that can be, just on a regular basis. (FG1: Case management team)* *Catherine: It might mean actually we're not, a child isn't going into Local Authority care (FG2: Case management team)* *Yasmin: In terms of the young people, it's about getting somebody that's listening to them (FG3: Child and family worker)*	*I thought she listened. I felt she was lovely…… and that gets you through a certain thing, doesn't it? That helps with the stress. But yeah, sometimes you want more than, you need a bit more than that.* (Lisa) *Like everything we got kind of told we could get dealt with, didn't, we didn't and it's always been like that ever since day one…… "oh we'll do this for you, we'll do that for you" then nothing ever comes of it and you just seem to go round in a circle all the time* (Katie)	Analysis of the quantitative data indicates that those with more complex needs such as children and young people previously: placed on a child in need plan, subject to a Section 47 enquiry, placed on a child protection plan or received early help are significantly more likely to achieve a low outcome rather than a high outcome of closed successful interventions and successful case closures, suggesting that those with more complex needs are more likely

	Lara: So yeah, I can't fault Family Service at all…… all the families really benefit from that (FG5: Stakeholder)		to achieve transactional rather than transformational outcomes.
Longer term support needed (too early discontinuation of late help)	*Suzanna: So, we're pulling out the moment that they show success…… When actually family life's not like that, it's got lots of ups and downs and they need to be made more resilient. (FG3: Child and family worker)*	*That would be my only point is if there was some sort of transition from the closing of the case, to sort of have some stability that you can turn to because it's absolutely needed.* (Grace)	
Improving support networks in the child's microsystem (the mesosystem)	*Francesca: And also about parents I think, having better relationships with the agencies involved with them and knowing at which point to go and see their GP or actually, at what point, who can they talk to in school, or improving those relationships with people like, school (FG2: Case management team)*	*We're on quite personal terms at school. We are [laughs] they know us, and we know all the teachers, we even know them by voice…… that's how many times they've rang up.* (Katie)	
The qualitative versus quantitative Family Service journey for parenting ability		(See Figure 5B.5.1)	(See Figure 6.1)

7.3.1. The nature and quality of (open and honest) relationships between service providers and service users

The integrated findings indicate that building high-quality open and honest relationships was based on many influential factors such as those identified in section 7.2 of this chapter. Together, the findings suggest that when open and honest relationships were not built, service users did not feel morally supported in their parenting ability early help journey and thus became a barrier for service users. This supports the breadth of literature that have similarly found relationships are the foundational underpinnings of social work and early help practice (e.g., Mason, 2012; Morris et al., 2017). Moreover, this suggests that when open and honest relationships were not built between service users and service providers, the Family Service did not successfully migrate from the exosystem to the microsystem.

7.3.2. Interventions received

Combining the findings indicate that the better/more successful the intervention, the better the overall outcome, suggesting that successful interventions were having an overall impact on successful case closures. This supports evidence for the effectiveness of parenting programmes (e.g., Asmussen et al. (Early intervention foundation), 2017; Sanders et al., 2014; Letarte et al., 2010) and the significant role interventions from the Family Service play in contributing to positive outcomes for children, young people and families at case closure. Moreover, the validity of these claims is increased as the significance of parenting programmes to enhance parenting ability was found within all three methods of data analysis. (See section 7.4.12 also).

7.3.3. The approach/qualities of the Family Service professional

Collectively, the qualitative methods indicate the qualities and approach(es) of a 'good' professional discussed by service providers in focus groups also corresponded to the qualities and approach(es) of professionals identified by previous service users in interviews as being a positively influential support in achieving positive long-term transformative outcomes. These qualities unveiled from the triangulation of the findings echo national evaluations of the Troubled Families Programme such as Blades et al. (2016) who found that families value keyworkers who were: open and honest, consistent and persistent, reactive and responsive to their needs, focused on both the family's strengths and difficulties, easily available to talk to, supportive of other organisational processes (e.g., team around the family meetings, multi-agency meetings, health meetings/referrals) and emotionally supportive. This is also supported by Ball (2019) who has highlighted how achieving positive outcomes is heavily dependent on having likeable keyworkers

who can establish positive relationships with all family members, and the findings from this research adds validity to these claims.

7.3.4. Outcomes

The outcomes achieved by children, young people and families for parenting ability concerns have been collectively conceptualised as transactional and/or transformational. Transactional outcomes refer to short-term outcomes that temporarily move families out of crisis whilst support is provided from the Family Service, whereas transformational outcomes refer to positive outcomes that have been maintained and are therefore long-term transformative outcomes that prevent children, young people and families requiring Family Service support again. The secondary data indicates that 77.9% of participants only had one accepted referral into the Family Service, suggesting that these individuals achieved transformative outcomes after receiving support from the Family Service.

Transformative social work practice (e.g., Pyles and Adam, 2015; Schott and Weiss, 2015) has been found to be a key characteristic of transformative change outcomes for children, young people and families. The barriers to transformative outcomes (not feeling morally supported, not finding the right solution to their problems, not increasing the number of tools in their parenting toolboxes, the abrupt or sudden withdrawal of early help and the inability to sustain improved relationships) have been previously documented in the literature as being a barrier for participants. For example, similar findings of an abrupt withdrawal of support were found in a national evaluation of the Troubled Families Programme (Department for communities and local government, 2016).

7.3.4.1. Longer term support needed (too early discontinuation of late help)

Participants from both qualitative methods spoke of a need for more longer-term support to help families achieve long-term transformational outcomes. Resilience has been found to be essential in children, young people and families maintaining long-term outcomes/positive changes (e.g., Welbourne, 2012; Larkins et al., 2021; France et al., 2021). Furthermore, previous research has suggested that local authorities were found to be ensuring that the help they were providing would be beneficial to children, young people and families in the long-term beyond their participation in the Troubled Families Programme (White and Day, 2016), which was also revealed to be true of Nottinghamshire's Family Service. However, the findings suggest that families sometimes fail to achieve long-term transformative outcomes as the locally determined timescales prevented long-term support from being provided by Family Service professionals,

which was needed by some families. Indeed, research from the Social Care Institute for Excellence (2013), found that it is difficult for local authorities to meet long-term targets and visions whilst upholding short-term immediate needs of service users.

7.3.4.2. Improving support networks in the child's microsystem (the mesosystem)

Combined, the findings from both the qualitative methods utilised for this research indicate that the Family Service repair, (re)build and mediate the relationships within families and between the microsystems that surround the child (e.g., schools and GPs), thus strengthening relationships found within the mesosystem. For example, one example of both a short- and long-term outcome that can be achieved via the Family Service, is the improvement/maintenance of an acceptable level of school attendance (Nottinghamshire County Council, 2021). However, high-quality relationships and engagement with school is also needed for this to translate into a transformative outcome for children and young people. Research from the literature suggests that this is achieved as targeted and intensive family support has less stigma and is preferred over support from children's social care, as a result families can become empowered and their social networks can be improved also (Hoggett and Frost, 2018). Similar to research from Blades et al. (2016), this research also highlights how the development of support networks ensures families feel more in control, confident and better able to cope via utilising a range of new support networks established as a result of support provided via the Troubled Families Programme, such as the Family Service.

7.3.5. The qualitative versus quantitative Family Service journey for parenting ability

The integration of the findings between the methods has unveiled a contradiction between the conceptualised qualitative parenting ability based service user journey through targeted early help across Nottinghamshire and the parenting ability journey conceptualised from the local authority secondary data. The qualitative journey through the service is a fluid-flowing cycle where participants can leave at any point (if certain categories are not successfully achieved), whereas the quantitative journey through the system appears to be a more rigid, inflexible journey following a strict route through the service. Therefore, the findings from both quantitative and qualitative methods have been integrated to provide a holistic model of parenting ability based targeted early help via the Family Service from a variety of perspectives to address this contradiction (See section 7.5).

7.4. Triangulation: support and barriers

This section presents the triangulation of the findings from the analyses of the qualitative and quantitative data, in relation to the supports and barriers (for service users, service providers and further stakeholders involved in targeted parenting ability based early help), both identified and conceptualised from the triangulation of the findings. Overall, Table 7.3presents the supports and barriers to parenting ability based targeted early help from the Family Service with relevant evidence from across the findings from the three methods.

Table 7.3 *Supports and barriers for parenting ability based targeted early help*

		Qualitative Methods		Quantitative Methods
	Support (+) vs Barrier (-)	**Focus groups**	**Interviews**	**Secondary data**
Change in professional(s)/having to retell their story	**-**	*Scarlet: They could build a relationship up with that case manager, then you're introducing another person in and you know, some people don't like that change, do they?* *Rhona: Well, it's hard enough to spill your guts to one person, int it?* *Scarlet: Yeah* *Rhona: Never mind having to retell…… your story. (FG1: Case management team)*	*We worked with several people…… yeah [laughs] passed from pillar to post at one point (Marge)*	The optimal number of different workers to be seen by (for a high proportion of closed successful interventions) is one or two. The optimal number of different workers seen by (for a high proportion of successful case closures) is one to three.
The Strengths-based approach	**+**	*Nicole: I think in general as a service we do that quite well, encouraging people to see the benefits. And it's probably about…… making sure that you kind of go in and treat people like humans. (FG2: Case management team)* *Suzanna: I mean we avoid shame desperately and just celebrate their*	*It was really reassuring to know that at the end of it, that they said I was actually, I was "quite a good parent" and I knew what I was doing. (Ana)*	

		strengths really, because that's what we can build up on. (FG3: Child and family worker)		
Timescales	***+ / -***	*Nicole: I think you have to give it time as well, to allow a young person to recognise that they're doing these pieces of work…… to be resilient…… but doing that in six weeks is impossible (FG2: Case management team)* *Sabrina: We are time limited as well…… we need more longer-term work for some of these families (FG4: Case management team)*		The findings suggest that 111 – 190 cumulative working days is the optimal time in the service to achieve a high proportion of closed successful interventions and a high proportion of successful case closures.
Waiting lists	**-**	*Yasmin: I think that you get a family in crisis, they get the early help case management who then make the referrals for other interventions, but then the waiting lists are too big. So sometimes it's actually worked out by the time you get to the young person and young people have actually said to me "I needed you three months ago, I think actually I'm okay, now", you know.*	*Yeah, well, it was to do with Sam [her daughter]. She, erm, had decided one day that she wanted to kill herself. So, I'd gone into her teacher at school…… This was in primary school and then we didn't get any help for another two years…… Apparently the, my information was put to the bottom*	Those individuals who waited 59 cumulative days or less from the referral and the start of the Family Service assessment are significantly more likely to have received a high proportion of interventions. Those who waited 35 cumulative days or less from the referral and the start of the Family Service assessment are statistically more likely to have a high

		Janet: but we can't do anything about the waiting lists though can we? *Yasmin: No* *Suzanna: No, but the fact that we've got a waiting list shows that the support there is needed. (FG3: Child and family workers)*	*of the pile, so everybody else's case was going before our case.* (Sharon)	proportion of closed successful interventions. Those who waited 99 or less cumulative days from the referral(s) into the service and the start of the Family Service assessment are statistically more likely to have a high proportion of successful case closures. However, the cumulative days the referral(s) into the service remained open was not significantly associated with the proportion of successful interventions closures or successful case closures.
Peer support	***+***	*Nicole: It is very important to be able to access your team because some of your visits can be very difficult…… you have to be mindful of your own emotional health because you know it can be quite damaging, if you're not using those reflective times to share with other people and kind of offload them really. (FG2: Case management team)*		

Reviewing cases/Family Service action plans	**+**	*Nicole: We kind of review and think "well, yeah, what can we do next?", if we're still thinking of something to do. But it is kind of that, dragging on a bit then, so we kind of need to pull it together. (FG2: Case management team)* *Jayda: So, you're going to be assessing across the whole time and making changes or adding things in, across the whole time you've got that family open to you.* *Tilly: I think your action plans are just constantly being reviewed, almost on a visitly, daily basis. (FG2: Case management team)*		Findings suggests that those with a high proportion of closed successful interventions are more likely to have had a Family Service action plan review, suggesting that Family Service action plan reviews can increase the chances of having a successful intervention closure. Findings suggests that those with a high proportion of successful case closures are more likely to have had a Family Service action plan review, suggesting that Family Service action plan reviews can increase the chances of having a successful case closure.
Late help not early help	**-**	*Monica: I think as well, it's about making sure that, that the early help is actually early. So, are we getting the referrals at the right time? Because that's actually, most of the time, we get them when they're at crisis point. (FG1: Case management team)*	*We needed it [help] way before, but nobody, I, my, my words are "nobody ever wants to listen". You reach out for help and they just brush it off. "He's just being a normal teenager" and yeah, he was just being a normal*	

		Aubrie: There's crisis help, but not early help *Ellie: Yeah, yeah* *Aubrie: And even when somebody's really in crisis, they don't necessarily get the help* *Ellie: It's still not there, no (FG5: Stakeholders)*	*teenager, but we just needed just a little bit more support* (Charlotte)
Stigma	**-**	*Janet: So, it's almost kind of like lack of knowledge, that our service isn't possibly explained correctly to families.* *Suzanna: And…… I think that there is stigma about accessing, accessing support from the Family Service.* *Kali: I think generally there's a stigma around accessing services, isn't there? (FG3: Child and family workers)*	*If any of my friends came to me and said that they was struggling, I'd actually mention the Family Service because I think sometimes when you think of things like that, you think "social services. They're going to take your kids off you", things like that. (Charlotte)*
Lack of early help funding and early help services available	-	*Rhona: It can be quite disheartening at times because you think you want to do this, this and this but you haven't got anything to do it with. It grinds you down.* *Scarlet: I think you're right, it can be a*	*I must remember, was it called the Family service? Because we used to have the health visitor and then the school nurse and obviously now everything's changed, hasn't it? lots of names…… And other things.* (Beth)

		bit overwhelming sometimes (FG1: Case management team) *Ellie: There just used to be loads of places that you could go to, to do different things and there's none of that now (FG5: Stakeholder)*		
Back-up support for school	**+**	*Tamara: We've got some quite tough academies that are quite rigid with rules. So, we advocate the families within that and often that's what gets them on board with you, when they see you're not siding with the school of minor issues that are not even on our radar. (FG4: Case management team)*	*I am grateful to the Family Services for many things and their intervention at school to push things, to say it wasn't the family environment – which was what was being blamed – they were invaluable to us at that time.* (Marge)	
Contact with Family Service	**+/-**	*Jayda: A drop-in phone call can take 20 minutes to half an hour because you don't know what that parents going to share when you, you know…… You clock watch sometimes and you're thinking "I've got to get to another family in 10 minutes". But again, that kind of time you know?* *Tilly: It is time, isn't it?*	*They offered, we started off about once a week and then it went to once a fortnight and it was like "are you happy with that?" and every step of the way they checked…… we were supported.* (Marge) *None of my children met her and I saw her twice, like I said, once when*	The findings indicate that the optimal number of times to be seen is no more than 7 times, as the findings suggest that those who were cumulatively seen more than 8 times are more likely to have a low proportion of closed successful interventions and a low proportion of

		Jayda: How do you determine how much time to give to these things? It's very difficult isn't it really? (FG3: Child and family workers)	*she first came down to my house to introduce herself – and that wasn't for very long – and then in the school meeting. They was the only times I saw her face-to-face* (Katie)	successful case closures, rather than high proportions.
A personalised Family Service action plan	***+/-***	*Naomi: I think you've got to create a plan that, with them, so if they're identifying what the support is and if they're happy with that and it's something they're going to get from it (FG1: Case management team)*	*I was relieved, because…… she would listen to what help we would like while she was there and she worked with us and she just you know, made suggestions of things and they worked. And if they didn't work…… she just tweaked it and did it a different way* (Beth)	
Felt like not listened to	**-**		*She kept sending me to Location B and I'm like "you're just not listening to me. I've already said I can't do Location B" "alright, cool, if it was in school time" but they always fell like 10 till 3 - my kids come out at 20 past 3 and there's no way I'd get from Location B on a bus to here in time. There's just no way.* (Katie)	
A lack of information	**-**	*Doris: Sometimes getting into schools and getting information from schools. It*		

sharing between agencies		*can cause delays on work. Similarly with the Healthy Families team, I've not had the same experience as you like you said Tamara: Yeah, I'm really struggling Doris: But sometimes information can be slow coming back or they don't turn up to a meeting or you can't actually get a named worker (FG4: Case management team)* *Lara: I'd like better joined up working. Sometimes I find that that lacks Joan: You know…… so when somebody's coming in to do a piece of work with a child, we don't always know that they're coming in (FG5: Stakeholders)*		
Attending parenting programmes more than once	**+**	*Suzanna: One of the mantras within the service is that "we can't give it [an intervention] to them if they've already had it". Well, that's wrong because guess what? They need it again. (FG3: Child and family worker)*	*The initial stuff that they did was very very good, in spite of having to do yet another parenting course. But as I told them at the time, you know what? The more tools we have in our box, the better to help my son…… What it did actually do was show*	The findings revealed no significant associations between the number of referrals for interventions, the number of interventions received, and the proportion of interventions received with the proportion of closed successful interventions, the proportion of interventions received

		how much we were doing right (Marge)	and the proportion of successful case closures. The findings indicate a successful intervention is significantly highly associated with a successful case closure.

7.4.1. Change in professional(s)/having to retell their story

Overall, the findings corroborate that the more professionals service users are seen by, the more likely service users are to have a low proportion of closed successful interventions and a low proportion of successful case closures. This barrier of discontinuity identified from the triangulation of the findings is consistent with the literature and supports research that has also found a change in professional is problematic (e.g., Blades et al., 2016) and so is children, young people and families having to retell their story (Morris, 2013; Bond-Taylor and Somerville, 2013). However, it is also the case that those who have more complex needs and difficulties are also more likely to have a larger number of workers to help meet their varied and different needs. So, although these variables are significantly associated, it is plausible that the relationship is not causal. Nonetheless, the findings from this research also add to the knowledge by specifically indicating that 1 – 3 workers are the optimal number of workers to have been seen by for parenting ability concerns.

7.4.2. The strengths-based approach

Data from the focus groups with service providers/stakeholders and interviews with service users similarly reveal that the strengths-based approach utilised both under the Troubled Families Programme and the Family Service, was a support that helped: encourage engagement, build relationships, and children, young people and families make positive changes. This adds validity to the research on the strengths-based approach being effective in encouraging a maintained engagement with early help services and child protection services (e.g., Kemp et al., 2014; Hollinshead et al., 2017) and further supports the use of a strengths-based approach for parenting ability in being a support for both service users and service providers.

7.4.3. Timescales

Combined, the findings indicate that Family Service professionals are bound by the locally determined timescales in helping service users achieve positive long-term outcomes. This was found to sometimes lead to the early discontinuation of late help. Nonetheless, 111- 190 cumulative working days (between approximately 3 and a half and 6 and a half months) is the optimal time to achieve a high proportion of successful interventions and case closures. Although, previous statistics have revealed that on average families spend approximately 9 months in the Troubled Families Programme (Ministry of Housing, Communities and Local Government, 2019b), no research has quantified the optimal time within parenting ability based targeted early help before.

7.4.4. Waiting lists

The findings from both qualitative methods indicate that waiting lists for parenting ability support are a significant barrier for both service users and service providers. Waiting lists have been previously identified as a barrier for service users (Blades et al., 2016) and service providers (IPSOS MORI, 2017; Ministry of Housing, Communities and Local Government, 2019a), but the findings from the quantitative methods expands on this by revealing that the wait time in between the referral into the Family Service and the start of the Family Service assessment should be no more than 99 days to achieve successful interventions and successful case closures. If children, young people and families wait beyond 99 days, the findings indicate there is a higher risk of both an unsuccessful intervention and case closure.

7.4.5. Reviewing cases/Family Service action plans

The findings reveal that reviewing cases/Family Service action plans was a support for service providers, but the integration of the data supports this further as analysis of the secondary quantitative data indicates that Family Service action plan reviews enhance the chance of both a successful intervention and an overall successful case at the point of closure. Together the findings highlight the significant support of the ability to review cases/Family Service action plans in helping service users achieve positive outcomes.

7.4.6. Late help not early help

Collectively, analyses of qualitative and quantitative data have consistently unveiled that the help provided by the Family Service was late help rather than early help, which increases the validity of these findings. The research demonstrates that although the term early help is often adopted in the literature to refer to services available to children, young people and families under the threshold for children's social care (Edwards et al., 2021; Chowdry and Oppenheim, 2015), but integration of the findings suggests that this discourse and terminology is ignorant towards the complex needs and difficulties faced by children, young people and families accessing targeted early help services. Furthermore, the term early help was found to inadequately reflect the nature of and tasks performed by the Family Service - especially as there appears to be an increasing level and complexity of need (See Section 5A.3) - and was misleading for families. This suggests that the term early help should be avoided and a redefinition of (targeted) early help is needed.

7.4.7. Stigma

The findings from both qualitative methods used in the research indicate that the stigma associated with accessing (local authority led) children's services, particularly for parenting ability, is a significant barrier that affects service user access and engagement with the Family Service, which in turn contributed to service users catastrophising (See section 5B.3.2). Furthermore, findings from the focus groups indicate that service providers must overcome this as part of their role and were responsible in providing a positive experience for that family to breakdown these stigmas of accessing services. The stigma of accessing services has already been highlighted within the literature (e.g., Easton et al., 2013; Placa and Corlyon, 2014; Sykes, 2011) and previous research has also demonstrated that children, young people and families prefer a service below that of children's social care as, there is less of a stigma associated to them (Hoggett and Frost, 2018).

7.4.8. Lack of early help funding and early help services available

The similar findings from the qualitative methods regarding the lack of early help funding, the (resultant) lack of early help services and the (resultant) changes to service thresholds increases the validity of the claims that this is a pertinent barrier impacting the early help systems of support for parenting ability across Nottinghamshire. Furthermore, the findings are consistent with the literature. For example, the Association of Directors of Children's Services (2018) highlights how the provision of early help is threatened owing to the decrease in local authority funding, also coupled with an increased need and growth of the population, and the rise in service demand. This is supported by the Local Government Association (2021) who reported a "soaring demand" for statutory services between 2010-2020. Not only does this research demonstrate that this continues and is particularly true across Nottinghamshire, but the findings also add validity to the growing breadth of concerns from within the academic, grey, and policy-based literature regarding the increase in service demand and lack of early help funding for particularly for parenting ability concerns (See section 3.5 also). This disproportionate increase in service demand and funding has led to a partial false economy of the early discontinuation of support in some cases across Nottinghamshire (See Section 7.4.3) due to the resultant high demand and threshold.

7.4.9. Back-up support for school

A significant support reported by service users was the help provided by Family Service with/at their child/children's school. The findings reveal that supporting families and becoming family advocates for them at school made parents feel more confident and ultimately improved the quantity and quality of communication between families and schools. The findings from focus groups similarly reveal that Family Service professionals become advocates for families at school, which participants said increased their engagement with the Family Service. The Family Service appear to remove the blame placed on parents, by school, for their child's difficult behaviours (Morris et al., 2018) and inadequate parenting ability, which was a transformative support for some service users.

7.4.10. Contact with Family Service

The findings from the interviews demonstrate that service users desired to have enough contact with the Family Service to make them feel (morally) supported. Support both over the phone and in person was acceptable. However, not having regular contact with early help professionals, created a barrier for participants as it was revealed that this made service users feel unimportant and unsupported. The findings from the quantitative secondary data analysis clarify this further, as the findings indicate that the optimal number of times to be physically seen is no more than on seven different occasions, as those who were seen more than eight times cumulatively are more likely to have a low proportion of closed successful interventions and a low proportion of successful case closures, rather than high proportions (and those seen on less than eight occasions were more likely to have high proportions), adding an original contribution to the knowledge.

7.4.11. A personalised Family Service action plan

A personalised delivery of help from the Family Service was also reported as a support by focus group and interview participants. Transformative practice in social work places services users at the heart of their plan development and recognises contextual and wider issues that impact individuals daily, via critical reflection (Munford and Sanders, 2021) and this was evident in the integrated findings from this research and can thus be used to explain these findings particularly for parenting ability. A key component of transformative practice (in which transformative outcomes can be achieved) is providing service users with an active role and control over the culturally responsive help received (Munford and Sanders, 2021) and the triangulated findings suggest that the Family Service has adopted this stance for those referred for parenting ability concerns adding validity to these claims.

7.4.12. Attending parenting programmes more than once

Together, the findings suggest the better/more successful the intervention, the better the overall outcome, indicating that successful interventions have an overall impact on being able to successfully close cases. Interpretations of the findings suggest that providing one 'quality' intervention rather than multiple (less relevant) parenting programmes is more beneficial in helping children, young people and families achieve successful outcomes. However, the qualitative findings demonstrate that attending multiple parenting programmes was a support for those families with more complex needs (dependent on where they were in their journey of parenting awareness), which was not always offered by the Family Service. Moreover, the research suggests that multiple interventions are often required to sufficiently support vulnerable families with multiple and complex needs on the Troubled Families Programme (Asmussen et al., 2017).

7.5. Integrated model

This section integrates the findings from the qualitative and quantitative strands of the research, to address objective 5 of the research (See section 4.2). In addressing this objective, I present a conceptualised integrated model of targeted parenting ability based support from the Family Service, that has been developed from constructivist grounded theory analyses of participants narratives concerning the Family Service (from the perspective of service providers, service users and further stakeholders) and quantitative data on previous Family Service users held by the local authority. The mixed methods model is presented in **Error! Reference source not found.** and adds a novel contribution to the knowledge regarding the journeys of parenting ability based targeted early help. This conceptualised model brings together the findings from both the quantitative and qualitative methods used in this research and thus represents the combined journeys of service users, service providers and further stakeholders of the Family Service.

Figure 7.1 provides a novel mixed methods model has been grounded and conceptualised from the multiple sources of data collected and analysed for the thesis. The model represents the journey of parenting awareness experienced by participants when faced with difficulties and struggles, in which participants required targeted help for parenting ability from the Family Service. The model is broken down into the individual phases of this journey: the 'entry into the service' phase, the 'whilst in the service' phase and the 'exit out of the service' phase, to create a holistic overview of the service user journey. Collectively, those in blue represent those findings relevant to gaining access and entry into the Family Service, those in orange represent the relevant findings to whilst in the

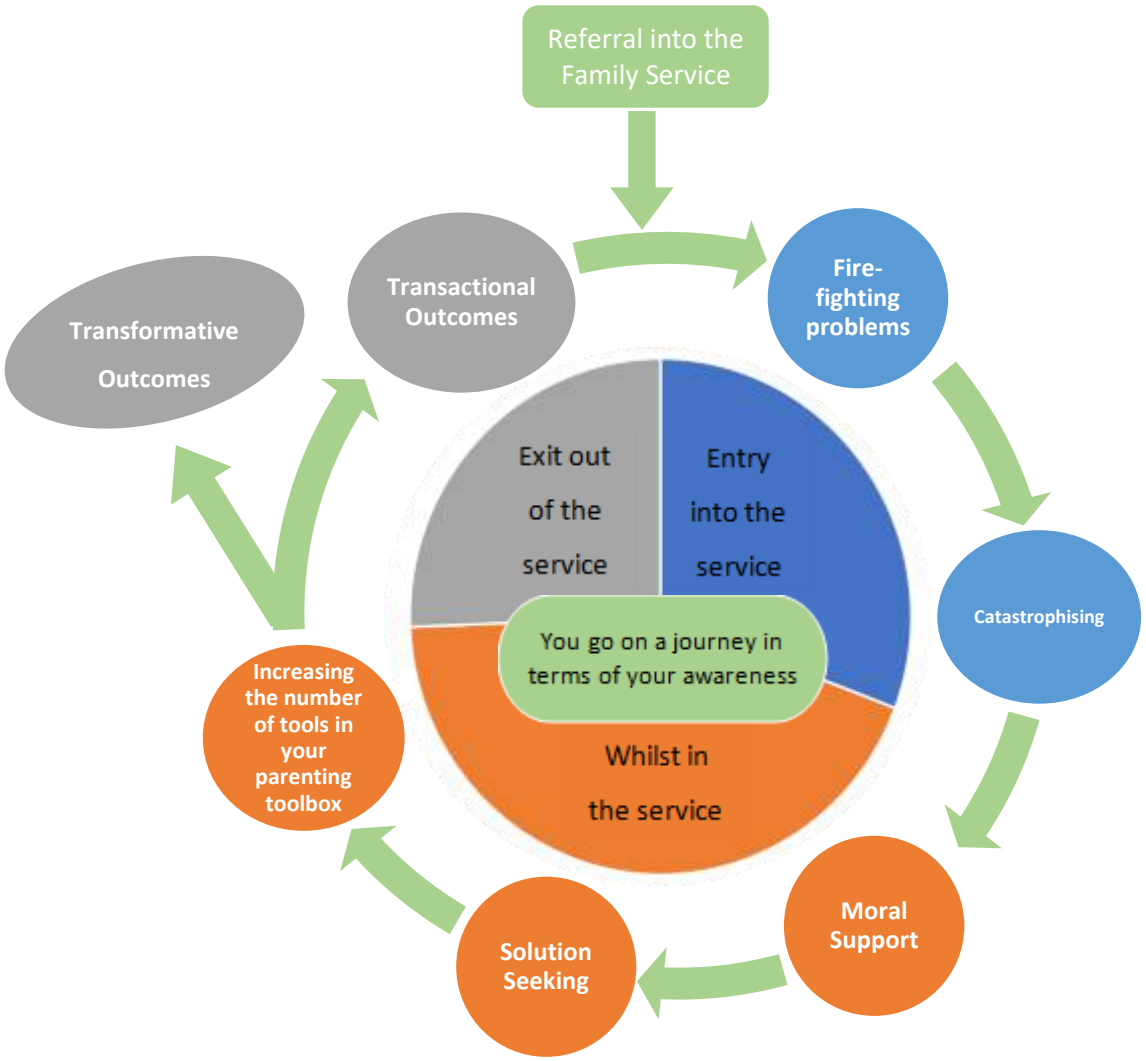
Family Service, and those with a grey backdrop represent the findings that are relevant to when exiting out of the service (See Figure 7.2).

Figure 7.2.
First stage of the mixed methods parenting journey of awareness conceptualised from this research (figure 7.1)

The findings from the qualitative interviews with service users were used as the foundations of the model, as the guidance indicates that services should be based on a family's needs (Working Together [Department for education], 2018a). The model was initially grounded from the findings from interviews with previous service users. Therefore, the mixed methods model is built around the findings of the parenting journey of awareness revealed in chapter 5B. The circles represent the stages of the journey of parenting awareness experienced by service users referred into the Family Service for parenting ability concerns (See Figure 7.3).

Figure 7.3

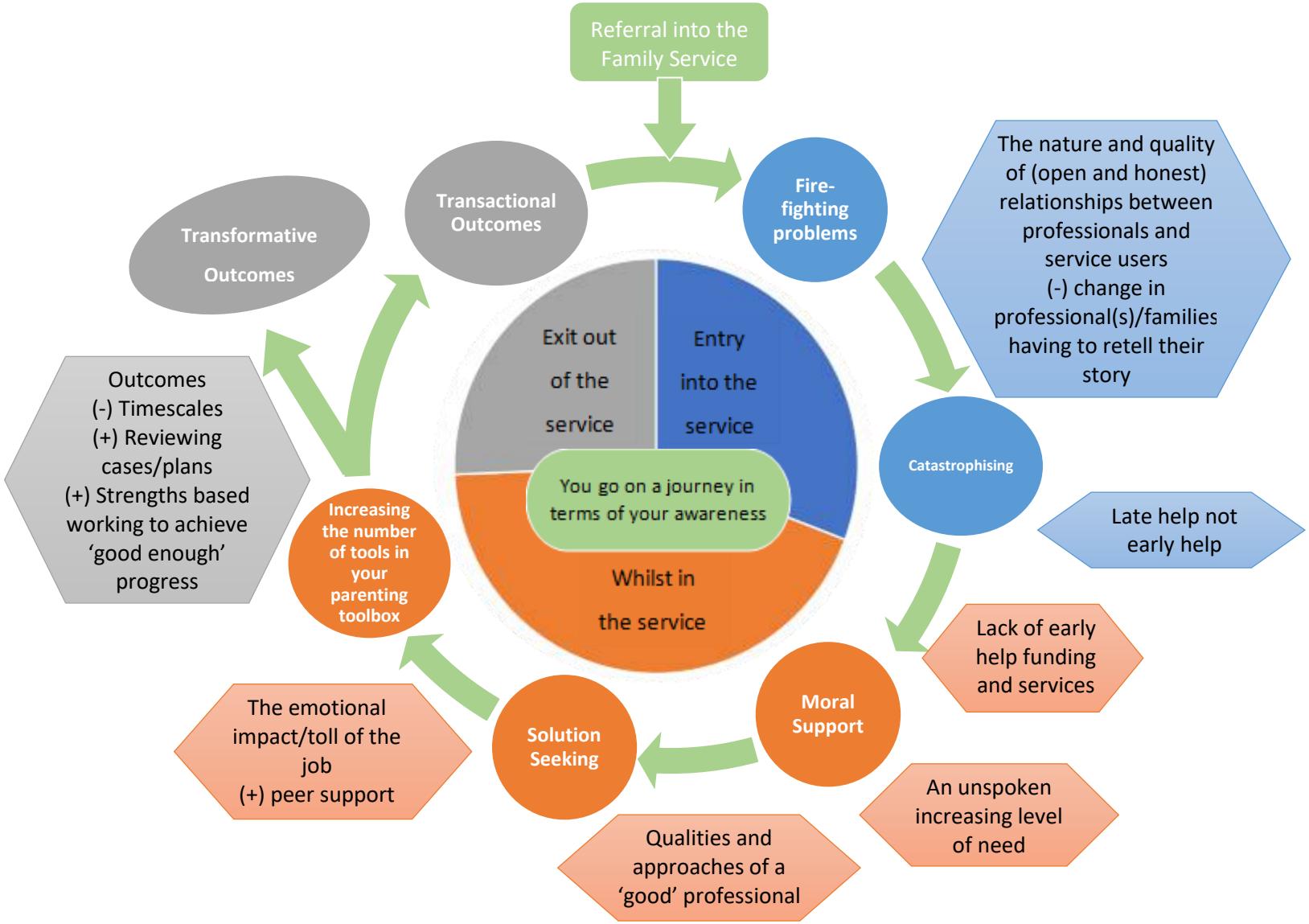
Second stage of the mixed methods parenting journey of awareness conceptualised from this research (figure 7.1)



Then, to integrate the qualitative findings, findings from the focus groups with Family Service staff and stakeholders, are relevantly situated around the service user journey, represented as hexagons (See Figure 7.4). This includes the supports and barriers for staff/stakeholders identified from the analyses of focus groups (See Chapter 5A).

Figure 7.4

Third stage of the mixed methods parenting journey of awareness conceptualised from this research (figure 7.1)



Finally, complementary quantitative findings from the analysis of the secondary data, are also relevantly situated around the service user journey and are represented as rectangles. The proportion variables developed to analyse the secondary data are also represented in the mixed methods model as speech bubbles where relevant along the mixed methods parenting journey of awareness (See Chapter 6 and Figure 7.1).

Those being referred into the Family service enter the cycle and go on their journey of parenting awareness (the inner part of the cycle, represented by circles), participants then either exited the journey or continued around the cycle again if all the stages were not completed/achieved. This typically meant that transactional outcomes – short term solutions to temporary parenting issues were achieved. However, if all the stages of the cycle were achieved then transformative outcomes – long-term parenting tools and strategies that transferred to further parenting beyond the current issue. Complementary findings from analyses of the qualitative and quantitative data are also presented around this journey (the outer parts of the journey, represented by hexagons and rectangles), such as the supports and barriers, the optimal timings of EH and other influential factors impacting the journey of parenting awareness such as the variables associated with 'success'.

Overall, the mixed methods model present in Figure 7.1 adds a contribution to the academic knowledge, as this was ground from the multiple sources of qualitative and quantitative data used within the thesis. However, alongside this contribution to the knowledge, the mixed methods model has been modified and adapted to be more user friendly for a range of different audiences such as service users themselves (See appendix 19) and for staff and stakeholders of the Family Service (See appendix 20).

Figure 7.1
Theoretical conceptualised mixed methods model of the early help journey for parenting ability through the Family Service from a variety of perspectives

7.5.1. Gaps in current system

This section refers to the gaps identified in the current systems of early help support for parenting ability in Nottinghamshire from the triangulation of the findings.

7.5.1.1. A community or school-based service

Participants indicated that a greater awareness of targeted early help (the Family Service) is needed in the community:

> ***Doris: we don't have that presence within universal services***
> ***Tamara: no. We should be in the children's centres, we should be in the health centres we should be in schools.***
> ***Doris: yeah…… in their eyes we sit in an office somewhere else, we come, we only come in when they need us. They're not seeing us on that, they're not seeing that we're real people that we're down to earth (FG4: Case management team)***

Participants spoke about how a greater presence in universal/community settings would mean that children, young people and families would have a greater knowledge of the Family Service and the support they provide also:

> ***Suzanna: I mean do we need to look at, that we need in be in school as opposed to here in this building. Does there need to be one of us in each of the schools or in each of the families of schools, so that they can have that access, that easy accessibility? (FG3: Child and family worker)***

Participants suggested that this could be achieved by being located within schools which would improve relationships with a wider range of children, young people and families and dissolve barriers for children, young people and families, in order to identify those in need true early help. Participants further went on to suggest that this would help better support those 'hard-to-reach' families at an earlier stage:

> ***Doris: And it's such a formal process, isn't it? "let's refer you to the Family Service", whereas actually if they just saw us and then just said "oh I'm going to go and have a chat with her about this" we could very informally say "okay, well why don't we, we, don't I come and meet you and we'll do this"***
> ***Tamara: and still meet the PbR [payment by results]targets***
> ***Doris: and still do all of the PbR stuff. But it's a less formal way of getting there and I think, I think that would work better for some of those hard-to-reach families.***
> ***Tamara: yeah, I do…… I think let's use the buildings that are out in the community (FG4: Case management team)***

Although office space and office working were a valued support for early help professionals (See sections 5A.3.4.1 and 5A.4), participants also reflected that being more present and known within the community, specifically in the microsystem, would be beneficial in identifying the needs of families earlier. Relationships between the Family Service and other agencies that surround children, young people and families were identified by participants as being essential in ensuring that earlier identification of those in need or at risk could be achieved:

> ***Suzanna: a lot of the collaborations are about personal worker relationships with the school…… there needs to be like a proper…… way for every school to be able to have that person to access that support.***
> ***Janet: I mean, they would if they could***
> ***Suzanna: They would***
> ***Edna: And even if we did the clinics that we're doing, what if those clinics were in school?***
> ***Suzanna: umm, yeah.***
> ***Edna: But then that would allow you to then liaise with parents. Maybe at some point build relationships with staff and kids, and things like that. (FG3: Child and family workers)***

Family Service professionals said that identifying those at need of true early help is based on having relationships with agencies in the microsystem, suggesting that the Family Service currently do not sit in the microsystem. Stakeholders agreed that school-based targeted support was needed and speculated that this would encourage a more holistic multi-agency approach to parenting ability support:

> ***Lara: A key person for the school to be able to be in contact with***
> ***Aubrie: Yeah definitely. That's what's lacking, isn't it?***
> ***Lara: Yeah***
> ***Aubrie: That's a good idea, definitely***
> ***Joan: Absolutely (FG5: Stakeholders)***

Further stakeholders of the Family Service also said that there is a need for the Family Service to be present within schools or be more contactable for advice and support to reach more families and at an earlier stage. Relationships and multi-agency working/approaches between the Family Service and those agencies in the microsystem were said to be crucial in better identifying and supporting families in need at an earlier stage then currently is the case.

7.5.1.1.1 Discussion

The findings from this research have unveiled that targeted early help services, such as the Family Service appear to sit in the exosystem, alongside children's social care (See Figure 1.4). However, when a family are allocated a Family Service worker and high-quality open and honest relationships are established between service users and service providers (See section 7.3.1), the intensive and targeted support provided means that the Family Service temporarily move to the microsystem. Whilst working with families the Family Service improve the relationships between agencies found in the mesosystem, as the triangulated findings suggests that the Family Service mediate, (repair), (re)build and/or strengthen the relationships between different agencies and individuals in the child's microsystem (the mesosystem). The Family Service were also found to improve the quantity and quality of agencies surrounding the child in the microsystem. After the intervention has been delivered and support is closed to the Family Service, the Family Service then return to the exosystem. Overall, this provides an original contribution to knowledge and increases the understanding of targeted early help services.

Moreover, the findings also suggest that the Family Service could benefit from moving into the microsystem by being a community or school-based service, as this was considered by participants to help build relationships and identify those at need of help, at an earlier stage. Indeed, community-based services have been found to encourage engagement and participation in child and family services (Frost et al., 2015; Hoggett and Frost, 2018). However, as mentioned in sections 5A.3.4.1 and 5A.4, office space and office working were needed for Family Service professionals for peer support and offloading to mitigate the emotional impact/toll of the role. Therefore, this could be achieved by Family Service professionals via building strong, high-quality (open and honest) relationships with professionals in school.

The findings indicate that relationships between agencies/individuals in the microsystems (the mesosystem) are important for both getting a referral into and encouraging engagement with the Family Service, thus, highlighting the importance of relationships between professionals and families, alongside the importance of holistic joined-up working. The importance of holistic joined up working has been previously highlighted in the literature (e.g., Luckock et al., 2015; Ofsted, 2015).

7.5.1.2. A lack of mental health support

Participants spoke about an increase in the mental health needs of both children and young people and parents across Nottinghamshire:

Lara: it's like the self-harm, its off the scale now now-a-days

Joan: It is

Aubrie: Umm

Joan: It's like bread and butter (FG5: Stakeholders)

Scarlet: The emotional health and wellbeing of children to me, seems to be a really, high on the agenda and it's something that, is probably a thread through all of my cases at the minute, where children are struggling one way or another with confidence, anxiety, self-harm, but trying to get that, that level of support, in place for that young person is Janine: Hard.

Scarlet: and even adults sometimes (FG1: Case management team)

Participants from the focus groups said that the mental health needs and difficulties faced by children and young people and parents are allegedly increasing, which participants said was made worse by a lack of resources and services allocated to child and family services at the time of data collection (2019-2020):

Aubrie: When I first got seconded out of the classroom four years ago to develop a pastoral team, there were five of us…… now there's one and a half of us. That's the cut back, level of cut back

Lara: Umm, yeah

Aubrie: yet the pastoral need in schools

Lara: has increased (FG5: Stakeholders)

Focus group participants said that the lack of funding and resources also available to child and family services has also made helping those children and young people with mental health needs increasingly difficult (See section 5A.3.3 also). This was evident and therefore corroborated in the interviews with previous service users, who had children with mental health needs/difficulties that were not met by the Family Service:

she doesn't show her emotions…… If she'd had a bad day at school, I'd get the brunt of it. So, I'd be here and I'd be kicked and she'd just have a melt, mental breakdown or she'd kick the walls. She's marked all the walls. She'd go and hide under the table and that's when I needed the help then but, and it wasn't there. (Sharon)

Some participants from interviews indicated the mental health needs of their child/children and/or themselves were a prominent difficulty for them. Focus group participants also explicated

that the lack of (early help) mental health services resulted in families not receiving support until they reached crisis:

> ***Tamara: we are completely depleted on emotional health. CAMHS [****Child and Adolescent Mental Health Services****], mental health support for the kids, for adults***
> ***Doris: but the CAMHS threshold is not an early help threshold, so actually there's no early help services for mental health unless you look at something like young minds or***
> ***Sabrina: yeah***
> ***Doris: you know but there seems to be like a huge kind of gap there, where young people aren't meeting their criteria and then, what do we do then? Because we can look at the Healthy Families team who will do some short intervention sessions***
> ***Tamara: but they're few and far between as well. You can't get hold of them (FG4: Case management team)***

Similar to the Family Service, focus group participants viewed Child and Adolescent Mental Health Services as a crisis service (owing to the high threshold needed for support) and identified an absence of early help services specifically for mental health in the local authority. The gaps found in the thresholds and criteria for mental health services across the area was a significant barrier identified and discussed by focus group participants:

> ***Scarlet: or they don't meet the thresholds, when, well, clearly they're above our threshold but they don't, you know? So sometimes children are in that, bit of a limbo land where, they won't be picked up by that, well I'm going to say it CAMHS [****Child and Adolescent Mental Health Services****], CAMHS won't pick them up, so they***
> ***Rhona: it's where we see serious case reviews come in, int it? (FG1: Case management team)***

Focus group participants explained how the lack of early help mental health support and services was a place where children, young people and families can fall through these current gaps in the early help systems of support across Nottinghamshire and did not receive support until: they reached crisis, significant abuse/neglect or a child death had occurred.

This was additionally echoed by service users who discussed their experiences of this gap in the provision of mental health support within the early help systems of support across Nottinghamshire. The varying thresholds meant that Katie and her family did not meet any requirements for mental health services despite being in dire need of help:

you just seem to go round in a circle all the time. Like school nurse, then they pass you on back to someone else, then you end up back there and you end up at CAMHS [*Child and Adolescent Mental Health Services****] and then they say "oh we can't help you. School nurse" and that's how it's been since Corey's been 3 years old and he's now 15*** (Katie)

Overall, this apparent gap in the early help systems of support led interview participants such as Lisa to discuss suggestions on improving the Family Service:

I think they need more experts. I think they need more people qualified at a higher level so that the erm - I don't know - so that the input is more effective. I think what they need is people with more knowledge of autism and I guess ADHD [*Attention Deficit Hyperactivity Disorder****] as well.*** (Lisa)

Interview participants reflected that the Family Service could provide more specialist support for mental health illness and/or disorders which interview participants said would increase the likelihood of achieving positive transformational outcomes, rather than transactional outcomes. However, Family Service professionals recognised themselves that they needed more specific training to reflect the unspoken increasing level and complexity of service user need (See section 5A.3.2) perhaps due to this unveiled gap. Moreover, focus group participants explained how they needed more support in coordinating the support for and dealing with the mental health needs of service users:

Tamara: We need somebody that we can have day-to-day consultation with because CAMHS [*Child and Adolescent Mental Health Services****] don't get back to you…… if I don't say the right buzzwords on a CAMHS referral its coming straight back to me and that kid will just continue to escalate his behaviour until the point that they're self-harming or something more serious happens. (FG4: Case management team)***

Stakeholders also discussed the challenge of getting a referral accepted into mental health services:

Lara: that again is, is absolutely terrible to try and get a child accepted with CAMHS [*Child and Adolescent Mental Health Services****], you know? you have these initial consultations which can be an hour at least, then you get the, the primary mental health worker will give you some advice about how to deal with them in school***
Joan: Yeah, which you have to staff again [laughs]
Lara: And we're not mental health workers (FG5: Stakeholders)

Participants from focus groups said that the lack of early help mental health services meant that the Family Service and stakeholders of the Family Service (primarily schools) were tasked with providing this support. However, a specific barrier spoke about by participants was the lack of knowledge regarding accessing mental health services and helping children, young people and families with mental health needs in the interim, whilst trying to coordinate and arrange helpful support for children, young people and families.

7.5.1.2.1 Discussion

Overall, within method triangulation has unveiled a gap present in the early help systems of support across Nottinghamshire. Both focus groups with service providers and further stakeholders of the Family Service, and interviews with previous service users, concurred that there is a lack of (early help) mental health services for children, young people and families across the local authority, increasing the validity and reliability of these findings. A recent report suggests that since 2010 all agencies involved in the provision and delivery of early help services have been impacted by a reduction in funding (Research in Practice, 2022), which ultimately affects vulnerable children, young people and families the most (e.g., Beatty and Fothergill, 2016; Innes and Tetlow, 2015). The findings from this research echoes this, as the integrated findings suggest that the knock-on effect of a lack of early help funding e.g., a lack of early help services, has led to a gap of early help mental health services available for children, young people and families. Nonetheless, the unspoken increasing level and complexity of service user need (See Section 5A.3) can perhaps partially be attributed to this unveiled gap. The timeliness of this finding is crucial as the Health and Social Care Committee (2021), have recently highlighted the increasing mental health needs of children and young people and the government have said that they are looking into the provision of early help mental health services (Secretary of State for Health and Social Care, 2022).

7.6. Summary

In sum, this chapter has presented the findings from the integration of the data, triangulated both within and between the methods. This chapter has provided multiple contributions to the knowledge. Firstly, this chapter provides a novel contribution to the mixed methods research literature in utilising both qualitative and quantitative methods and perhaps most crucially by also triangulating or integrating the methods, this thesis can therefore be seen as true mixed methods research (Bryman, 2006).

The factors influencing access and engagement, the perspectives, experiences and outcomes, and the supports and barriers for parenting ability based targeted early help were also explored and add validity to research that has identified similar supports and barriers with child and family targeted support services such as the Family Service. However, this thesis adds a contribution to knowledge by revealing that the Family Service appear to sit in the exosystem. Those referring to the Family Service from the microsystem such as schools, appear to face more barriers/more of a misunderstanding of the criteria needed for a Family Service referral to be accepted. Nonetheless, the integration of the findings also reveals that the Family Service appear to migrate to the microsystem once allocated to a family if high-quality open and honest relationships were built. Whilst there, the Family Service appear to strengthen the number of and relationships between microsystems that surround children, young people and families, through the delivery of targeted support and interventions. Once the Family Service have closed the case, the Family Service then appear to move back to the exosystem where they typically sit.

Finally, the integration of the methods in this chapter also provides a novel conceptualised journey of support from a variety of perspectives of those involved in the Family Service and is the first research to conceptualise the parenting ability based targeted early help journeys from a variety of stakeholders involved in the Family Service. Moreover, this conceptualised mixed methods model contributes to the knowledge by mapping out a system of support to help children, young people and families achieve positive transformational outcomes. The integrated findings indicate that there are gaps in the current systems of parenting ability support, such as a lack of early help mental health support for both children and young people and parents, and the need for a community-based service at this level.

Chapter 8. Conclusions and recommendations

8.1. Introduction

The research addressed the primary research question of: *Has the early help agenda for parenting ability based targeted early help, helped?* The aims of the research were: (a) to explore whether and to what extent targeted early help services for parenting ability across Nottinghamshire (the Family Service), is contributing towards better outcomes for children, young people and families, and (b) to develop an understanding of what/how these positive outcomes look like from within the different system(s) of support embedded within Nottinghamshire's early help services (the Family Service), from the different perspectives of practitioners, children, young people and families and further stakeholders of the Family Service, in order to influence an evidence informed approach to service delivery/configuration and the timing of early help services for parenting ability. The research was undertaken at the request of the local authority and was conducted with a view to inform service delivery, early help practice and policy.

To achieve the aims and objectives of the research, Bronfenbrenner's (1977, 1979) ecological systems theory was adopted as the conceptual framework for the research, whilst the research presented in this thesis originated from a mixed methods approach consisting of: 10 interviews with previous service users (n=10), 5 focus groups with service providers (n=22) and stakeholders (n=6), and secondary data analysis regarding previous service users (n=1,258). The rigour used throughout the thesis provides a contribution to the area of study and literature surrounding early help by using a mixed methods approach. By also providing the triangulation or integration of these methods (Bryman, 2006), therefore this thesis can be positioned as true mixed methods research.

8.2. Summary of findings

To fulfil the aims of the research, five complimentary research objectives were addressed throughout the thesis. The following section will provide a brief overview of the findings in relation to each research objective.

8.2.1. Research objective one

To explore and examine the current effectiveness of early help for parenting ability within Nottinghamshire, in contributing towards better outcomes for children, young people and families.

The first research objective was addressed in chapter 6, using quantitative methods. Both intervention and case closure were used as indicators of success (See Appendix 1). The secondary data indicates that 77.9% of participants only had one accepted referral into the Family Service, suggesting that these individuals achieved transformative outcomes after receiving support from the Family Service. Moreover, a successful intervention was strongly associated with a successful case closure and Family Service action plan reviews were also found to enhance the chances of success.

On the other hand, the findings suggest that transactional outcomes are more likely to be achieved by those with more complex needs, as service users were found to be more likely to have a low proportion of closed successful interventions and a low proportion of successful cases closures when having been: placed on a child in need plan, subject to Section 47 enquiry, placed on a child protection plan or having received early help twice or more before. This however can be explained from the qualitative findings as those who achieved transactional outcomes did not successfully: feel that they were morally supported, find solutions they were seeking or increase the number of tools in their parenting tool boxes whilst in the Family Service (See Figure 5B.5.1) and perhaps have more complex needs.

The findings also suggest that those who were referred from the microsystem are statistically more likely to have had a larger number of referrals into the service and a larger number of accepted cases, but lower proportions of accepted cases, closed successful interventions and successful case closures. The quantitative findings revealed that those with one case closure are almost 30% more likely to have a high proportion of successful case closures rather than a low proportion of successful case closures. However, those who have had 2-4 case closures are over 13 times more likely to have a low proportion of successful case closures rather than a high proportion of successful case closures. Further interpretations indicate that those who have been refused entry into the service at least once (due to not meeting the Family Service threshold), are more likely to have a low proportion of successful case closures.

The findings from analyses of the secondary quantitative data also revealed that the less workers seen by the better chances of success and the optimal cumulative number of times to be is 7 or less.

8.2.2. Research objective two

To examine the current perspectives and experiences of targeted early help for parenting ability in Nottinghamshire, from a variety of stakeholders in the system.

The second research objective was addressed in chapter 5 (parts A and B), with the integrated findings found in chapter 7. Firstly, the research provides a novel insight into parenting ability based support from the Family Service from the perspectives of a range of Family Service professionals and Family Service stakeholders, thus expanding the knowledge with regard to similar local evaluations of the Troubled Families Programme. The findings suggest that Family Service professionals have adopted a positive preventative approach to working with children, young people and families and a positive shift in a culture towards early help appears to be underway, to ensure positive outcomes are achieved for children, young people and families. The findings from the focus groups demonstrate the importance of high-quality, open and honest relationships being integral at every stage of the early help journey for parenting ability. Early help professionals spoke of certain qualities, attributes and approaches necessary to ensure that a wide range of positive outcomes (such as improved family relationships and an improved rate of school attendance/engagement) can be achieved by children, young people and families. However, the findings reveal further that there is an increasing level and complexity of need demonstrated by children, young people and families across Nottinghamshire and suggests that the term early help does not adequately reflect the (crisis level) support provided by targeted 'early help' professionals. The findings demonstrate that the early help continuum of need be updated to reflect the increasing level and complexity of need displayed by service users across Nottinghamshire.

Secondly, further qualitative findings from interviews present a novel conceptualised journey of parenting awareness participants go on. The model indicates that before entering the Family Service, participants were firefighting against a plethora of problems/difficulties, which led to catastrophising. Whilst in the Family Service, participants required moral support from their early help professionals, were seeking solutions to specific problems and aimed to increase the number of tools in their parenting toolboxes. Finally, when exiting the Family Service, the outcomes achieved by participants were conceptualised as transformative and/or transactional. Transactional outcomes were achieved when all three "whilst in the Family Service" phases in the conceptualised model were not successfully achieved by children, young people and families (See Figure 5B.5.1), where children, young people and families continued along their journey of awareness eventually coming back round to need more support from the Family Service. If these three stages were achieved participants typically achieved transformational outcomes where they exited the cycle and no longer required support from the Family Service. Transformational outcomes were maintained and sustained positive changes that were transformative for children,

young people and families, whereas transactional outcomes provided children, young people and families with only temporary solutions to their needs/difficulties.

In sum, the triangulated perspectives and experiences of Nottinghamshire's Family Service for parenting ability identified from the research entail:

- The nature and quality of (open and honest) relationships between Family Service professionals and service users
- Interventions received
- The approach/ qualities of the Family Service professional
- Outcomes (Longer term support needed (too early discontinuation of late help); Improving support networks in the child's microsystem (the mesosystem))
- The qualitative versus quantitative Family Service journey for parenting ability

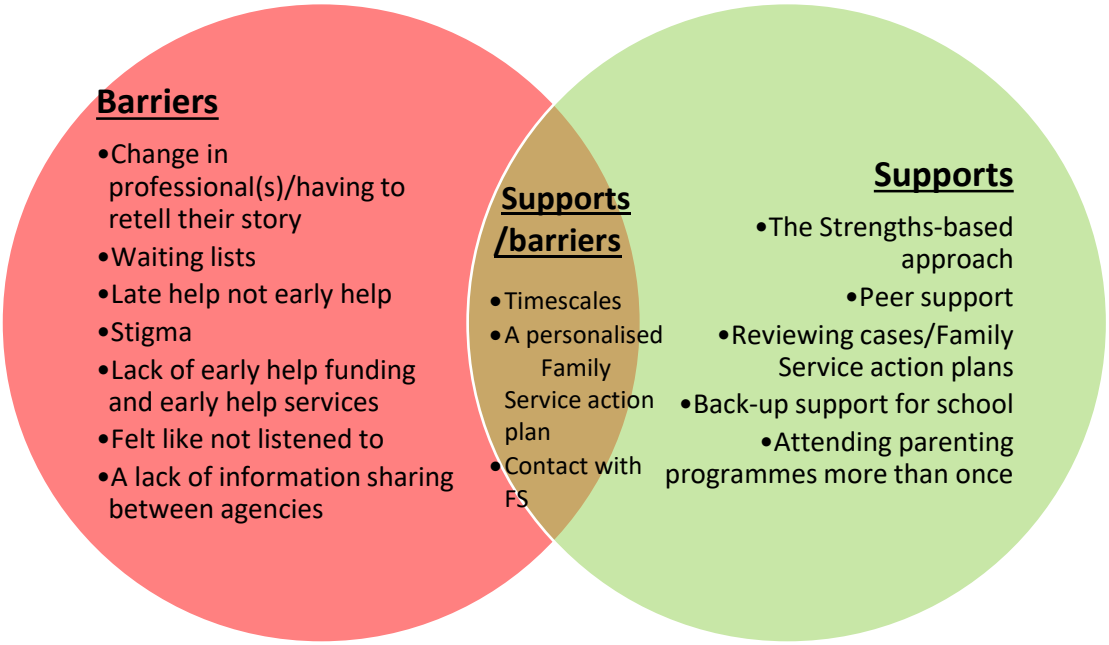
8.2.3. Research objective three

To identify and explore the supports and barriers to achieving positive and/or negative early help outcomes for children, young people and families.

The third research objective explored the supports and barriers to achieving positive and/or negative outcomes. The supports and barriers identified from analyses of focus groups with service providers via a constructivist grounded theory approach, are highlighted in italics within Table 5A.2 and are explored throughout chapter 5A. The supports and barriers for service users identified from analyses of interviews with parent/carers via a constructivist grounded theory approach, are integrated into the findings presented in chapter 5B. The integrated (triangulated) supports and barriers from across the mixed methods can be found in chapter 7 and are summarised in Figure 8.1

Figure 8.1

A summary of the supports and barriers identified from the research



These identified supports and barriers add validity to research that has identified similar supports and barriers to access and engagement with child and family targeted support services such as the Family Service (e.g., Khan et al., 2013; Pote et al. [Early intervention foundation], 2019; Gaffney et al., 2021).

8.2.4. Research objective four

To explore and conceptualise the journeys of those involved in parenting ability based early help services within Nottinghamshire; this includes factors that influence access, the real-life experiences and the experienced outcomes, as experienced by a variety of stakeholders in the system.

The fourth objective was addressed across multiple chapters of this thesis (Chapters 5, 6 and 7). Firstly, throughout the thesis I have presented and explored an original conceptualised theoretical model that emerged from a constructivist grounded theory analysis of narrative data from previous service users obtained and analysed for this research (See Figure 5B.5.1). The model

adds a novel contribution to knowledge by exploring the targeted early help journey with the Family Service for parenting ability, from the perspective of service users.

Secondly, to further the findings from the research I have also demonstrated through triangulation of the findings that the factors influencing access and engagement with parenting ability support from the Family Service consist of:

- A lack of awareness on the Family Service
- Stigma
- Ashamedness of needing help
- Fighting to be believed and heard
- Service fatigue vs previous positive experiences with children services
- Deciding to consent is a big deal for service users
- Immediate gratification desired from engaging with the Family Service/ seeing positive changes occurring
- Changes to service thresholds

Collectively, the findings from the research have revealed that there are a variety of factors that influence access into and engagement with targeted early help services (such as the Family Service). However, the integration of the findings provide a novel contribution to the knowledge by unveiling that those referred for parenting ability concerns from the microsystem appear to face more barriers than those referred into the Family Service from the exosystem, where the Family Service appear to be based (See section 7.5.1.1).

Thirdly, I have argued that successful interventions are having an overall impact of being able to successfully close cases. However, the findings also revealed no significant association between *the proportion of successful case closures* and the proportion of interventions received or the number of interventions received, perhaps due to the 'quality' of the intervention rather than the number of interventions received or possibly due to the complexity of families multifaceted needs.

Finally, to address the fourth research objective the outcomes achieved by children, young people and families for parenting ability concerns were conceptualised as transformational versus transactional. Transformational outcomes were those outcomes that were sustained and maintained in the long term and had a transformative impact on children, young people and families. Whereas transactional outcomes were outcomes only sustained by children, young people and families whilst the Family Service were involved, and outcomes/changes were not maintained after the Family Service had closed their case. The findings demonstrate that in some

cases longer-term support was needed for families who only achieved transactional, rather than transformational outcomes (See section 7.3.4.1).

8.2.5. Research objective five

To conceptualise and map a system of support for achieving positive outcomes for children, young people and families via parenting ability based early help, including any timing issues and potential gaps in the current system.

The fifth research objective was addressed in chapter 7 via the conceptualisation of a theoretical mixed methods research model that integrated and combined the quantitative and qualitative findings to produce a novel holistic model of the targeted early help journey for parenting ability with the Family Service (See **Error! Reference source not found.**). The conceptualised theoretical model includes quantitative findings (See Chapter 6) and qualitative findings (See Chapter 5A and Chapter 5B) and is the first research to conceptualise the parenting ability based targeted early help journeys of a variety of stakeholders involved in the Family Service. Moreover, this conceptualised mixed methods model contributes to the knowledge by focusing on the service user journey, mapping out a system of support to help children, young people and families achieve positive transformational outcomes. The findings suggest that reducing the waiting times into the service to 99 days or less could enhance the chances of a successful intervention and a successful case closure (See section 7.4.4 and Table 7.3). Similarly, the findings suggest that the optimal time in the service (for a high proportion of: interventions received, closed successful interventions and successful case closures) is 111- 190 cumulative working days. Together, these findings greatly contribute to the debate on the timings of early help and in answering the question; how “early” is early help? However, interpretations of the findings also suggest that interventions should be timed after a high-quality, open and honest relationship or therapeutic alliance between service providers and service users has been established (See sections 5A.2.3.1 and 8.3.1.2).

Finally, the integrated findings indicate that there are gaps in the current systems of parenting ability support, such as a lack of mental health support for both children and young people and parents, and the need for a community-based service at this level.

8.3. Recommendations

The research has generated a number of recommendations for both practice and policy. (Recommendations for future research are presented in section8.5. These recommendations are particularly pertinent owing to the current economic crisis in the United Kingdom (The Guardian, 2022), which will inevitably impact the number of children, young people and families facing poverty, and thus accessing targeted family support services (Crenna-Jennings, 2018) such as the Family Service. Moreover, the recommendations of the research are also timely due to the recent Child Protection Review (MacAlister, 2022) that emphasised the importance and necessity of effective early help services rather than crisis intervention for children, young people and families (See section 1.8.1). These recommendations will help ensure that positive transformational outcomes can be achieved by children, young people and families via parenting ability support from targeted support services.

As discussed in section 1.5, there are various definitions of early help, prevention, early intervention and family support. These definitions vary between and within different communities and countries. The recommendations are relevant to various aspects and different approaches to early help. Based on the findings from the thesis, the research has generated both lessons that are specifically for the Family Service and lessons on parenting ability based targeted early help that have come from this research on the Family Service. Table 8.1 provides specific recommendations for the Family Service, recommendations that include small changes for approaches similar to that of the Family Service (such as other national approaches within the United Kingdom) and recommendations that include radical changes for approaches who have adopted a dissimilar approach to the Family Service and the United Kingdom.

Table 8.1

Recommendations for the Family Service, recommendations for approaches like that of the Family Service and recommendations for approaches dissimilar to the Family Service and the United Kingdom

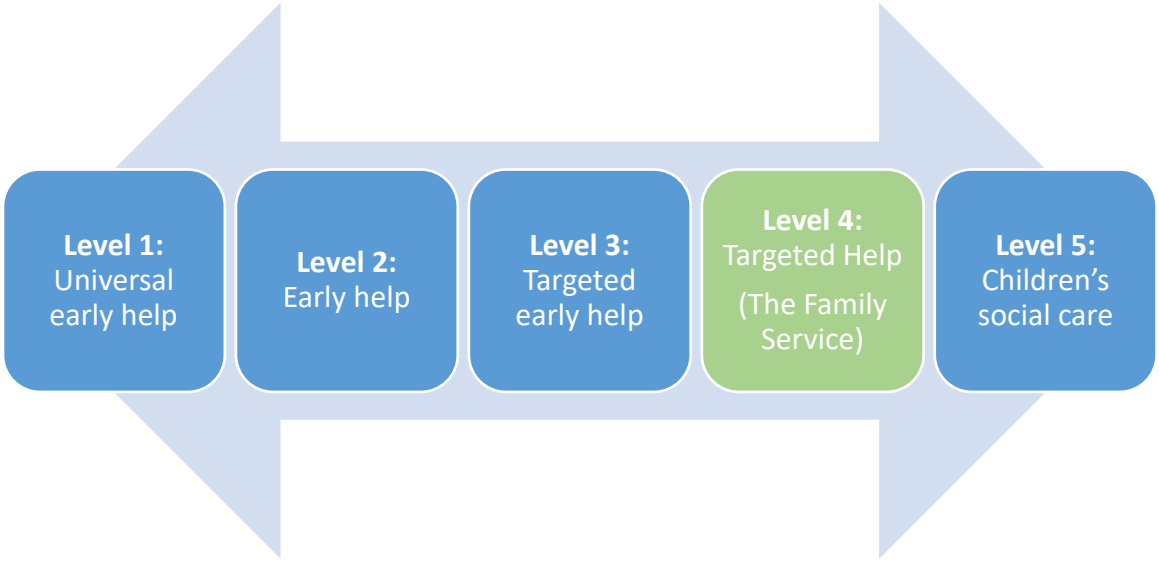
Lessons for the Family Service approach to early help	Lessons for the national approach to early help	Lessons for the international approaches to early help
• Journey of parenting awareness • Revision of the current continuum of need to include an additional level 5 • The term early help is a misnomer: a change in terminology is needed • Timings of early help: the ideal time in the service is 111-190 days. The ideal number of days the referral should remain open is less than 99 days. • The less workers seen by the better chances of success • Attending parenting programmes more than once • Follow-up for families • Quality of the data collected by local authority • Data captured under the Troubled Families Programme • An increase in mental health needs • A repositioning of the Family Service (a community or school based service) • A lack of funding coupled with an increase in service demand and need	• Journey of parenting awareness • Revision of the current continuum of need to include an additional level 5 • The term early help is a misnomer: a change in terminology is needed • Timings of early help: the ideal time in the service is 111-190 days. The ideal number of days the referral should remain open is less than 99 days. • The less workers seen by the better chances of success • Follow-up for families • Quality of the data collected by local authorities • Data captured under the Troubled Families Programme • A community or school based targeted early help service • A lack of funding coupled with an increase in service demand and need	• Journey of parenting awareness • The term early help is a misnomer: a change in terminology is needed • Timings of early help • The less workers seen by the better chances of success • Follow-up for families • Quality of the data collected • A community or school based targeted early help service • A lack of funding coupled with an increase in service demand and need

8.3.1. The conceptualisation, practicalities and workings of targeted support

8.3.1.1. A redefinition of the early help continuum of need

The first recommendation is a national change in the early help continuum of need currently used. The Working Together (Department for education, 2018a) guidance states that early help services should form a continuum of support to meet a continuum of needs. Threshold documents are typically based on a "continuum of need windscreen" (p. 19) ranging from levels 1 to 4 (Research in Practice, 2022) and are used across local authorities alongside their own threshold documents to reflect this continuum of need and services (Working Together [Department for education], 2018a). Collectively, the research has demonstrated that a redefinition of early help and targeted early help services needs to be considered, as there is an increasing level of need displayed by children, young people and families currently at level three, that remains unspoken. This increasing level of need has been demonstrated by an increase in service demand and service user's needs, which is also documented within the current literature (e.g., Local Government Association, 2021; Association of Directors of Children's Services, 2021). Moreover, research has highlighted how social workers and early help professionals have self-reported that the threshold for service access has slowly been increasing over the last decade (Crenna-Jennings, 2018; Association of Directors of Children's Services, 2021). Therefore, it is suggested that an additional level of need is included in the generic early help continuum of need used across local authorities. It is also recommended that Nottinghamshire County Council update their pathway to provision (See section 1.4.2) to include the findings from the research in that there is an unspoken increasing complexity and need of children, young people and families in the area (See Figure 8.2).

Figure 8.2
A newly proposed continuum of need



Levels one to three would remain the same, whereas level four should be remodelled to include targeted support services such as the Family Service working with children, young people and families with increasingly complex and diverse needs, but those that don't meet the criteria for a Section 17 enquiry (child in need: Children Act, 1989). Similarly, this would also mean that children's social care should be promoted to a level 5.

8.3.1.1.1. A focus on terminology

Coupled with the newly proposed continuum of need and a revision of the current pathway to provision (See section 8.3.1.1), the terminology and discourse used must be carefully considered. The findings demonstrate the term 'targeted early help' does not adequately reflect the support provided by the Family Service and was confusing for families having to navigate through the early help systems of support. Therefore, it is suggested that support provided to families currently at level three on the generic continuum of need (Research in Practice, 2022), at level three on Nottinghamshire County Council's pathway to provision (Nottinghamshire Safeguarding Children Partnership, 2017) and at level four on the newly proposed continuum of need (See Figure 8.2), should not be referred to as early help, rather 'targeted support' or 'targeted help'.

8.3.1.2. The timings of early help

Waiting lists were identified as a barrier to a successful intervention and case closure. Collectively, the findings indicate that reducing waiting times could enhance the chance of a successful intervention/case closure. The findings suggest that the longer a family wait for support - via case managers or interventions - the more issues within that family escalate and the more likely families are to achieve a low proportion of closed successful interventions/successful case closures. It is therefore recommended that the Family Service endeavour to allocate a Family Service worker to (accepted) families within 99 cumulative days or less from the referral into the service. This could potentially lead to the Family Service having to put less interventions in place to support children, young people and families when in the service.

Similarly, it is also recommended that the local authority consider timing interventions after a high-quality, open and honest relationship or therapeutic alliance between service providers and service users has been established (See sections 5A.2.3.1 and 8.2.5) to prevent the too early discontinuation of help and to help ensure transformational outcomes are achieved by children, young people and families.

8.3.1.3. Number of Family Service professionals seen by

The findings suggest that the optimal number of different workers to be seen by is one to three for a high proportion of closed successful interventions and a high proportion of successful case closures. In other words, the less different workers seen by, the better the chance of a successful closed intervention and case closure. This can be explained by previous literature that highlights a change in workers can be problematic and is a barrier to success (e.g., Blades et al., 2016; Morris, 2013). However, it is also the case that more complex families/cases are open for longer leading to them being seen by more workers, whilst also less likely to achieve a successful outcome. So, although these variables are significantly associated, it is plausible that the relationship is not causal. Nevertheless, it is recommended that the Family Service aim to reduce the number of workers families encounter to between one and three, wherever possible.

8.3.1.4. Allowing parents to attend parenting programmes more than once

The conceptualised service user journey ground from the qualitative interviews with previous service users referred for parenting ability concerns, revealed that parents go on a journey in terms of their parenting awareness, constantly having to adapt and learn new techniques to help them deal with their family's multi-faceted and ever-changing needs. Moreover, this research has

also demonstrated how attending multiple parenting programmes at different stages of their parenting journey was a support for service users, also recognised by service providers themselves. But it was also acknowledged how the Family Service do not typically allow this to happen. Research suggests that multiple interventions are often required to sufficiently support vulnerable families with multiple and complex needs on the Troubled Families Programme (Asmussen et al., 2017). Therefore, a recommendation for the local authority is that they consider allowing families to attend parenting programmes more than once, as this would help ensure that parents are provided the opportunity to be given parenting advice, support and techniques at various stages on their journey of parenting awareness (unveiled from this research).

8.3.1.5. Follow-up for families

Based on the findings from this research, it is recommended that the local authority provide follow-up support (in the form of a telephone call) for families after the case is closed. This follow-up contact could help more children, young people and families to achieve transformational outcomes via encouraging families to sustain changes/outcomes and help deal with any other issues that arise shortly after case closure at an earlier stage. This was identified from the research as a factor that sometimes led to transactional outcomes being achieved by children, young people and families. Moreover, this could also prevent families from re-entering the early help systems of support if their difficulties could be dealt with via/during follow-up contact. For example, White and Day (2016) highlighted how some local authorities have adopted an "open-door policy" which involved telephone follow-ups for families at regular intervals (+3, +6 and +12 months) after their cases were closed. The report highlights that "Whilst time consuming, this process was thought to have benefits in terms of better understanding the longer-term effects of the intervention and its sustainability" (p. 75). Thus, this could also be used by the local authority as an opportunity to measure and record possible long-term outcomes achieved by families owing to the Family Service (See section 8.3.2.1 also).

8.3.2. Data/Processing data

8.3.2.1. Quality of the data captured by the local authority

Given the quality, duplicity and incomplete data extracted from the Business Intelligence hub, it is recommended that the local authority improve the quality of data gathered and recorded, as the current data collated does not allow for the distinction between transactional and transformation outcomes achieved by children, young people and families. For example, collecting and recording

pre and post intervention test scores (such as those used during the Family Service assessment) to determine the full impact of the help and interventions provided to children, young people and families, would help to measure for transactional and transformative outcomes (as conceptualised in **Error! Reference source not found.**). Research suggests this is a key component of successful Troubled Families Programme implementation (Economy and Gong, 2017).

8.3.2.2. Data captured under the Troubled Families Programme/Supporting Families Programme

The necessity and value of including the voice of the child (Wenham, 2017) and families (La Valle et al., 2019) in research and outcomes for children, young people and families in social work has been noted. However, this research found that the Troubled Families Programme indicators of success (payment by results) fail to measure meaningful outcomes for service users, and suggests the need to include the voice of children, young people and families in the Troubled Families Programme criteria (for which payment by results are claimed by local authorities). However, the literature has highlighted there are difficulties in quantifying the intended outcomes of the Troubled Families Programme (Suh and Holmes, 2022). Thus, the findings from this research (across all three research methods used) evidence Hudson's (2005) claims who indicated that outcomes set out by the government are typically based political emphasis of the early help agenda.

Therefore, it is recommended that the new Supporting Families initiative (Department for Levelling Up, Housing and Communities et al., 2021) measure outcomes (indicators of success) related to children and young people, such as the child's/young person's experiences and wellbeing. For example, outcomes could be co-produced (via meaningful outcomes defined by parents as well as local authority defined outcomes) at the outset of the intervention. This would ensure that meaningful outcomes for service users (based on transactional versus transformational outcomes) are used as the basis for evaluations and research on targeted early help services particularly delivering the Troubled Families Programme/Supporting Families Programme. Therefore, this recommendation is both a national and local recommendation.

8.3.3. Mental health needs

I have argued throughout the thesis that there appears to be a gap in the current early help systems of support across Nottinghamshire. Although waiting lists for mental health needs have been previously identified as a barrier in national evaluations of the Troubled Families

Programme, with Troubled Families Programme professionals calling for more input from mental health services (IPSOS MORI, 2017), this research has identified a specific lack of early help mental health services for children, young people and families in the local area[2]. This leads to the recommendation that the government endeavour to provide adequate funding to ensure that an early help mental health service can be provided to children and young people, without having to rely on local authority funding that is already stretched to the limit. Not only would this both reduce waiting lists into mental health services such as Child and Adolescent Mental Health Services, but this would also ensure that the mental health needs of children and young people are met at an earlier stage than currently is the case. The findings are timely owing to the recent emphasis on the increasing mental health needs of children and young people by the Health and Social Care Committee (2021) and the government's pledge to look into the provision of early help mental health services for children and young people (Secretary of State for Health and Social Care, 2022).

8.3.4. A repositioning of the Family Service

8.3.4.1. A community or school-based service

It is recommended that the Family Service endeavour to be situated within community settings such as schools, as part of a child's microsystem, rather than the exosystem (See section7.5.1.1. This would allow for more community presence and awareness of the Family Service and would ultimately help build relationships with both children, young people and families and other professionals/agencies in the microsystem (e.g., families, schools, GPs, etc.), to identify those at need of help, at an earlier stage. Indeed, community-based services have been found to encourage engagement and participation in child and family services (e.g., Hoggett and Frost, 2018). Moreover, being located as an agency in a child's microsystem would help to minimise the stigmas associated to targeted support services (such as targeted early help professionals being social workers/children's social care) as they would be in community settings regularly frequented by children, young people and families, increasing family awareness/knowledge on the Family Service thus minimising the reliance on stereotypes and stigmas. This recommendation would therefore help to eliminate a number of barriers to access and engagement identified from this research. As mentioned in section 5A.4, office space and office working were also needed for

[2] Since the research was commissioned and undertaken, Nottinghamshire County Council have changed the provision of services for Children and Young Peoples mental health needs; the Local Authority now offer an early help mental health service for children, young people and families with emerging mental health needs (See beusupport.co.uk for more information).

Family Service professionals for peer support and offloading to mitigate the emotional impact/toll of the role. Therefore, this could be achieved by building strong, high-quality (open and honest) relationships with professionals (like those between service providers and service users - See section 5A.2.1) in the community with fellow professionals.

8.3.5. More government funding dedicated to local authority early help services

The Association of Directors of Children's Services (2018) highlights how the provision of early help is threatened owing to the decrease in local authority funding, an increased need of children, young people and families, a growth in the population, and a rise in service demand. This is supported by the Local Government Association (2021) who reported "soaring demand" for statutory services between 2010-2020. Similarly, a report from 5 children's charities found that between 2010-2011 to 2018-2019 there was a 23% reduction in the funding available for children's services, leading to a 46% decrease of spending on early help services in favour of spending more on statutory services (Action for Children et al., 2020). The findings from the research demonstrate that the lack of funding, increase in service users' needs and an increase in service demand has led to a lack of resources and early help services available for children, young people and families across Nottinghamshire and echo the claims that more funding is needed to sufficiently support children, young people and families. For example, more specifically, the findings from this research have unveiled that across Nottinghamshire, the increase in service demand and the disproportionate availability of funding to early help and early help services has led to a partial false economy of support via the early discontinuation of support in some cases.

This therefore highlights the need for more funding to be allocated to early help services to prevent statutory early help services such as the Family Service, relying on temporary funding cycles (Action for Children, 2013) such as the payment by results under the Troubled Families Programme, to prevent the false economy of support. Thus, it is recommended to the government that if they are truly going to adopt and believe in an early help culture, then more funding should be allocated to targeted early help services to allow them to: make meaningful differences to children, young people and families when they need it the most, prevent the revolving door and ensure that children and young people are given the opportunity to achieve their potential and thrive. Transitioning to an all-encompassing early help culture will of course take time to become fully embedded, but the allocation of more funding to targeted support services would allow recommendations such as those presented in sections 8.3.1, 8.3.3, and 8.3.4

to be carried out which will greatly aid in the development of an all-encompassing early help culture.

8.4. The usefulness of the conceptual framework (Bronfenbrenner, 1977, 1979)

Bronfenbrenner's (1977, 1979) ecological systems theory emerged as the most useful/applicable conceptual framework due to considering child development from a systemic viewpoint (See sections 1.7 and 4.3). This approach allowed me to holistically evaluate targeted support for parenting ability across Nottinghamshire and offered multiple original findings, leading to novel contributions to the knowledge.

Throughout the thesis I have argued that the Family Service typically sit in the exosystem (See section 7.5.1.1. When service users are accepted into the Family Service, Family Service professionals - in particular case managers – attempt to migrate to the child's microsystem by building both high-quality and open and honest relationships with children, young people and families. Once the Family Service become a part of the microsystem, through building high-quality, open and honest relationships with service users, the Family Service then (re)build and/or repair relationships between the microsystems (the mesosystem) which were often strained or broken, through the delivery of targeted support and interventions. The Family Service also aim to increase the number of agencies in the microsystem (an increased support network). Then, once the Family Service have closed the case to the family, the Family Service then move back to the exosystem where they typically sit. However, the findings also revealed that when service users did not build high-quality, open and honest relationships with their Family Service professional, the Family Service did not become part of the microsystem and remained in the exosystem. This is an original contribution to the knowledge.

Although Bronfenbrenner indicates a permeability of the mesosystem (Bronfenbrenner, 1986; Fivush and Merrill, 2016; Shanahan, 2006), in the original depiction of Bronfenbrenner's ecological systems theory (See Figure 1.4), solid boundaries were used to depict the boundaries between the different ecological systems. Scholars such as Sudbery (2009), Langer and Lietz (2014), Houston (2017) and Paat (2013) have also depicted Bronfenbrenner's ecological systems theory as solid lines between the various ecological systems. However, I have argued throughout that agencies and individuals surrounding the child (and thus impacting child development), can move between the ecological systems suggesting that there is permeability between the ecological systems in the ecological systems theory. Therefore, this research offers another unique contribution to knowledge by unveiling that the lines between the different nested ecological systems should be

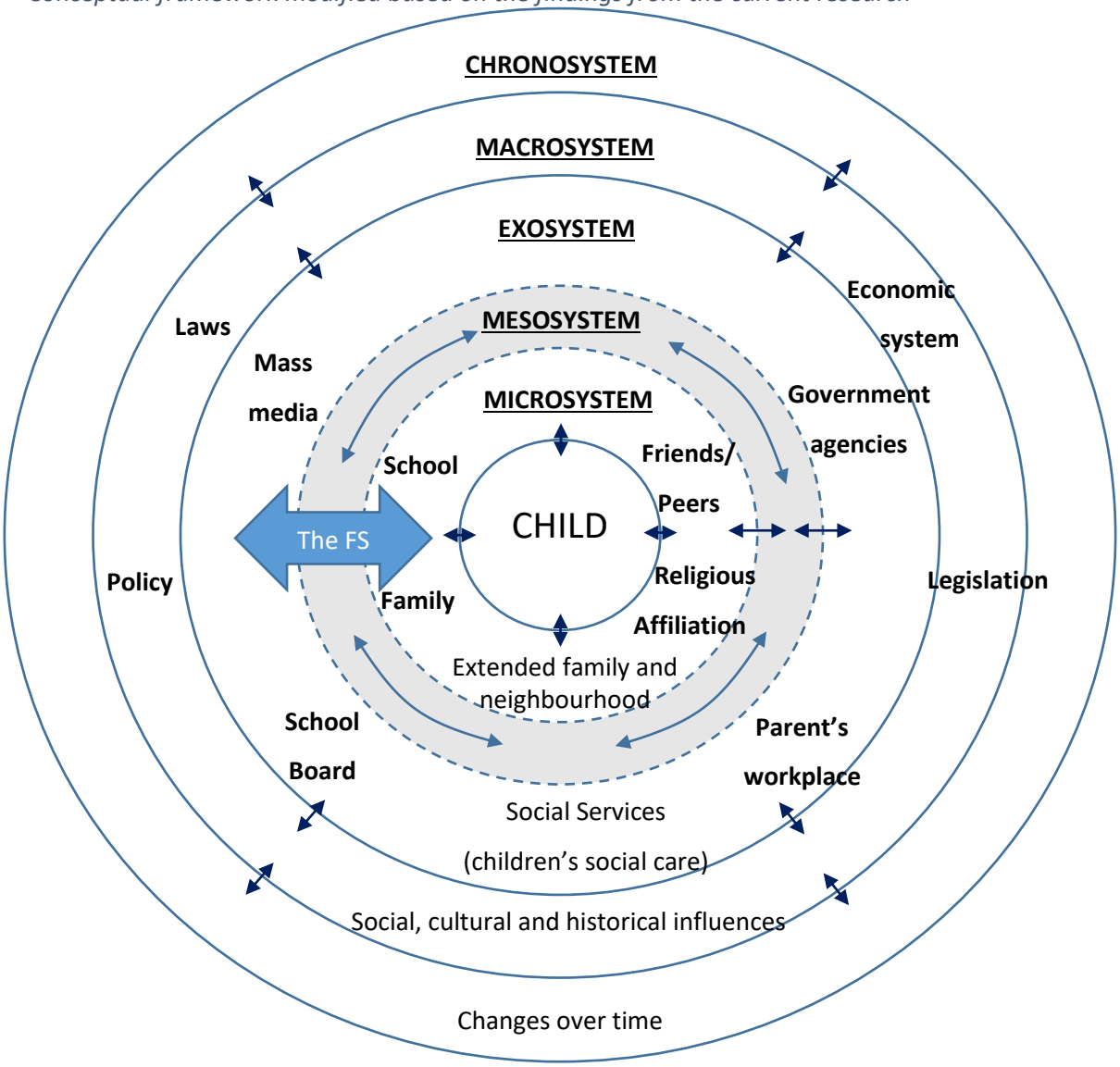
depicted as permeable - via dashes rather than solid lines - to highlight that the ecological systems are penetrable and that agencies can migrate, transition and thus relocate in different ecological systems. This contribution to the knowledge expands upon the permeability of mesosystem conceptualized in work-life research (e.g., Haddon et al., 2009; Pocock et al., 2012; Hill, 2005; Voydanoff, 2008; Greenhaus and ten Brummelhuis, 2013).

The ecological systems theory denotes that those in the ecological systems closest to the child have the most contact with the child (Bronfenbrenner, 1977, 1979), however the ecological systems theory does not currently specify the weightings or quality of relationships between the ecological systems (Langer and Lietz, 2014: See Section 8.4.1). For example, the current research has also demonstrated the importance of the quality of the contact and thus relationships between agencies within the ecological systems in helping to ensure children, young people and families achieve transformational outcomes. More specifically, it was found that the Family Service can help children and young people achieve and maintain an acceptable level of school attendance (as set out by the local authority (Nottinghamshire County Council, 2021)) but the Family Service should also consider both the extent and quality of the contact displayed between children, young people and families and school, in order to ensure that meaningful transformational outcomes are achieved by children, young people and families.

Based on the findings from the research, Bronfenbrenner's ecological systems theory has been modified in Figure 8.3to represent where targeted support services such as the Family Service, sit within the ecological systems (the exosystem), and migrate to the microsystem to strengthen, rebuild and repair the relationships between the microsystems that surround the system, found in the mesosystem.

Figure 8.3

Conceptual framework modified based on the findings from the current research



To support these arguments, I have also demonstrated throughout that those referring into the Family Service from the exosystem (e.g., children's social care) bypass a number of barriers than those referring from the microsystem experience, perhaps as they are situated within the same ecological system. The integrated findings indicate that referrals from the microsystem have to go through multiple ecological systems within Bronfenbrenner's (1979) ecological systems theory to reach the Family Service, and thus appear to face more barriers, which do not appear to be faced by those already in the exosystem such as children's social care.

Combined, utilizing Bronfenbrenner's (1977, 1979) ecological systems theory as the conceptual framework for this thesis offered a systemic approach to parenting ability based targeted help and allowed for the development and conceptualisation of multiple contributions to the knowledge.

The conceptual framework allowed me to consider what and where agencies/individuals are in relation to the framework to help explain, describe and explicate the topic of parenting ability based targeted help and the overall findings from the research.

Given the conceptual framework adopted for this research (Bronfenbrenner, 1979), the social and economic determinants of parenting are crucial when considering the influences on parenting. The social and economic determinants of parenting (See section 3.6) are identified for each local authority via the statutory Joint Strategic Needs Assessment and the provision of such targeted early help services reflects the Joint Strategic Needs Assessment to address and mediate these determinants. Therefore, given the findings of the research the social and economic determinants of need such as personal resources, child characteristics and contextual factors were addressed both via the bespoke provision of targeted early help services (the Family Service) and in this research via interviews with previous service users, focus groups with staff and further stakeholders, and the analysis of secondary data. Identifying and isolating the impact of any social or economic determinant of parenting is challenging due to the intersecting nature of parenting determinants. Nonetheless, determinants such as gender, sex and age were explored however, further determinants such as ethnicity could not be explored within the thesis (See section 4.9.1).

8.4.1. Critical evaluation of the conceptual framework

Despite the advantages (See section 4.3) and multiple contributions to knowledge that Bronfenbrenner's conceptual framework offered to this research (See section 8.4) the limitations of this approach should also be recognized. It is acknowledged that the framework has been criticized in the literature and there are five main limitations of the ecological systems theory:

- First, the literature suggests that the original representation of the nested systems within the ecological systems theory misrepresents the important relationships between ecological systems, the interrelatedness of the ecological systems (Neal and Neal, 2013; Rosa and Tudge, 2013) and the "human-nature interconnections" (Elliott and Davis, 2018) found both within and between the ecological systems (Eriksson et al., 2018). Neal and Neal (2013) developed the networked ecological systems theory which explores the interaction between and within the different ecological systems. The networked ecological systems theory offers an element of permeability between the ecological systems however the networked ecological systems theory was not relevant to the research owing to the complexity of the model, consisting of too much of a network around the child.

- Engler (2007) suggested that resilience should be included within the ecological systems theory as resilience is the capacity to bounce back. However, Christensen (2016) has argued that alongside resilience, entrepreneurial conditions need to be considered in the ecological systems theory, as entrepreneurship provides an individual's drive and motivation to create the conditions that satisfy and meet their needs and the needs of others. Although resilience is recognised as important, this falls outside the scope of this research, and it was apparent from this research that resilience is gained from the Family Service (See Chapter 5A).
- The ecological systems theory does not indicate the factors that are necessary to create a 'good' context of child development, nor does it indicate specific interventions to help develop 'good' ecological systems (Langer and Lietz, 2014). For example, the weightings given to each system or elements in each system are not clarified e.g., lots of people can grow up in poverty but still achieve positive outcomes.
- The ecological systems theory ignores the reality of the working conditions of professionals working within child and family services such as a high case load, personal health needs, personal family problems. Moreover, each professional has their own social ecologies which influences practice at these different levels (Langer and Lietz, 2014). Although Bronfenbrenner's original model ignores the reality of working conditions, in the model I proposed this is taken into consideration because of the permeability through the ecological systems.
- The ecological systems theory ignores the impact of digital technological and its influence on development (Navarro and Tudge, 2022). For example, research has attributed the increase in ill mental health in children and young people to the increased time spent on digital devices and social media during the COVID-19 lockdowns (e.g., Hmidan, 2022).

Despite these limitations, Bronfenbrenner's (1977, 1979) ecological systems theory offered multiple advantages and insights into the research and was the only conceptual framework that offered a systemic view of early help and early help services which was both ideal and necessary for this research.

8.5. Limitations and future research

The current section acknowledges and explores the limitations of the current research, which in turn also lends itself to areas of potential future research.

8.5.1. Secondary data

The secondary quantitative data utilised for this research consisted of a wealth of data spanning 4 years, a large sample size (n=1,258) and provided a wealth of novel insights into parenting ability based early help for children, young people and families. Nonetheless, it is also acknowledged that only modest conclusions can be drawn from the quantitative data owing to use of non-parametric tests (Pallant, 2010).

Due to the missing data and possible irregularities in the missing data, approximately 30 months was spent preparing and cleaning the secondary data. Additionally, due to the nature of the data cleaning methods that were performed on the data, the original data had to be pooled together resulting in a lot of detailed information being lost from the dataset. For example, information on the specific parenting programmes attended was lost, alongside the intensity of the interventions received, the Troubled Families Indicators, etc. were all lost from the final dataset.

The final dataset developed for the quantitative phase of the research only provided a snapshot of participants from the original pooled dataset (See Appendix 1). Therefore, future research could also utilise the secondary data in a way that ensures all the data is thoroughly explored to provide a deeper insight into the early help population across Nottinghamshire. For example, it was not possible to explore differences in the data across time - future research could be conducted to explore whether service users achieved better outcomes the longer the Family Service were established, or how the time of the year affects the outcome such as at the start of the school year, etc.

8.5.1.1. Definitions of success

It is also important to mention that the definitions of success that underpinned the two outcome variables of the *proportion of closed successful interventions* and the *proportion of successful case closures* were based on the local authority's "definition/threshold" of success, some of which were taken from the Troubled Families Programme payment by results. Similarly, the closing of cases is primarily based on a professional judgment made by the case manager. This indicates that targeted early help professionals make a personal judgement on 'good enough' parenting and parenting ability (Taylor et al., 2009; Woodcock, 2003; Davies, 2015) or 'good enough' progress made with the Family Service. This therefore adds an element of subjectivity to decisions made within targeted support services and the help they provide.

Furthermore, it should be noted that there was a discrepancy in the definitions of success between the quantitative and qualitative components of the research. For example, one

participant (Sharon) told me overall how they experienced a negative unhelpful time with the Family Service, however within the Business Intelligence report, the local authority had deemed this to be a successful case closure. The Business Intelligence report stated that the family's needs were successfully met, but speaking to the parent/carer themselves, it was apparent that she felt her family's needs were not met. However, it could be argued that Sharon's needs were met as her family did not reach crisis point where they required Family Service support again.

It is also recommended that the outcomes measured or definitions of 'success' should be revised to include meaningful outcomes for children, young people and families (See section 8.3.2).

8.5.1.2. Multiple Imputation

In the social sciences, there are standard and more sophisticated techniques used to treat missing data (Pallant, 2010: See section 4.8.2.2). Due to both the extent of time it took preparing and cleaning the secondary data, and the use of mixed methods research, meant that a pragmatic approach had to be taken to treat the missing data via a Complete Case Analysis. However, simply treating the missing data via a Complete Case Analysis has been deemed to be an "inadequate solution to the problem" (Diggle et al., 2002). Therefore, future research could focus on more sophisticated methods to treat the missing data such as multiple imputation (Pallant, 2010; Sinharay et al., 2001), which was beyond the scope of this mixed methods research thesis.

8.5.2. Interviews with a wider range of service users

Although I had permission from the College Research Ethics Committee and the local authority to interview children over the age of 5 years old for the purpose of this research (See section 4.9.2), no parent gave me permission to talk to their child. Likewise, after the coronavirus pandemic hit, I then opted to continue the qualitative data collection phase by conducting telephone interviews with parent/carers only; it would not have been ethically appropriate to conduct interviews on a sensitive topic such as early help with children and young people over the phone (See section 4.6.2). Therefore, although the failure to include children and young people in the research is a limitation of the research, this could not have been avoided. Nonetheless, to overcome this limitation, during the interview phase of the research I spoke to participants (parent/carers) who had children and young people of varying different ages and similarly, the secondary data used for the quantitative strand of the research also covered a wide age range of children and young people (age range = 17 - 591 months). Combined, this means that the findings from the research can be generalised across children and young people of all ages.

It was necessary to include parents/carers in the research owing to the specific focus on parenting ability based targeted early help. However, it has been noted in the literature the necessity and value of including the voice of the child (Wenham, 2017) and families (La Valle et al., 2019) in research concerning children, young people and families in social work. Therefore, this lends itself to future research with the Family Service by exploring the perspectives of children and young people, as the voice of the child needs to be recognised and taken into consideration when providing services for children (e.g., Wenham, 2017) ensuring that a child-centred approach to service delivery is adopted.

Similarly, it is acknowledged that the sample of participants recruited for the interview phase of the research were all female parent/carers. Despite trying to recruit males and females, only females agreed to take part in this research. Research has highlighted the importance of including male parent/carers (Cabrera et al., 2018; Burgess et al., 2014) and grandparents (Watts and Frost, 2020; Brandon et al., 2014) in the delivery of targeted family support. Therefore, future research could also explore research questions on a wider range of participants such as male parent/carers, grandparents, extended family members, etc. Including a wider range of previous service users would increase the validity of the findings from this research and ensure that the findings can be generalised to an early help population in general.

Although research has found that ethnicity is a determinant of need (See section 3.6), due to the negotiated agreement (via the Information sharing agreement), ethnicity could not be explored within this research. Moreover, due to the self-selecting nature of the sample (See section 4.7) gender could not be explored within this research either. Despite this, other social and economic determinants of need such as age were explored throughout the thesis.

8.5.3. Focus groups with a wider range of further Family Service stakeholders

Notwithstanding that the current research involved a range of stakeholders relevant to the Family Service and close to children and young people (such as: designated safeguarding leads, pastoral leads, multi-agency safeguarding hub professionals), it is recognised that this sample of Family Service stakeholders involved in the current research was limited, as they were primarily from the microsystem (Bronfenbrenner, 1977, 1979) such as schools. Including a wider range of further stakeholders from across the various early help ecological systems (such as agencies in the exosystem, for example: social workers, the early help unit, health services, mental health services), in future research should allow for further exploration of the issues in this study to

strengthen the transferability of its findings whilst ensuring that a holistic, systemic approach to early help is still adopted.

8.5.4. Generalisability (Only one local authority)

It is acknowledged in this study that the research findings were derived from one local authority. The literature has demonstrated that the loose guidance given to local authorities regarding the provision of services has meant that early help services under the Troubled Families Programme, widely vary across local authorities (Parr, 2017; White and Day, 2016; Research in Practice, 2022; Frost et al., 2015) and therefore high-quality local evidence of the effectiveness of targeted support is needed (Early intervention foundation, 2018). Indeed, this research has specifically focused on Nottinghamshire's Family Service adding an aspect of originality to this research.

This research has provided an in-depth analysis of Nottinghamshire's targeted early help for parenting ability concerns via the Family Service which could aid a multi-case analysis of similar research across local authorities in the future. Moreover, the findings can be used to contribute to the knowledge by adding to and expanding on evaluations of targeted early help and the Troubled Families Programme specifically for parenting ability. However, full generalisability is not possible as the Troubled Families Programme provided loose guidance on the provision of services and the specific focus on parenting ability, which limits the generalisability of the findings to all early help services in general. Therefore, based on this limitation of the research it is recommended that future research could focus on the applicability of the theoretical conceptualised model presented in **Error! Reference source not found.**, to beyond that of both the Family Service and parenting ability based early help, to increase the reliability and validity of the findings.

It is acknowledged that the Family Service has been remodelled since data collection e.g., case managers deliver some interventions to prevent a change in worker. Nonetheless, not all of the findings from this research were anticipated by the local authority, therefore it is hoped that the findings will help inform practice further (where still relevant) in future remodellings/reviews of the Family Service.

8.6. Original contributions to knowledge

This thesis provides multiple novel contributions to knowledge in the field of targeted early help and early help services for children, young people and families, specifically referred for parenting ability concerns. Overall, the research provides an original in-depth holistic understanding of the

experiences and perspectives of targeted support for parenting ability and was the first research to explore the effectiveness of Nottinghamshire's targeted early help offer for parenting ability from the Family Service.

Secondly, the research positions targeted early help systems of support in the contextual framework of Bronfenbrenner's (1977, 1979) ecological systems theory and explores how the Family Service migrate and permeate through the ecological systems from the exosystem to the microsystem, then repair or (re)build the quantity and quality of relationships and communication between individuals/agencies in the child's microsystem (the mesosystem). The research has demonstrated that the permeability of the ecological systems is essential in the ecological systems theory and highlights the importance of acknowledging this permeability.

The study contributes towards the literature on targeted early help for parenting ability using a mixed methods approach. The integration of the qualitative and quantitative methods provides originality and is necessary as previous research tends to focus on qualitative methods (e.g., Hoggett and Frost, 2018; Wenham, 2017; Parr and Churchill, 2020; Nunn and Tepe-Belfrage, 2017; Bond-Taylor and Somerville, 2013), as opposed to quantitative methods (e.g., Knight et al., 2018; Ministry of Housing, Communities and Local Government, 2020) and those that use both methods rarely integrate the findings to provide a holistic mixed methods approach (e.g., White and Day, 2016). Moreover, despite a focus on qualitative approaches, there appears to be a lack of research focusing on the perspectives and experiences of families within the qualitative literature (Morris et al., 2017), which this research has also addressed.

The integration of the qualitative and quantitative methods also adds originality as ground from the data, I conceptualised an evidence-based mixed methods model of the parenting ability based targeted early help journey from the perspective of a variety of stakeholders in the system. The model is presented in **Error! Reference source not found.** and provides a unique and novel contribution to knowledge regarding the journey of parenting awareness from a variety of perspectives. Furthermore, multiple versions of the mixed methods model have also been developed for use by different audiences such as service users (See appendix 19) and service providers and stakeholders (See appendix 20).

Finally, the findings of the thesis are also consistent with previous research and evaluations of targeted early help and the Troubled Families Programme. The consistency of these findings adds to, complements and strengthens the existing research and evaluations, thus increasing the validity of the findings and extending the evidence base with regard to parenting ability targeted support.

8.7. Answering the primary research question

The primary question guiding the research was "*Has the early help agenda for parenting ability based targeted early help, helped*?". To address this research question mixed methods research was adopted and consisted of focus groups with service providers and stakeholders, interviews with previous service users and the analysis of secondary quantitative data regarding previous service users. On the whole, the findings from the research have demonstrated that 65.18% of participants had a high proportion of successful case closures and 71.06% of participants had a high proportion of closed successful interventions. However, answering the research question is dependent on a wide range of evidenced factors across the early help systems of support, thus making answers complex, multifaceted and diverse.

Overall, the research provides a novel insight into the Family Service from the perspectives of a range of Family Service professionals and stakeholders. The findings indicate that the nature and quality of (open and honest) relationships were essential between service providers and service users. More specifically, the findings suggest that Family Service professionals display the qualities and approaches of 'good' professionals, have adopted a positive preventative approach to working with children, young people and families and a positive shift in a culture towards early help appears to be underway. The findings of the research indicate that the trends in Nottinghamshire's safeguarding statistics identified within Section 2.2.3 (such as a lower child in need rate per 10,000 and a lower Looked After Children rate per 10,000 children, compared to the national average, the regional average (the East Midlands) and when compared to their statistical neighbours (Department for education, 2022a)) can therefore be attributed to effective targeted early help from the Family Service. However, I have argued that there is also an increasing level and complexity of need demonstrated by children, young people and families across Nottinghamshire and the findings suggest that the term early help does not adequately reflect the support provided (at crisis level) by targeted 'early help' professionals from the Family Service.

Throughout the thesis I have shown that service users go on a journey in terms of their parenting awareness (See Figure 5B.5.1). This journey consisted of fire-fighting problems and catastrophising before entry into the Family Service, moving to moral support, solution seeking and increasing the number of tools in your parenting toolbox whilst in the service. Finally, outcomes were conceptualised as either transactional (where families only achieve temporary positive outcomes and eventually require more support from the Family Service/targeted or

specialist services) or transformational (where families exit the cycle as the outcomes achieved were transformative and sustained meaning they did not require support from the Family Service in the future).

To integrate and bring the findings together across the methods, I have further proposed a conceptualised theoretical model that represents the combined journeys through targeted early help for parenting ability from a variety of perspectives and methods. The holistic mixed methods model (See **Error! Reference source not found.**) incorporated the triangulated findings from between and within the methods used and was developed to map out a system of support for achieving positive transformational outcomes.

Collectively, the findings lead to the conclusion that the targeted support for parenting ability provided by the Family Service is a valuable service for children, young people and families that are facing difficulties and/or have multiple needs. For those participants I spoke to who felt the overall support they received was helpful, all spoke highly of the Family Service and the help they received. Even though some participants achieved transactional outcomes, the support was still highly valued and necessary at that time. Therefore, it is clear from the research that the Family Service provide an essential service for children, young people and families referred for parenting ability concerns. With no other service at this level, it is evident from the findings that without the Family Service, children, young people and families would struggle a great deal and more crises in families would inevitably ensue.

The provision of early help services across England has been described as a “postcode lottery” of what help is delivered/provided and how well it is received (Frost et al., 2015). The Family Service have been found to provide effective support for children, young people and families despite a lack of funding and resources, an increase in service users’ needs and an increase in service demand. It seems clear from this research that the Family Service have adopted preventative approach to working with children, young people and families and a positive shift in culture towards early help appears to be underway, despite the challenges to service delivery such as a lack of funding. The literature has demonstrated that this is essential for early help services such as the Family Service (e.g., Economy and Gong, 2017).

However, it should also be acknowledged that the research has identified that there are current gaps in the targeted early help systems of support across Nottinghamshire. Current gaps in the early help systems of support were also revealed to be the necessity of a community or school-based service at this level and a lack of (early help) mental health services for children, young people and families. But, by addressing the gaps in the current early help systems of support (See

section 7.5.1) and recommendations (See section 8.3), these would improve service delivery to ensure the Family Service are helping more children, young people and families achieve positive transformative outcomes.

8.8. Final comments

Overall, the thesis has provided a novel insight into the experiences, perspectives and outcomes of parenting ability based targeted support from the Family Service for children, young people and families in Nottinghamshire. By undertaking this study and providing an evidence informed approach to service delivery, I ultimately wanted to help improve the lives of children, young people and families in the area, by ensuring that: children can thrive, parent/carers are supported when they need it the most, staff feel adequately supported, both service users and service providers are listened to and that the service is delivering meaningful support to children, young people and families. This was exemplified having had my own child during the current research; a newfound respect and understanding to parenting was then gained, which provided me with a new perspective on the research and the difficulties faced by children, young people and families.

On a similar note, having entered this field without any prior experience in social work or early help, this allowed me to fully immerse myself in the field, the literature, and the current research without any preconceptions. Overall, this research allowed me to gain a number of valuable insights into the field (such as the highly politicised and ambiguous field of early help and early help services, the struggles and complexity of need of families with multiple and varied difficulties, and the necessity and value of targeted support), whilst expanding the current knowledge also (such as the parenting ability based journeys experienced via various stakeholders in the system; See sections 1.8 and 8.6).

The thesis has provided novel insight into the parenting ability support from the Family Service delivering the then Troubled Families Programme and has demonstrated that the Family Service have successfully adopted a preventative approach to working with children, young people and families and a positive shift in a culture towards early help appears to be underway. It is acknowledged that a complete cultural shift towards early help will inevitably take time to achieve. Nonetheless, I hope that the Family Service continue to successfully adopt this approach to fully embed a culture of early help. Therefore, the Family Service should be seen as a useful example/case study of how to effectively deliver targeted help to children, young people and families via the Troubled Families Programme/Supporting Families for parenting ability concerns. I

hope that the Family Service find the research motivational, helpful and informative for their current and future practice.

Of course, more research and evaluations will be needed to examine the reformed 'Supporting Families' programme (Department for Levelling Up, Housing and Communities et al., 2021), but it is envisioned that policy makers and the Supporting Families Programme consider the findings from the research and utilise the recommendations made in this final chapter (See section 8.3) to ensure that policy making is based on findings from research rather than a political agenda.

The research is also timely due to the recently published Child Protection Review (MacAlister, 2022: See section 1.8.1) and the government's commitment to major reforms in the social care network (Department for education et al., 2022) to focus on early help. I hope that these research findings and recommendations can contribute to this reform by adding to the evidence base regarding targeted parenting ability based early help. Similarly, the government have also recently pledged to focus on the provision of early help mental health services (Secretary of State for Health and Social Care, 2022) owing to an increase in the mental health needs of children and young people (Health and Social Care Committee, 2021) also making the findings of this research timely. Again, I envision that this thesis will be used to inform and contribute to the evidence base regarding the need for targeted support and early help mental health services.

To end with, despite the ambiguous nature of the family intervention projects, early help services and the Troubled Families Programme, this research has demonstrated how despite multiple challenges such as a lack of funding, an increase in service demand and an increase in the needs of service users, the Family Service provide effective support for children, young people and families where there are parenting ability concerns. I hope that this research will help benefit children, young people and families in achieving transformational outcomes from targeted support services for parenting ability, via the delivery of relevant and effective support.

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Appendices

Appendix 1: Secondary quantitative data: additional cleaning methods

As mentioned in section 4.8.2 individual secondary datasets extracted from the Business Intelligence hub needed to be merged to address the research aims and objectives. During this phase of the research, extensive secondary data cleaning methods were necessary to sufficiently prepare the data for analysis. This appendix outlines the secondary quantitative data cleaning methods in detail.

1.1. Whilst merging the secondary datasets

Whilst the datasets extracted from the Business Intelligence hub were being merged, traditional data cleaning methods were adhered to. These traditional data cleaning methods included:

- **Variables were added to the dataset:** These variables included: binary (yes or no) variables to represent whether service users had a direct referral into the Family Service, whether the referral was accepted into the Family Service, whether the referral led to being seen by a Family Service worker, whether the case was closed or not, whether they were referred for an intervention. Similar continuous variables were also added to the dataset. These continuous variables consisted of: *the number of direct referrals into the Family Service*, *the number of case closures, the number of referrals for interventions and the number of interventions received.* All these variables were added to the dataset as they were relevant to address the aims and objectives of the research.
- **Missing data was coded:** 999 was used for missing data and 998 were used for default/missing dates
- **Some variables were recoded:** This was due to inconsistently of some variables (e.g., the intensity of interventions), categories needed to be recategorized.
- **Dates were reformatted** from dd/mm/yyyy to mm/dd/yyyy to be able to label this type of variable as dates within Statistical Package for the Social Sciences.
- **Duplicate variables were removed from the dataset:** as data was merged this meant there were multiple copies of the same variables such as their: ID numbers, Date of Birth, dates, etc. In addition, variables describing participants' ethnicity and subethnicity were removed from the dataset, as this was a clause of the Information Sharing Agreement.

At this stage, it was apparent that there was an extreme amount of missing data within the merged dataset. The missing data was explored via a missing value analysis, which revealed that the dataset contained on 91% missing data. Having explored the missing data further, it emerged that participants who had only been in the service once, had a larger amount of missing data compared to service users who had been in the service 2 – 7 times. Furthermore, most of the participants in the sample had only been in the service once. Similarly, through discussions with my supervisory team, it was also established that the sample needed to be refined further to make the data more manageable. Therefore, the data needed to undergo further data cleaning methods to refine both the number of variables and the number of participants in the sample.

1.2. Additional data cleaning methods performed on the merged data

To reduce the sample size, the sample had to be refined further and subject to a further set of inclusion criteria. Similarly, to reduce the amount of missing data in the dataset, data within variables had to be merged (where possible), to develop new variables that were representative of their pooled nature. A detailed overview of the additional data cleaning methods is provided below:

1. **Inclusion criteria applied to the dataset:** Participants for inclusion in this research were required to have had:
    - a direct referral into the Family Service
    - a closed case
    - at least one accepted case into the Family Service
    - been seen by at least one Family Service professional
    - a referral into the Family Service for parenting ability concerns.

    This reduced the dataset to 1,313 variables with 6,534 participants, with a total of 88.1% missing data.

2. **Variables were then deleted from the master dataset:** Within the master dataset variables were deleted that were originally from the “case management duration”, “intensive and intervention duration”, “incomplete steps” and “Family Service caseloads” reports as these datasets all related to participants with current open cases (which was one of the exclusion criteria applied to the research sample), after this was performed 1274 variables and 87.8% missing data remained.

Irrelevant variables, originally from the "referrals" datasets, were then removed from the dataset resulting in 932 remaining variable, with 89.6% missing data.
Irrelevant dates (original variable names: *intervention date list date removed, intensive list date removed, parenting list date removed)* were removed from the dataset, as they did not add any value to the analysis. At this point, the data contained 902 variables, 89.3% missing data.

3. **Variables added to the dataset:** *The number of action plans* and *the number of action plan reviews.* These variables were calculated from the "action plan" report variables and the "action plan reviews" report variables respectively which were pooled together for each participant.
   Variables deleted from the dataset: Due to the addition of the two variables outlined above, this meant that the remaining variables originally from the Family Service action plan and Family Service action plan reviews datasets could be removed from dataset.

4. **Variables deleted from the dataset:** Due to the addition of the *referral for intervention, number of referrals for interventions* and *number of interventions actually received variables*, as outlined in section 1.1 of this appendix, this meant that variables originally from the "intervention plus intensive commissioning B" could be and were removed from the dataset. Furthermore, no other variables could be pooled together from within this original dataset. At this stage, the dataset contained 383 variables with 80.5% missing data.

5. **A further inclusion criterion was applied to the data:** After including the new variables outlines in step 3, for inclusion in the dataset, I decided that participants were required to have had at least one Family Service action plan. After applying this exclusion criteria to the data variables with 100% missing data were removed, this reduced the number of participants in the data set to 4638, with the dataset containing 365 variables.

6. **Variables added to the dataset:** A binary variable of *Received family conference,* and a continuous variable of *the number of family conferences received* were added to the dataset. For the number of family conferences received, the information was pooled from the "family group conference, mediation and mapping" variables.

Variables deleted: This then meant that the variables originally from the "family group conference, mediation and mapping" report could be deleted.

7. **Variables deleted from the dataset:** Duplicate descriptive variables such as participants ID's were deleted, alongside variables from the intensive dataset A, which could not be merged. This reduced the dataset to 220 variables with 68.1% missing data.

8. **Variable added to the dataset:** A new variable of "number of accepted referrals" was added to the dataset. This new variable of "number of accepted cases" was developed from the previously added "case accepted" binary variables which were pooled to calculate the number of accepted referrals.
   Variables deleted from the dataset: As the above had pooled together multiple variables, the individual binary case accepted variables (n=6) were deleted from the dataset. At this stage, the dataset still contained on average 66.8% missing data.

9. **Variable added to the dataset:** The "cumulative number of referrals leading to being seen by a Family Service worker" was added to the dataset and was calculated by pooling together the binary variables of "seen a Family Service worker" together and was included within the dataset.
   Variables deleted from the dataset: Including the variable "the cumulative number of referrals leading to being seen by a Family Service worker" in the data meant that the six "seen a Family Service worker" variables previously created could be deleted from the dataset as they had been pooled together

10. **Variable added to the dataset:** A new variable of "number of times in the service" was added to the dataset, this was calculated by subtracting the "number of accepted referrals" variable from the "number of case closures" variable for each participant. This is as participants could have had multiple referrals into the Family Service but may not have been accepted into the service each time.

11. **Variables added to the dataset:** The *number of different workers seen by* and the *cumulative number of times seen* were added to the dataset. The *number of different workers seen by* was calculated by pooling the *worker names* and *worker teams* for each participant.
    The *cumulative number of times seen* was calculated by pooling the *visit count* variables for each participant.
    Variables deleted from the dataset: Including the variables above meant that other variables originally from the "Family Service visits" dataset could be removed from the dataset.

12. **Outcome variables calculated and added to the dataset:** Two outcome variables of the *proportion of successful case closures* and the *proportion of closed successful interventions* were added to the dataset. Proportion variables were again necessary to encapsulate the fact that it was possible for service users to have had been in the service more than once. These two outcome variables of the research evolved from the variables originally from the "case closures" report. They were calculated by dividing the number of successful case closures by the number of case closures and the number of successful closed interventions by the number of closed interventions, respectively.

13. **Variable added to the dataset:** The variable of the *cumulative number of completed steps* was added to the dataset. This variable was made by pooling the number of steps undertaken whilst in the Family Service, originally found within the completed steps report.
    Variables deleted from the dataset: Adding the variable outlined above meant that all the variables originally from the completed steps report could be removed from the dataset

14. **Variable transformed:** The original variable *Date of Birth (DoB)* was used to transform participants age (in months) between their DoB to the date of data extraction (18th September 2019).
    Variable added to the dataset: The age of participants (in months) was then categorised into further age subgroups of: 17 – 59 months (pre-school age), 60 – 131 months (primary school age), 132 – 203 months (secondary school age) and 204 – 591 months (17 year old and above).

15. **Variables deleted from the dataset:** Due to the inclusion criteria applied to the sample, the variables of *case closed, direct vs non-direct referral* and *current open case* were removed from the dataset as these were constants.
    The *referral step outcome* variable was also removed as this was not relevant for the analysis, as this was represented by pooling the original datasets together to represent service users' journey(s) through the service.

16. **Outcome variable added to the dataset:** The variable of the *proportion of interventions received* was created by dividing the *number of interventions received* by the *number of referrals for interventions*, which was added to the dataset. A proportion was decided upon as it encompasses the fact that although participants can have multiple referrals for interventions but may not have necessarily received the number of interventions they were referred for.
    A further variable of *cumulative working days in the service* was also added to the data set. Working days was chosen as this is the format that the local authority used. This variable was created by pooling the working days in the service variables together originally from the case closures dataset.
    In addition, similar variables of *cumulative days referral open* and *cumulative days between referral and the Family Service assessment start* were also included in the dataset. The original variables of *days referral open* and *days between referral and the Family Service assessment start* were pooled from the referrals report to develop these new variables. This was to ensure that the timing of early help was included in the analysis.
    Variables deleted from the dataset: Dates found within the dataset such as the referral date, Family Service action plan start date and the case closure dates, were then removed from the dataset.

At this stage of the research, I had developed a variable of *cumulative working days to first visit(s),* however the data appeared to be extreme e.g., the data in this variable stated that some participants weren't visited for over 1000 working days, which was not possible. Having explored the original Business Intelligence report, it was established that this was not an error made by myself. Therefore, I contacted the developer of the research who informed me that this data was not reliable. This variable was then removed from the dataset. However, this meant that the

remaining data need to be explored to check for further extreme values. No other extreme/unreliable data was found.

17. **Categories within the *first referral source* variable collapsed:** The first referral source variable contained a total of 29 possible referral sources and therefore the categories had to be collapsed in order to produce meaningful results and meet the assumptions of the chosen methods of analyses. The conceptual framework (Bronfenbrenner's ecological systems theory, 1977, 1979) guided the re-categorisation of the variable. The categories variable were collapsed down into the microsystem and the ecosystem (See Methodology Chapter section 4.8.2.1 also).

18. **Variable transformed:** The original gender variable contained four possible categories of "male", "female", "indeterminate" or "unknown". Where the gender was either "indeterminate" or "unknown" these categories were changed to the missing data value of 999 used throughout the dataset. This meant that the gender variable was transformed into a binary variable with the response categories of male or female.

19. **Variables deleted from the dataset:** The variable of *household tenure* was removed from the dataset as this variable contained 67% missing data, which was extreme in comparison to the other variables.

    The variable of *number of action plans* was removed from the dataset due to multi collinearity with the variable the *number of plan reviews*.

    Similarly, the variable the *number of times in the service* was also deleted from the dataset, due to high multicollinearity with other variables in the dataset such as the *number of accepted cases*.

    The variable of "number of family conferences" was removed from the data set, as there was high multi-collinearity with the variable of "received family conference". As those who received a family conference was a very small proportion of the sample, it was decided to keep the binary variable of *received a family conference*.

20. **Outcome variable calculated added to the dataset:** The *proportion of accepted cases* variable was added to the dataset. This outcome variable was made by dividing the number of accepted cases variable and the number of referrals variable. This variable was included to help address the research aims and objectives, as this would allow me to holistically map service users' journeys from the start to the finish utilising the four outcome variables produced.

21. **A categorical version of each continuous variable was added to the dataset:** This was to ensure that data met the assumptions of the different chosen methods of analyses.

Table A.1.1 presents a brief overview of the variables in the dataset, where they originated from, how they were made and the type of each variable in the final dataset.

Table A.1.1

Variables within the final and Complete Case Analysis dataset

Variable name	**Original Business Intelligence hub report extracted from**	**How it was made**	**Variable type(s)/ format**
ID			
Number of referrals	Family Service Referrals	Pooling the number of referrals into the service	Continuous & Categorical
DoB/Age (in months)	Family Service Referrals	Age in months calculated from DoB to 18/09/2019 as this was the date that the data was extracted from the Business Intelligence hub	Continuous & Categorical
Gender	Family Service Referrals	Taken directly from Business Intelligence report	Categorical (Binary: Male vs Female)

Number of accepted cases	(Family Service referrals)	The binary variables of *case accepted* (made to apply an inclusion criterion on the sample) were pooled to calculate the number of accepted referrals	Continuous & Categorical
The cumulative number of referrals leading to being seen by a Family Service worker	(Family Service referrals/ Family Service visits)	The binary variables of *seen a Family Service worker* were pooled. This variable was originally developed to allow for an inclusion criteria to be applied to the participants	Continuous & Categorical
Number of different workers seen by	Family Service visits	The *worker names* and *worker teams* were pooled for each participant to create one variable	Continuous & Categorical
Cumulative number of times seen	Family Service visits	The individual *visit counts* were cumulated to create one variable	Continuous & Categorical
Received family conference	Family group conference, mediation and mapping	Participants were categorised into whether they had *received a family conference* (Yes) or not (No)	Categorical (Binary: Yes vs No)
Number of plan reviews	Family Service plan reviews	The *number of plan reviews* were pooled to create one variable	Continuous & Categorical
Consent for first referral	Family Service cohort	Taken directly from Business Intelligence report	Categorical (Binary: Yes vs No)
Passed to SAU	Family Service cohort	Taken directly from Business Intelligence report but recategorised	Categorical (Binary: Yes vs No)
Child in need count	Troubled Families Identification of	Taken directly from Business Intelligence report	Continuous & Categorical

	'children who need help'		
Section 47 count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Child protection plan count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Missing person count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Early help count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Family Service count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Family Service plan count	Troubled Families Identification of 'children who need help'	Taken directly from Business Intelligence report	Continuous & Categorical
Referral for intervention	Intervention plus Intensive commissioning	Participants were categorised into whether they had received a *referral for intervention* (Yes) or not (No)	Categorical (Binary: Yes vs No)
Number of referrals for interventions	Intervention plus Intensive commissioning	The individual *number of referrals* were pooled to create one variable	Continuous & Categorical

Number of interventions received	Intervention plus Intensive commissioning	The individual *number of interventions received* were pooled to create one variable	Continuous & Categorical
*Proportion of interventions received **	Intervention plus Intensive commissioning	The *number of interventions received* was divided by the variable *number of referrals for interventions*	Continuous & Categorical
Number of case closures	Family Service Case closures	The individual *number of case closures* were pooled to create one variable	Continuous & Categorical
*Proportion of successful case closures **	Family Service Case closures	The variable *number of successful case closures* was divided by the *number of case closures* variable	Continuous & Categorical
*Proportion of closed successful interventions **	Family Service Case closures	The *number of closed successful interventions* was divided by the *number of closed interventions* variable	Continuous & Categorical
Number of completed steps	Family Service Completed steps	The individual *completed steps* were pooled to create one variable	Continuous & Categorical
Cumulative working days in the service	Family Service Case Closures	The individual variables of *case working days* were pooled for each participant	Continuous & Categorical
Cumulative days referrals open	Family Service Referrals	The individual variables of *days referral open* pooled for each participant	Continuous & Categorical
Cumulative days between referral and the Family Service assessment start	Family Service Referrals	The individual variables of *days between referral and the Family Service assessment start* pooled for each participant	Continuous & Categorical

First referral source	Family Service Referrals	The categories in the original *referral source* variable were collapsed from 29 categories to 2 categories, based on the conceptual framework for the research	Categorical (Binary: Microsystem vs exosystem - See methods section 4.8.2.1 also)
Proportion of accepted cases *	Family Service Referrals	The *number of accepted cases* variable divided by the *number of referrals* variable	Continuous & Categorical

* = outcome variable; *italics* = variable names

Appendix 2: Focus group schedule (Family Service professionals)

What support is currently available in Nottinghamshire for children, young people and families who are referred to early help?

- Can you provide me examples of what types of support is available? From Children's Centres? From the Family Service?
- Targeted vs specialist?

In your opinions, what factors encourage families to seek access to early help?

- What factors discourage families from seeking access to early help?
- What factors encourage families in engaging with early help services?
- What are the main barriers that discourage families from engaging with early help services?

Can you give me some examples of how you would encourage service users to engage with the help being offered?

- What techniques work well when families are reluctant or refuse to engage in early help?
- What techniques do not work well?
- What are the enabling factors that support families to get help earlier rather than later?

How do you think that early help could better reach those "hard to reach" families?

- What, if anything, could be done to help improve access to services?
- What about those not at an intervention level but still at need of early help?
- What about those keep re-entering early help, commonly referred to as a 'revolving door'?

Do you think that early help should be offered for longer than the set period?

- What makes you say that?

Reflecting on your time as a professional within early help systems of support, do you agree/think that early help works?

- Do you advocate the early help agenda? – can you provide me with reasons for your answer?

Can you provide me with examples of some short term positive outcomes that parents have achieved by engaging with early help?

- What, if any, do you think are the positive long term outcomes for parents?
- What factors do you think support parents in achieving positive outcomes? (short term vs long term)
- What factors hinder parents from achieving positive outcomes? (short term vs long term)
- What, if anything, could be better done to support parents achieving positive outcomes?

Can you provide me with examples of some short term positive outcomes children can achieve from engaging with early help?

- What, if any, do you think are the positive long term outcomes for children?
- What factors do you think support children and young people in achieving positive outcomes? (short term vs long term)
- What factors hinder children and young people from achieving positive outcomes? (short term vs long term)
- What, if anything, could be better done to support children in achieving positive outcomes?

Do families always recognise all of the positive outcomes that they have achieved as a result of engaging in early help?

- Can you provide me with some examples of the positive outcomes of early help that parents do not always recognise, but you would recognise as a professional

What within your training and experience have helped you in supporting children, young people and families who receive early help in Nottinghamshire?

- Examples/evidence of what has worked well across Nottinghamshire
- E.g. personal skills; accessibility; availability; knowledge/awareness of support provision; unwillingness/lack of engagement; etc.

As professionals, what are the main barriers that hinder you, from effectively supporting children, young people and families who receive early help in Nottinghamshire?

- Specific barriers vs general barriers
- At the national or local level?
- E.g. staff skills, awareness/knowledge; multi-agency collaborations; etc.

Do you think that you need any additional training/development?

- If so, what?
- Can you provide me with reasons for your answer?

What proposed changes to early help services are you aware of/experiencing/expecting to encounter?

- How does this impact on your everyday role/work?

As professionals do you think that you have been equipped/prepared enough to help support families requiring support at this level?

- To what extent is further support needed? By who?
- What could be done, if anything, to provide these additional support practices?

How has early help impacted on the services/departments that you work in?

- How is early help positioned within your service?
- What is the ideal relationship/partnership between early help services and other support systems?

What gaps, if any, are currently present in Nottinghamshire's early help systems of support?

- What, if anything, can be done to overcome the identified gap/gaps?
- Would funding help fills gaps?

That is all of my questions. Is there anything anybody else would like to add? Or perhaps anything that I have missed?

Thank participants for their time and involvement in the research.

Appendix 3: Focus group schedule (further stakeholders)

What support are you aware of that is currently available in Nottinghamshire for children, young people and families who are referred to early help?

- Can you provide me examples of what types of support is available? From Children's Centres? From the Family Service?
- Targeted vs specialist?

Can you provide me with some examples of why you would refer a child or young person to Nottinghamshire's Early Help Services?

- How do you find the referral process into the Family Service?

In your opinions, what factors encourage families to seek access to early help?

- What factors discourage families from seeking access to early help?
- What factors encourage families in engaging with early help services?
- What are the main barriers that discourage families from engaging with early help services?

Can you give me some examples of how you would encourage service users to engage with the help being offered?

- What techniques work well when families are reluctant or refuse to engage in early help?
- What techniques do not work well?
- What are the enabling factors that support families to get help earlier rather than later?

How do you think that early help could better reach those "hard to reach" families?

- What, if anything, could be done to help improve access to services?
- What about those not at an intervention level but still at need of early help?
- What about those keep re-entering early help, commonly referred to as a 'revolving door'?

Can you provide me with examples of some short term positive outcomes that parents can achieve by engaging with early help, specifically the Family Service?

- What, if any, do you think are the positive long term outcomes for parents?
- What factors do you think support parents in achieving positive outcomes? (short term vs long term)
- What factors hinder parents from achieving positive outcomes? (short term vs long term)
- What, if anything, could be better done to support parents achieving positive outcomes?

Can you provide me with examples of some short term positive outcomes children can achieve from engaging with early help, specifically the Family Service?

- What, if any, do you think are the positive long term outcomes for children?
- What factors do you think support children and young people in achieving positive outcomes? (short term vs long term)

- What factors hinder children and young people from achieving positive outcomes? (short term vs long term)
- What, if anything, could be better done to support children in achieving positive outcomes?

Do you think that the Family Service spend long enough with children, young people and families to effectively support them?

- …to achieve short term goals? To achieve long term goals?
- Do you see a sustained change in children, young people and families after the family service support has withdrawn?

What are your experiences with the family service?

- Good vs bad experiences
- How have you found working alongside members of the Family Service?
- How do you feel about the closure process e.g., exit plans – are you sufficiently supported?

Do families always recognise all of the positive outcomes that they have achieved as a result of engaging in early help?

- Can you provide me with some examples of the positive outcomes of early help that parents do not always recognise, but you would recognise as a professional

Reflecting on your time as a professional engaging with Nottinghamshire's early help systems of support, do you think that early help works or not?

- Do you advocate the early help agenda? – can you provide reasons for your answer?

What within your training and experience have helped you in supporting children, young people and families who receive early help in Nottinghamshire?

- Examples/evidence of what has worked well in their departments/schools
- E.g. personal skills; accessibility; availability; knowledge/awareness of support provision; unwillingness/lack of engagement; etc.

As professionals, what are the main barriers that hinder you, from effectively supporting children, young people and families who receive early help in Nottinghamshire?

- Specific barriers vs general barriers
- At the national or local level?
- E.g. staff skills, awareness/knowledge; multi-agency collaborations; etc.

As professionals do you think that you have been equipped/prepared enough to help support families requiring support at this level?

- To what extent is further support needed? By who?
- What could be done, if anything, to provide these additional support practices?

How have early help services in Nottinghamshire, particularly the Family Service, impacted on the services/schools/departments that you work in?

- How is early help positioned within your service?
- What is the ideal relationship/partnership between early help services and other support systems?

What gaps, if any, are currently present in Nottinghamshire's early help systems of support?

- What, if anything, could be done to better support children, young people and families referred to the Family Service?
- What, if anything, can be done to overcome the identified gap/gaps?
- Would funding help fills gaps?

That is all of my questions. Is there anything anybody else would like to add? Or perhaps anything that I have missed?

Thank participants for their time and involvement in the research.

Appendix 4: Interview schedule (6 – 12 years old)

Can you tell me a bit about yourself?

- Who do you live with?
- Who else is in your family?
- Do you have any brothers/sisters?

So, I know that you have been/are receiving some help from [worker name] from Nottinghamshire's Family Service. Can you tell me a bit about how this came about?

How did you feel before [worker name] from the Family Service helped you and your family?

- Can you provide me with an example of what would happen at home before [worker name] came to help you and your family?
- How did that make you feel?
- Can you provide me with an example of what would happen at school before [worker name] came to help you and your family?
- How did that make you feel?

What, if anything, did you want help with?

- What were your hopes?/ What did you want out of it?
- What was challenging for you at that time?
- Did you think you/your family needed some extra support at that time? – What makes you say that?

How did you feel about [worker name] coming to support you and your family?

- What was the most challenging thing for you before you received support?
- How did you feel about the process?
- How did you feel about meeting somebody new who was going to work with you and your family?

How did you feel when you first started receiving help from the Family Service?

- How did you feel about the process?
- How did you feel about new individuals/strangers becoming involved? At home? At school?
- What were your hopes? – what did you want out of it?
- How did you feel immediately after you started receiving help?

Can you tell me a bit about what [worker name] from the Family Service did with you?

- What activities did they do with you? At home? At school?
- What did they do with your parent carers?

How did you feel during your time with the family service?

- What did you like about [worker name] coming to help you and your family?
- What did you not like about [worker name] coming to help support you and your family?
- Were your opinions listened to? How were they/weren't they?

Did you notice any changes in your family that happened when [worker name] was helping you and your family?

- What changes were they?
- Were you surprised by these changes? Why was this surprising?

Did anybody else notice any changes in your family when [worker name] was helping you and your family?

- What were these changes? (positive or negative)
- Who pointed out the changes?

Did your friends know you were getting this support?

- What did they think about it?
- If you were/n't been able to tell your friends, why/why not?

How often were you in contact with your case worker?

- What was the main purpose of your contact?
- Would you have liked to have seen them more or less?

Did you feel like you were listened to?

- What made them easy/ not easy to talk to?
- Were your views were taken into consideration?

What, if anything, has got better since the [worker name] has been working with you and your family?

- Can you provide me with an example of how/what has been improved?
- At home? At school?
- What is the most helpful thing for you?

What, if anything, has got worse since [worker name] has been working with you and your family?

- Can you provide me with an example of how/what has not improved?
- At home? At school?
- What is the least helpful thing for you?

How did you feel when the Family Service stopped helping you?

- What makes you feel this way?
- Would you have liked to have received help for longer? Why?
- Would you say your difficulties have got worse, better of stayed the same? – What makes you say this?

After [worker name] from the Family Service stopped helping you and your family, have there been any times where you wanted some extra support?

- What did you need extra support with?

- When was this?
- Transitions: into primary school, from primary school to secondary school, from secondary school into further education and beyond into adulthood.

Is there anything that [worker name] from the Family Service could not help you with?

- What could they not help you with?
- Which services helped you with this instead?
- How did the Family Service help you to get this support from elsewhere?

Do you still use some of the activities that the family service provided you with?

- Can you provide me with an example of one of the techniques/tools you use?
- How often do you do this?
- Do your parent carers/siblings use any techniques? - Can you provide me with an example of one of the techniques/tools you use?
- Have you experienced any difficulties trying to do anything that the family service advised you to do? - What are they? Have you found a way to overcome them?

How are things in your family now?

- On a scale of 1 to 10, with 1 being worse than before, 5 being the same and 10 being much better, how would you rate things in your family? - Tell me why you think this?
- In need of more support currently? In need of further support in the future?
- Currently, how are things at school for you?

If you were struggling again like before, how would you deal with this? Why?

- What if another family member was struggling?

Can you tell me the main differences that the Family Service has made to you?

- What is/was the most useful part?
- What is/was the least useful part?
- What was the most helpful thing for your parent carer? Other family members?

What, if anything, do you think could be done to improve the family service and the support they provide?

- Is there anything that the family service have not been able to help you with?

That is all of my questions. Do you have anything else that you would like to say about your experiences with the Family Service? Or perhaps anything that you think that I may have missed?

Thank participants for their time and involvement in the research.

Appendix 5: Interview schedule (13 – 18 years old/parent carers)

Can you tell me a bit about yourself?

- Who do you live with?
- Who else is in your family?
- Do you have any brothers/sisters? Are they older/younger?

So, I know that you have been/are receiving some help from [worker name] from Nottinghamshire's Family Service. Can you tell me a bit about how this came about?

- Do you know why you received early help support?
- Did you agree with the initial referral to early help? What makes you say that?

How did you feel before [worker name] from the Family Service came to help you and your family?

- Can you provide me with an example of what would happen at home before [worker name] came to help you and your family?
- How did that make you feel?
- Can you provide me with an example of what would happen at school before [worker name] came to help you and your family?
- How did that make you feel?

What, if anything, did you want help with?

- What were your hopes?/ What did you want out of it?
- What was challenging for you at that time?

Only if applicable: Did you receive help from any help from the Children's Centres before you received help from the Family Service?

- Can you tell me about how this happened?
- How did you feel about the transition from CC to the Family Service?
- What could have been done better?

How did you feel about [worker name] from the Family Service coming to support you and your family?

- What was the most challenging thing for you before you received support?
- How did you feel about the process?
- How did you feel about meeting somebody new who was going to work with you and your family?
- Had you heard of the family service before? – If anything, what did you already know about the Family Service?

Was support offered at the right time?

- How helpful would it have been to be offered support earlier or would it have been better to receive support later?

- Did you think you/your family needed some extra support at that time? – What makes you say that?

How did you feel when you first started receiving help from the Family Service?

- How did you feel about the process?
- How did you feel about new individuals/strangers becoming involved? At home? At school?
- What were your hopes? – what did you want out of it?
- How did you feel immediately after you started receiving help?

Can you tell me a bit about what [worker name] from the Family Service did with you?

- What activities did they do with you? At home? At school?
- What did they do with your parent carers?

How did you feel during your time with the family service?

- What did you like best about [worker name] coming to help you and your family?
- What did you not like about [worker name] coming to help support you and your family?
- Were your opinions listened to? How were they/weren't they?
- Did your opinion of the Family Service change since they had been working with you and your family/ teachers?

Did you notice any changes in your family that happened when [worker name] was helping you and your family?

- What changes were they?
- Were you surprised by these changes? Why was this surprising?

Did anybody else notice any changes in you/your family when [worker name] was helping you and your family?

- What were these changes? (positive or negative)
- Who pointed out the changes?

Did your friends know you were getting this support?

- What did they think about it?
- If you were/n't been able to tell your friends, why/why not?

How often were you in contact with your case worker?

- What was the main purpose of your contact?
- Would you have liked to see them more or less?

Did you feel like you were listened to?

- What made them easy/ not easy to talk to?
- Were your views were taken into consideration?

What, if anything, has improved since the [worker name] has been working with you and your family?

- Can you provide me with an example of how/what has been improved?
- At home? At school?
- What is the most helpful thing for you?

What, if anything, has got worse since [worker name] has been working with you and your family?

- Can you provide me with an example of how/what has not improved?
- At home? At school?
- What is the least helpful thing for you?

How did the Family Service meet your needs?

- How did the Family Service meet the needs of your parent carers?
- Who in your household has benefited most from the family service?

How did you feel when the Family Service stopped helping you?

- What made you feel this way?
- Would you have liked to have received help for longer? Why?
- Would you say your difficulties have got worse, better of stayed the same? – What makes you say this?

After [worker name] from the Family Service stopped helping you and your family, have there been any times where you wanted some extra support?

- What did you need extra support with?
- When was this?
- Transitions: into primary school, from primary school to secondary school, from secondary school into further education and beyond into adulthood.

Is there anything that [worker name] from the Family Service could not help you with?

- What could they not help you with?
- Which services helped you with this instead?
- How did the Family Service help you to get this support from elsewhere?

Do you still use some of the techniques and tools that the family service provided you with?

- Can you provide me with an example of one of the techniques/tools you use?
- How often do you do this?
- Do parent carers/siblings use any techniques? - Can you provide me with an example of one of the techniques/tools you use?
- Have experienced any difficulties trying to do anything that the family service advised you to do? - What are they? Have you found a way to overcome them?

How are things in your family now?

- On a scale of 1 to 10, with 1 being worse than before, 5 being the same and 10 being much better, how would you rate things in your family? - Tell me why you think this?
- In need of more support currently? In need of further support in the future?
- Currently, how are things at school for you?

If you were struggling again like before, how would you deal with this? Why?

- What if another family member was struggling?

Can you tell me the main differences that the Family Service has made to you?

- What is/was the most useful part?
- What is/was the least useful part?
- What was the most helpful thing for your parent carer? Other family members?

What, if anything, do you think could be done to improve the family service and the support they provide?

- Is there anything that the family service have not been able to help you with?

That is all of my questions. Do you have anything else that you would like to say about your experiences with the Family Service? Or perhaps anything that you think that I may have missed?

Thank participants for their time and involvement in the research.

Appendix 6: Interviews: Parent/carer information sheet (parent/carer interview)

Has the early help agenda for parenting ability based targeted early help, helped?

What is this about?

You are being invited to take part in a telephone interview which will last approximately 30 – 60 minutes. The interview will involve asking you about your experiences and views on Nottinghamshire's early help, particularly about how much it has helped or not. I will contact you to arrange a date and time for the interview to take place that is convenient for you. With your consent, the interview will be audio recorded so the data you provide is accurately documented. The recording will then be anonymised and transcribed.

What is the purpose of the study?

The purpose of the study is to examine whether and to what extent Nottinghamshire's early help services are helping children, young people and their families. You are being invited to take part in a semi-structured interview as you have received/ are receiving early help support from Nottinghamshire County Council. The research has been designed to explore and examine the effectiveness of Nottinghamshire's early help to better support children, young people and families.

Why have I been chosen to take part?

You have been invited to take part in a telephone interview as you have either previously received or are currently receiving early help support in Nottinghamshire. I would like to hear from you about your experiences of early help in Nottinghamshire and your views on how the services could be improved.

Will anything happen before the interview?

Before the interview you will be asked to think of a random name (one that is not yours) and a random number which will be combined to produce your unique identifier. This unique identifier will be attached to any personal information that you provide in the research and will be needed if you wish to withdraw your data at a later date. Your unique identifier can be found at the bottom of this information sheet.

If you are willing to take part, I ask that you read and fully understand the information on this sheet and sign and complete a separate informed consent form. If you decide not to take part in the research, you will not be asked to give any explanation. Also, if you change your mind, you can withdraw your data after the interview (See contact details below).

What are my rights?

Deciding to participate in this study will NOT impact/influence the services and support you currently receive from Nottinghamshire County Council. You will receive the same support and services whether you decide to participate in this study or not.

Your participation in this study should be completely voluntary and you do not have to answer any questions that they do not want to. You can stop the interview at any point. Additionally, if you feel uncomfortable whilst in the interview they may refuse to answer, or give no comment to any of the questions and I will continue on to the following question.

You will have the right to withdraw your information and data from the study up to 4 weeks after the interview takes place. You can withdraw your data up until _____. You will not be asked to explain your reasons for withdrawing. If you would like to withdraw your data you will need to contact either myself or my project supervisor and reveal your unique identifier, however this will reveal who you are. If you would like to withdraw your data without me knowing who you are, you should send an anonymous letter to my supervisor (See contact details below) with your unique identifier asking for your data and information to be withdrawn from this study.

How will the research team deal with confidentiality and protect my anonymity?

Any information you tell me during the interview will be fully anonymised and any identifying information from the transcripts will be removed. Your name and personal data will not be connected to what you tell me. Information that would make it possible to identify you or your family will not be used in reports. Only myself and my research supervisors will have access to these documents and recordings of interviews. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with the British Association of Social Worker's code of ethics. Participants will be recruited and data will also be collected, kept and stored in accordance with the GDPR.

You will not be named or identified in any publication from this research. The location of the research will also be anonymised. I will exercise all possible care so that you and your family cannot be identified in the write-up of findings. However, due to the method of data analysis, direct quotes are likely to be taken from the interviews and used in my project report. Whilst these quotes will be anonymised, I cannot guarantee complete confidentiality.

What are the possible risks/disadvantages of taking part?

The main cost to you will be the time taken with the interview. The risks to you are minimal and

may include providing information that they may not feel comfortable with. However, as outlined above, any information you do provide will be kept anonymous and secure. In addition, you can choose not to answer any of the questions and you can withdraw your data at any time until four weeks after the interview takes place.

If I am concerned that you or others are at risk (beyond what is already known to the Local Authority), then I will have a duty to inform the necessary authorities and to follow Nottinghamshire County Council's Safeguarding procedures. If this does happen, you will be informed of this.

What are the possible benefits/advantages of taking part?

Your views are very important and by giving your thoughts and opinions, this can help influence how early help services are delivered, in order to improve Nottinghamshire's Early Help services. Your views could help improve the lives of other children, young people and families in the future. I hope that you will find the interview interesting and will take satisfaction from helping to develop a greater understanding of effective early help practice. I hope that you will find the research process interesting also.

What will happen to the information I provide in the interview?

The recording of the interview will be transcribed, anonymised and analysed. This information will then be developed into the findings and conclusions of the research. All transcripts will be kept on a private laptop and on password protected data storage space. At the end of the study and after my graduation from Nottingham Trent University, anonymous data will be kept securely on an encrypted/password protected storage space for 10 years (The Nottingham Trent University DataArchive). My project supervisors will have full access to any research data that is collected.

What will happen after the interview?

When the interview has finished you will be able to ask any questions you may have about the interview or research in general. I will also provide you with a debrief form which includes information of help and support available to you after the interview.

I will write up the results of the research as part of my PhD thesis. Due to the nature of the research, extracts from the interview will be used in the final report. A thesis will be written about what is said in the interview but care will be taken to make sure that clues relating to your identity are removed. Only myself (the interviewer) and my supervisors will have access to recordings. All recordings will be destroyed after publication of the research. However, anonymised transcripts will be kept on the Nottingham Trent University Data Archive, which is a secure storage space for 10 years. Researchers will be able to request a copy of any anonymous

data for research purposes after the thesis is published. The results of the study can be made available to you as a report, upon request, when the research is completed. Regular reports and a final report will also be produced for the Local Authority (Nottinghamshire County Council).

You still have the right to withdraw your data and the information you provided in your interview up until _____. You will not be asked to provide any reasons for doing so.

Who is responsible for the study?

I (Stephanie Barfield), a PhD student from Nottingham Trent University will be responsible for the research. The research is being supervised by Professor Di Bailey (See contact details below).

Has the study been reviewed by anyone?

The research has been subject to ethical approval by the University's School of Social Sciences Research Ethics Committee. It has been designed with reference to the British Association of Social Worker's code of ethics.

Who should I contact if I have any questions?

If you have any questions or would like some additional information about the study, please do not hesitate to contact me, Stephanie Barfield at: steph.barfield2012@my.ntu.ac.uk or Stephanie.barfield@nottscc.gov.uk.

Alternatively, you can also contact my research supervisor Professor Di Bailey (email: di.bailey@ntu.ac.uk, telephone: 0115 8486079, address: School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ).

Thank you for taking the time to read this information sheet and for your interest in this research.

Unique Identifier:_____

Appendix 7: Interviews: Parent/carer consent form (adult interview)

Has the early help agenda for parenting ability based targeted early help, helped?

I understand the purpose and details of this study, which have been explained fully to me. I am aware that the purpose of the study is examine whether and to what extent Nottinghamshire's early help services are contributing towards better outcomes for children, young people and families. I am also aware that all procedures have been approved by Nottingham Trent University's Social Sciences College Research Ethics Committee. YES ☐ NO ☐

I have read and understood both the information sheet and this consent form and I have a copy of both documents (or, I have been read aloud and understood both of the information sheet and consent form). YES ☐ NO ☐

I am aware that I do not have to participate if I do not want to. YES ☐ NO ☐

I have been provided the opportunity to ask questions about my participation in this study. YES ☐ NO ☐

I understand that I have the right to withdraw from this study within four weeks of the interview for any reason, by [date]. I am aware that I will not have to provide any reason for withdrawing. YES ☐ NO ☐

I understand that I do not have to answer any questions that I do not want to and I can stop the interview at any point. YES ☐ NO ☐

I agree for the interview to be audio recorded and I have also been told that all recordings will be stored securely. YES ☐ NO ☐

I understand that all of the information that I provide throughout the interview will be kept anonymous (names and any other identifying information will be removed, but transcripts will be used in reports). I am aware that certain circumstances, anonymity and confidentiality may have to be broken for example if you are concerned that your child or others are at risk. YES ☐ NO ☐

I am aware that my anonymised data will be kept securely on the Nottingham Trent University Data Archive for a minimum of 10 years. YES ☐ NO ☐

I understand that the recruitment of participants for this study will be consistent with the GDPR.	YES ☐	NO ☐
I am aware that my £10 love2shop voucher will be sent to be in the post as soon as possible, after the interview has taken place.	YES ☐	NO ☐
I am aware that if I withdraw my data after the interview, I can keep the thank-you voucher.	YES ☐	NO ☐
I agree to participate in this study.	YES ☐	NO ☐

Your name: _____

Your signature: _____

Investigators signature: _____

Date: _____

Stephanie Barfield (PhD Student)
Steph.barfield2012@my.ntu.ac.uk
or
Stephanie.barfield@nottscc.gov.uk

Project Supervisor: Di Bailey.
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Appendix 8: Interviews: Child (aged 6 – 18 years old) information sheet/consent form (child interview)

Has the early help agenda for parenting ability based targeted early help, helped?

Hello my name is Stephanie Barfield,

I am here to talk to you today about the help that you received from [*worker name*], from the Family Service/Children Centre. To do this, we will talk to each other about what happened and whether or not [*worker name*] helped you and your family. I will listen very carefully to what you say and with your permission I will record what you say, so I can remember what you said. I will keep this very safe and secure. I will not tell anybody what you say unless I think that you are not happy or safe.

You do not have to take part if you do not want to. There are no right or wrong answers to the questions that I am going to ask you. It is okay if you do not know the answer to the questions. If I ask you a question that you do not want to answer, that is okay. Just ask me to move on to the next question. You can also ask me stop this talk at any time.

I will remove your personal information from what you have told me and use this in reports for my research. No one will be able to tell that it is you. I will not keep any of your personal information, but I will safely keep the private version of what you have told me for 10 years.

1. I understand the purpose of the study and my part in it. YES NO
2. Everything has been explained to me in full. YES NO
3. I understand you will only tell somebody what I say if you feel that I am not happy or safe. YES NO
4. I have been able to ask questions about taking part in this study. YES NO
5. I agree for our talk to be audio recorded. YES NO
6. I understand that you will keep what I say safe and secure. YES NO
7. I would like to take part in this study. YES NO

Child's Name: _____

Child's Signature: _____

Investigators Signature: _____

Date: _____

Appendix 9: Interviews: Parent/carer information sheet (child interview)

Has the early help agenda for parenting ability based targeted early help, helped?

What is this about?

Your child is being invited to take part in a face-to-face interview which will last approximately 30 – 60 minutes. The interview will involve asking your child about their experiences and views on Nottinghamshire's early help, particularly about how much it has helped or not. Interviews will be conducted in a place that is convenient for you. I will contact you to arrange a date and time that is convenient for you. With your consent and your child's consent, the interview will be audio recorded so the data your child provides is accurately documented. The recording will then be anonymised and transcribed.

What is the purpose of the study?

The purpose of the study is to examine whether and to what extent Nottinghamshire's early help services are helping children, young people and families. You are being invited to take part in a semi-structured interview as you have received/ are receiving early help support from Nottinghamshire County Council. The research has been designed to explore and examine the effectiveness of Nottinghamshire's early help to better support children, young people and families.

Why has my child been chosen to take part?

Your child has been invited to take part in an interview as you have either previously received or are currently receiving early help support in Nottinghamshire. I would like to hear from your child about their experiences of early help in Nottinghamshire and their views on how the service could be improved in the future.

Will anything happen before the interview?

Before the interview your child will be asked to think of a random name (one that is not theirs) and a random number which will be combined to produce their unique identifier. This unique identifier will be attached to any personal information that is provided in the research and will be needed if you wish to withdraw your child's data at a later date. Your child's unique identifier can be found at the bottom of this information sheet.

If you are willing for your child to take part, I ask that you read and fully understand the information on this sheet and sign and complete a separate informed consent form. I will also gain written consent from your child. If you decide for your child not to take part in the research,

you will not be asked to give any explanation. Also, if you change your mind, you can withdraw your child's data after the interview (See contact details below).

What are my child's rights?

Deciding to allow your child to participate in this study will NOT impact/influence the services and support your family currently receive from Nottinghamshire County Council. You will receive the same support and services whether you decide to participate in this study or not.

Your child's participation should be completely voluntary and your child does not have to answer any questions that they do not want to. You and/or your child can stop the interview at any point. Additionally, if your child feels uncomfortable whilst in the interview they may refuse to answer, or give no comment to any of the questions and I will continue on to the following question. You can chose to be present during the interview, if you or your child would like you to be.

You will have the right to withdraw your child's information and data from the study up to 4 weeks after the interview takes place. You can withdraw your data up until [DATE]. You will not be asked to explain your reasons for withdrawing. If you would like to withdraw your child's data you will need to contact either myself or my project supervisor and reveal your unique identifier, however this will reveal who you are. If you would like to withdraw your child's data without me knowing who you are, you should send an anonymous letter to my supervisor (See contact details below) with your child's unique identifier asking for your child's data and information to be withdrawn from this study.

How will the research team deal with confidentiality and protect my anonymity?

Any information your child tells me during the interview will be fully anonymised and any identifying information from the transcripts will be removed. Your child's name and their personal data will not be connected to what your child tells me. Information that would make it possible to identify your child or family will not be used in reports. Only myself and my research supervisors will have access to these documents and recordings of interviews. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with British Association of Social Worker's code of ethics. Participants will be recruited and data will also be collected, kept and stored in accordance with the GDPR.

You or your child will not be named or identified in any publication from this research. The location of the research will also be anonymised. I will exercise all possible care so that you and your family cannot be identified in the write-up of findings. However, due to the method of data

analysis, direct quotes are likely to be taken from the interviews and used in my project report. Whilst these quotes will be anonymised, I cannot guarantee complete confidentiality.

What are the possible risks/disadvantages of taking part?

The main cost to you will be the time taken with the interview. The risks to your child are minimal and mainly related to them. This may include providing information that they may not feel comfortable with. However, as outlined above, any information they do provide will be kept anonymous and secure. In addition, your child can choose not to answer any of the questions and you can withdraw your child's data at any time until four weeks after the interview takes place.

If I am concerned that your child or others are at risk (beyond what is already known to the Local Authority), then I will have a duty to inform the necessary authorities and to follow Nottinghamshire County Council's Safeguarding procedures. If this does happen, you will be informed of this.

What are the possible benefits/advantages of taking part?

Your child's views are very important and by giving their thoughts and opinions, this can help influence how early help services are delivered, in order to improve Nottinghamshire's Early Help services. Your child's views could help improve the lives of other children, young people and families in the future. I hope that you and your child will find the interview interesting and will take satisfaction from helping to develop a greater understanding of effective early help practice. I hope that you and your child will find the research process interesting also.

What will happen to the information my child provides in the interview?

The recording of the interview will be transcribed, anonymised and analysed. This information will then be developed into the findings and conclusions of the research. All transcripts will be kept on a private laptop and on password protected data storage space. At the end of the study and after my graduation from Nottingham Trent University, anonymous data will be kept securely on an encrypted/password protected storage space for 10 years (The Nottingham Trent University DataArchive). My project supervisors will have full access to any research data that is collected.

What will happen after the interview?

When the interview has finished you and your child will be able to ask any questions you may have about the interview or research in general. I will also provide you and your child with a debrief form which includes information of help and support available to you and your child after the interview.

I will write up the results of the research as part of my PhD thesis. Due to the nature of the research, extracts from the interview will be used in the final report. A thesis will be written about what is said in the interview but care will be taken to make sure that clues relating to your child's identity are removed. Only myself (the interviewer) and my supervisors will have access to recordings. All recordings will be destroyed after publication of the research. However, anonymised transcripts will be kept on the Nottingham Trent University Data Archive, which is a secure storage space for 10 years. Researchers will be able to request a copy of any anonymous data for research purposes after the thesis is published. The results of the study can be made available to you as a report, upon request, when the research is completed. Regular reports and a final report will also be produced for the Local Authority (Nottinghamshire County Council).

You still have the right to withdraw your child's data and the information they provided in their interview up until [DATE]. You will not be asked to provide any reasons for doing so.

Who is responsible for the study?

I (Stephanie Barfield), a PhD student from Nottingham Trent University will be responsible for the research. The research is being supervised by Professor Di Bailey (See contact details below).

Has the study been reviewed by anyone?

The research has been subject to ethical approval by the University's School of Social Sciences Research Ethics Committee. It has been designed with reference to the British Association of Social Worker's code of ethics.

Who should I contact if I have any questions?

If you have any questions or would like some additional information about the study, please do not hesitate to contact me, Stephanie Barfield at: steph.barfield2012@my.ntu.ac.uk or Stephanie.barfield@nottscc.gov.uk.

Alternatively, you can also contact my research supervisor Professor Di Bailey (email: di.bailey@ntu.ac.uk, telephone: 0115 8486079, address: School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ).

Thank you for taking the time to read this information sheet and for your interest in this research.

Unique Identifier:_____

Appendix 10: Interviews: Parent/carer consent form (child interview)

Has the early help agenda for parenting ability based targeted early help, helped?

I understand the purpose and details of this study, which have been explained fully to me. I am aware that the purpose of the study is examine whether and to what extent Nottinghamshire's early help services are contributing towards better outcomes for children, young people and families. I am also aware that all procedures have been approved by Nottingham Trent University's Social Sciences College Research Ethics Committee.

YES ☐ NO ☐

I have read and understood both the information sheet and this consent form and I have a copy of both documents.

YES ☐ NO ☐

I am aware that my child does not have to participate if they do not want to.

YES ☐ NO ☐

I have been provided the opportunity to ask questions about my child's participation in this study.

YES ☐ NO ☐

I understand that I/my child have the right to withdraw from this study within four weeks of the interview for any reason, by [date]. I am aware that I will not have to provide any reason for withdrawing.

YES ☐ NO ☐

I understand that my child does not have to answer any questions that they do not want to and my child can stop the interview at any point.

YES ☐ NO ☐

I agree for the interview with my child to be audio recorded and I have also been told that all recordings will be stored securely.

YES ☐ NO ☐

I understand that all of the information that my child provides throughout the interview will be kept anonymous (names and any other identifying information will be removed, but transcripts will be used in reports). I am aware that certain circumstances, anonymity and confidentiality may have to be broken for example if you are concerned that your child or others are at risk.

YES ☐ NO ☐

I am aware that my anonymised data will be kept securely on the Nottingham Trent University Data Archive for a minimum of 10 years

I understand that the recruitment of participants for this study will be consistent with the GDPR.	YES ☐	NO ☐
I have received the £10 love2shop thank-you voucher on behalf of my child.	YES ☐	NO ☐
I am aware that if my child does not participate in an interview I will not be allowed to keep the thank-you voucher. I am also aware that if I/my child withdraws their data after the interview, I/my child will be allowed to keep the thank-you voucher.	YES ☐	NO ☐
I agree for my child to participate in this study.	YES ☐	NO ☐

Your name: _____

Your child's name: _____

Your signature: _____

Investigators signature: _____

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or
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Nottingham Trent University, 50

Shakespeare Street, Nottingham, NG1 4FQ

Date:

_____

Appendix 11: Interviews: Adult debrief (adult interview)

Has the early help agenda for parenting ability based targeted early help, helped?

Thank-you for participating in this study. The aim of the research was to examine whether and to what extent Nottinghamshire's early help systems of support are contributing towards positive outcomes for children, young people and families and to develop an understanding of what/how these positive outcomes look like from within Nottinghamshire's early help. The research was interested whether and how Nottinghamshire's Early Help services helped you and your family, in order to improve early help services in Nottinghamshire for families in the future.

Any information you disclosed within the interview that identifies you will be fully anonymised and any information from the transcripts will be removed. Your name and personal data will not be connected to your responses. Information that would make it possible to identify you will not be included in the report. Only myself and my research supervisors will have access to these documents and recordings of focus interviews. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with the British Association of Social Worker's code of ethics.

If you would like to withdraw your data, you have up-to four weeks from this date to withdraw your data. You can withdraw your data up to [date]. You do not have to provide any reason for doing so. If you would like to withdraw your data, contact me or my supervisor with your unique identifier asking for your data to be removed from this study.

If you would like to withdraw your data without me knowing who you are, you are advised to send a letter to my supervisor (See contact details below) with the unique identifier which was given to you before the interview, asking for your data and information not to be used in the study.

If you would like somebody to talk to about the issues discussed in this interview, please contact: the NSPCC 24 hour helpline for adults on 0808 800 5000. Alternatively, you can also contact your Family Service or Children Centre worker. If you or no longer receiving support contact the Early Help Unit on 0115 8041248 if you feel that you require any additional support.

If you have any questions or would like any more information about the study please do not hesitate the contact me. Likewise, you can request a copy of the PhD thesis and any other reports that arise from this research, to do this please contact me via the methods below.

Thank-you again for your participation in this study, your time and effort is greatly appreciated.

Contact details:

Researcher:

Stephanie Barfield (PhD Student)

Steph.barfield2012@my.ntu.ac.uk or

Stephanie.barfield@nottscc.gov.uk

Project Supervisor:

Di Bailey

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NG1 4FQ

0115 8486079

Appendix 12: Interviews: Adult debrief (child interview)

Has the early help agenda for parenting ability based targeted early help, helped?

Thank-you for participating in this study. The aim of the research was to examine whether and to what extent Nottinghamshire's early help systems of support are contributing towards positive outcomes for children, young people and families and to develop an understanding of what/how these positive outcomes look like from within Nottinghamshire's early help. The research was interested whether and how Nottinghamshire's Early Help services helped your child and your family, in order to improve early help services in Nottinghamshire for families in the future.

Any information your child disclosed within the interview that identifies them and/or your family will be fully anonymised and any information from the transcripts will be removed. Your child's name and personal data will not be connected to their responses. Information that would make it possible to identify your child or your family will not be included in the report. Only myself and my research supervisors will have access to these documents and recordings of focus interviews. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with the British Association of Social Worker's code of ethics.

If you would like to withdraw your child's data, you have up-to four weeks from this date to withdraw your child's data. You can withdraw your child's data up to [date]. You do not have to provide any reason for doing so. If you would like to withdraw your data, contact me or my supervisor with your unique identifier asking for your child's data to be removed from this study.

If you would like to withdraw your child's data without me knowing who you are, you are advised to send a letter to my supervisor (See contact details below) with the "name" your child used during the interview, asking for your child's data and information not to be used in the study.

If you would like somebody to talk to about the issues discussed in this interview, please contact: the NSPCC 24 hour helpline for adults on 0808 800 5000. Alternatively, you can also contact your Family Service or Children Centre worker. If you or no longer receiving support contact the Early Help Unit on 0115 8041248 if you feel that you require any additional support.

If you have any questions or would like any more information about the study please do not hesitate the contact me. Likewise, you can request a copy of the PhD thesis and any other reports that arise from this research, to do this please contact me via the methods below.

Contact details:

Researcher:

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Steph.barfield2012@my.ntu.ac.uk or

Stephanie.barfield@nottscc.gov.uk

Project Supervisor:

Di Bailey

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0115 8486079

Thank-you again for your child's participation in this study, your time and effort is greatly appreciated.

Appendix 13: Interviews: Child debrief (child interview)

Has the early help agenda for parenting ability based targeted early help, helped?

Thank you for participating in this research.

The aim was to examine whether and how Nottinghamshire's Family Service/Children's Centres has helped you and your family. Your views and opinions are important to better help other families in the future.

I will not tell anybody what you have said and I will keep your information secure. I will use what you have said in reports but no one will be able to tell that it is you. If you decide after our talk that you do not want me to use what you have told me, you can ask your parent carer to withdraw your data from your study.

If you would like somebody to talk to about how you feel, you can call ChildLine for free at any time on 0800 1111 or you can contact ChildLine online.

You can also tell somebody at school if you feel you need some extra support.

Thank you again for participating in this study!

Appendix 14: Focus groups: Information sheet (Early help professionals/stakeholders)

Has the early help agenda for parenting ability based targeted early help, helped?

What is the purpose of the study?

You are being invited to take part in a focus group regarding Nottinghamshire's Early Help systems of support. The purpose of the study is to examine whether and to what extent Nottinghamshire's early help services are contributing towards better outcomes for children, young people and families and what these positive outcomes look like from within the systems of support. I will be conducting focus groups with a range of professionals/ stakeholders who are involved in early help service delivery across Nottinghamshire. The research has been designed to discuss a number of issues/topics in relation to these research aims. Overall, the research hopes to influence service delivery and map out a system of support for achieving positive outcomes for children, young people and families.

Why have I been chosen to take part?

You have been identified to take part in a focus group as I believe that your role and experiences within early help, can provide me with a wealth of knowledge which will be invaluable for this research. I believe that it is important to understand early help from a number of different professional perspectives and to gain a better understanding of what outcomes look like from the perspectives of different stakeholders, to ensure that children, young people and families are receiving effective early help within Nottinghamshire.

What will happen?

You are being invited to take part in a face-to-face focus group. The focus group will involve asking you about your role and experiences in Nottinghamshire's early help. I ask that you give both your personal and professional opinions during the focus group. The focus group will take no longer than 1 hour. Focus groups will be conducted in Nottinghamshire County Council buildings/offices. I will contact you by email to arrange a time/date for the focus group to take place. With your consent the focus group will be audio recorded. Recordings and transcripts will be kept securely.

Before the focus group you will be asked to think of a random name (one that is not yours) and a random number which will be combined to produce your unique identifier. This unique identifier will be attached to any data/information that is provided in the research and will be required if you wish to withdraw your data at a later date. Your unique identifier can be found at the bottom of this information sheet.

What are my rights?

Your participation in this study should be entirely voluntary and you have the right to refuse to answer any questions that you do not want to. You do not have to answer any questions that you do not want to. You can also leave the focus group at any time - you will not have to give me a reason for doing so.

If you decide that you no longer want your data or information provided during the focus group, you have the right to withdraw your data and the specific contributions you made to the focus group. You will have the right to withdraw your information and data from the study up to 4 weeks after the focus group takes place, by no later than [DATE]. You will not be asked to explain your reasons for withdrawing. If you would like to withdraw your data you will need to contact either myself or my project supervisor and reveal your unique identifier, this will however compromise your anonymity.

If you would like to withdraw your data, without me knowing who you are, you are advised to send an anonymous letter to my supervisor (See contact details below) with your unique identifier, requesting that your data and specific contribution to the focus group is withdrawn from any reports thereafter.

How will the research team deal with confidentiality and protect my anonymity?

Any information you disclose within the focus group will be fully anonymised and any identifying information from the transcripts will be removed. Your name and your personal data will not be connected to your responses. Information that would make it possible to identify you will not be included in the report. Only myself and my research supervisors will have access to these documents and recordings of focus groups. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with the British Association of Social Worker's code of ethics. Participants will also be recruited and data will also be collected, kept and stored in accordance with the GDPR.

You will not be named or otherwise identified in any publication arising from this research. I will exercise all possible care to ensure that you cannot be identified in the write-up of findings. However, due to the method of data analysis, direct quotes are likely to be taken from the focus group and used in any reports and the final PhD thesis. Whilst these quotes will be anonymised, I cannot guarantee complete confidentiality. Similarly, full participant anonymity cannot be assured as face-to-face focus groups are being conducted.

After the focus group, I ask that you do not discuss who was present at the focus group or what was discussed at the focus group with anybody else. This is to ensure that the confidentiality of all participants is maintained. However, while I ask this of all focus group participants this does not guarantee complete confidentiality.

What are the possible risks/disadvantages of taking part?

The main cost to you will be the time taken with the focus group. The risks to you may include providing information that you may not feel comfortable with. However, as outlined above, any information you do provide will be kept anonymous and secure. In addition, you can choose not to answer any of the questions and you can withdraw from the focus group at any point, without providing a reason for doing so.

What are the possible benefits/advantages?

I hope that you will find the focus group interesting and will take satisfaction from helping to develop a greater understanding of effective early help practice. I also hope that you will find the research process interesting and helpful to your work. Findings from this research hopes to inform early help service delivery in Nottinghamshire by conceptualising systems of support for children, young people and families, to help better achieve positive outcomes.

What will happen to the information I provide in the focus group?

The recording of the focus group will be transcribed and analysed. This information will then be incorporated into the findings and conclusions of the research. All transcripts will be kept on a private laptop and on password protected data storage space. At the end of the study and after my graduation from Nottingham Trent University, anonymous data will be kept securely on an encrypted/password protected storage space for 10 years.

What will happen after the focus group?

I will provide you with a debrief form at the end of the focus group and you will be given the opportunity to ask any questions you may have about the focus group or research in general. I will then write up the results of the research as part of my PhD thesis. Reports will also be periodically provided to the Local Authority. Due to the nature of the research, extracts from the focus group will be used in the final report. A thesis will be written about what is said in the focus group but care will be taken to ensure that clues relating to your identity are removed. Only myself (the interviewer) and my supervisors will have access to recordings. All recordings will be destroyed after publication of the research. However, research data will be kept in an anonymised form in the case of possible publication. Anonymised transcripts will be kept on the Nottingham Trent University Data Archive, which is a secure storage space for 10 years. Researchers will be able to

request a copy of any anonymous data for research purposes after the thesis is published. The results of the study can be made available to you as a report, upon request, when the research is completed. A final report will also be produced for Nottinghamshire County Council.

You can withdraw your data within four weeks of the focus group taking place. If you decide to withdraw your data, your specific contribution from the focus group will be removed from the transcripts. You will not be asked to provide any reasons for doing so. However, the information you provide might be used in initial reports.

Who is responsible for the study?

I (Stephanie Barfield), a PhD student from Nottingham Trent University will be responsible for the research. The research is being supervised by Professor Di Bailey (See contact details below).

Has the study been reviewed by anyone?

The research has been subject to ethical approval by the University's School of Social Sciences Research Ethics Committee. It has been designed with reference to the British Association of Social Worker's code of ethics.

Who should I contact if I have any questions?

If you have any questions or would like some additional information about the study, please do not hesitate to contact me, Stephanie Barfield at: steph.barfield2012@my.ntu.ac.uk or Stephanie.barfield@nottscc.gov.uk.

Alternatively, you can also contact my research supervisor Professor Di Bailey (email: di.bailey@ntu.ac.uk, telephone: 0115 8486079, address: School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ).

Thank you for taking the time to read this information sheet and for your interest in this research.

Unique Identifier:_____

Appendix 15: Focus groups: Consent form (Early help professionals/stakeholders)

Has the early help agenda for parenting ability based targeted early help, helped?

I understand the purpose and details of this study, which have been explained fully to me. I am aware that the purpose of the study is to examine whether and to what extent Nottinghamshire's early help services are contributing towards better outcomes for children, young people and families and what these positive outcomes look like from within the systems of support. I am also aware that all procedures have been approved by Nottingham Trent University's Social Sciences College Research Ethics Committee.	YES ☐	NO ☐
I have read and understood both the information sheet and this consent form and I have a copy of both documents.	YES ☐	NO ☐
I am aware that I do not have to participate if I do not want to.	YES ☐	NO ☐
I have been provided the opportunity to ask questions about the participation in this study.	YES ☐	NO ☐
I understand that I have the right to withdraw from this study within four weeks of the focus group [date] for any reason. I am aware that I will not have to provide any reason for withdrawing.	YES ☐	NO ☐
I agree not to disclose details of the focus group (including people present and topics discussed) with anybody after the focus group takes place. I am aware that this does not completely guarantee confidentiality	YES ☐	NO ☐
I understand that I do not have to answer any questions that I do not want to and I can withdraw from the focus group at any point.	YES ☐	NO ☐
I agree for the focus group to be audio recorded and I have also been told that all recordings and transcripts will be stored securely.	YES ☐	NO ☐
	YES ☐	NO ☐

I understand that all of the information that I provide during the focus group will remain anonymous (names and any other identifying information will be removed), but transcripts will be used in any reports.	YES ☐	NO ☐
I am aware that my anonymised data will be kept securely on the Nottingham Trent University Data Archive for a minimum of 10 years.	YES ☐	NO ☐
I understand that the recruitment of participants for this study will be consistent with the GDPR.	YES ☐	NO ☐
I agree to participate in this study.	YES ☐	NO ☐

Your name: _____

Your signature: _____

Investigators signature: _____

Date: _____

Stephanie Barfield (PhD Student)
Steph.barfield2012@my.ntu.ac.uk
or
Stephanie.barfield@nottscc.gov.uk

Project Supervisor: Di Bailey.
di.bailey@ntu.ac.uk
0115 8486079;
School of Social Sciences,
Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ

Appendix 16: Focus groups: Debrief form (Early help professionals/stakeholders)

Has the early help agenda for parenting ability based targeted early help, helped?

Thank- you for participating in the study. The aim of the research is to examine whether and to what extent Nottinghamshire's early help systems of support are contributing towards positive outcomes for children, young people and families. The second aim of this study is to develop an understanding of what/how these positive outcomes look like from within the different early help system(s) of support. Overall the study aims to influence an evidence informed approach to service delivery, to better improve early help services in Nottinghamshire for children, young people and their families.

Any information you disclosed that identifies you within the focus group will be fully anonymised and any information from the transcripts will be removed. Your name and your personal data will not be connected to your responses. Information that would make it possible to identify you will not be included in the report. Only myself and my research supervisors will have access to these documents and recordings of focus groups. Electronic copies will be stored on a private computer in encrypted/password protected files at all time, in line with the British Association of Social Worker's code of ethics.

I ask that you uphold the confidentiality of other participants present and what was said during the focus group. However you are also reminded that while I ask this of all focus group participants, this does not guarantee complete confidentiality of what you said during the focus group.

If you would like to withdraw your data, you have up-to four weeks from the date of the focus group to withdraw your data. You can withdraw your data up to [date]. You do not have to provide any reason for doing so. If you would like to withdraw your data, please contact either myself or my research supervisor (see below), with your unique identifier asking for your specific contribution to be removed from the focus group transcript.

If you would like to withdraw your data without me knowing who you are, you are advised to send a letter to my supervisor (See contact details below) with your unique identifier (found at the bottom of your information sheet), requesting that your data and specific contribution to the focus group is withdrawn from any reports thereafter.

If you would like any additional support with any of the issues discussed in the focus group, please contact your line manager or the Family Service Duty Manager on 0115 993 9302 between hours of 7.30am and 7.30pm Monday to Saturday.

If you have any questions or would like any more information about the study please do not hesitate the contact me. Likewise, you can request a copy of the PhD thesis and/or any other reports that arise from this research, if you would like to do this please contact me via the methods below.

Thank-you again for participating in this study, your time and effort is greatly appreciated.

Contact information:

Stephanie Barfield (PhD Student)

Steph.barfield2012@my.ntu.ac.uk or

Stephanie.barfield@nottscc.gov.uk

Project Supervisor:

Di Bailey

di.bailey@ntu.ac.uk : 0115 8486079

School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham

NG1 4FQ.

Appendix 17: Shadowing: Information sheet (Early help professionals/further stakeholders)

Has the early help agenda for parenting ability based targeted early help, helped?

Hello, my name is Stephanie Barfield, I am a PhD student at Nottingham Trent University. I am carrying out an independent piece of research across Nottinghamshire's early help.
My research aims to explore whether and to what extent Nottinghamshire's early help systems of support are contributing towards better outcomes for children, young people and families. The research also seeks to explore what these positive outcomes look like from different perspectives from within these systems. Overall, the research hopes to develop an evidence informed approach to early help service delivery.

What will happen?

I will spend some time within Nottinghamshire's early help systems of support, observing your individual and team activities, behaviours and procedures. I may ask you questions about my shadowing experiences to help me develop a deeper understanding about what and how you do things on a regular basis. I will also make notes about the processes and activities that you regularly undertake in your role. I will use what I learn from spending time in your team to not only help me describe the early help systems of support in Nottinghamshire, but to identify potential participants for focus group participation, and to explore any gaps or potential improvements in the early help systems in Nottinghamshire. It is important to note that my role is to simply shadow, I do not hold any responsibility for the delivery of care or in any decision making.

What are the possible benefits/advantages?

I hope that you will find the shadowing process interesting and will take satisfaction from helping to develop a greater understanding of effective early help practice. I also hope that you will find the research process interesting and helpful to your work. Findings from this research hopes to inform early help service delivery in Nottinghamshire by developing systems of support for children, young people and families, to help better achieve positive outcomes.

What are my rights?

If you do not want me to record your contributions to early help within my field notes please tell me or contact me via the methods below, asking that your specific contributions are not recorded or removed from field notes. You will not have to provide a reason for doing so.

What will happen to the information I provide during shadowing?

The field notes will be transcribed and will then be incorporated into my thesis and/or any other

reports from this research. All field notes will be kept on a private laptop and on password protected data storage space. Only myself and my supervisors will have access to field notes. At the end of the study and after my graduation from Nottingham Trent University, anonymous data will be kept securely on an encrypted/password protected storage space for 10 years.

Who should I contact if I have any questions?

If you have any questions or would like some additional information about the study, please do not hesitate to contact me, Stephanie Barfield at: steph.barfield2012@my.ntu.ac.uk or Stephanie.barfield@nottscc.gov.uk.

Alternatively, you can also contact my research supervisor Professor Di Bailey (email: di.bailey@ntu.ac.uk, telephone: 0115 8486079, address: School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ).

Thank you for taking the time to read this information sheet.

Appendix 18: Additional secondary data analyses findings: Gender

The analyses in this appendix consist of Mann-Whitney U and chi-square tests carried out to establish the relationships between gender and additional variables discussed throughout the quantitative findings presented in Chapter 6. All analyses presented in this chapter revealed no significant differences or associations between the variables were observed.

A18.1 Gender and participant characteristics

A Mann-Whitney U test was performed to determine whether males and females differed in terms of their age; there was no significant differences, $Mdn_{females}$ = 152.50, Mdn_{male} = 154.00, U (N_{female} = 594, N_{male} = 664)= 195690, z = -0.236, *p* >.001.

A Mann-Whitney U test was performed to determine whether males and females differed in terms of the cumulative number of times service users were placed on a child in need plan; there was no significant differences, $Mdn_{females}$ = 0.00, Mdn_{male} = 0.00, U (N_{female} = 594, N_{male} = 664)= 205756, z = 1.801, *p* >.001. There was no significant differences between gender and the number of times they were subject to a Section 47 enquiry, $Mdn_{females}$ = 0.00, Mdn_{male} = 0.00, U (N_{female} = 594, N_{male} = 664)= 206791, z = 2.077, *p* >.001. Nor between gender and the cumulative child protection plan count, $Mdn_{females}$ = 0.00, Mdn_{male} = 0.00, U (N_{female} = 594, N_{male} = 664)= 204258, z = 2.418, *p* >.001.

A Mann-Whitney U test was carried out to establish if males and females differed in terms of the cumulative number of times service users were identified as a missing person; there was no significant differences, $Mdn_{females}$ = 0.00, Mdn_{male} = 0.00, U (N_{female} = 594, N_{male} = 664)= 204258, z = 2.418, *p* >.001. There was also no significant differences between gender and the number of times they have received early help, $Mdn_{females}$ = 1.00, Mdn_{male} = 1.00, U (N_{female} = 594, N_{male} = 664)= 197196, z = -0.002, *p* >.001.

A18.2 Gender and timings

A Mann-Whitney U test was performed to determine if males and females significantly differed in terms of the cumulative working days spent in the service; there was no significant differences, Mdn_{female} = 129.00, Mdn_{male} = 144.00, U (N_{female} = 594, N_{male} = 664)= 182046, z = -2.357, *p* >.001.

A Mann-Whitney U test was carried out to establish if males and females significantly differed in terms of the cumulative number of days the referral(s) into the service remained open; there was

no significant differences, $Mdn_{females}$ = 1.00, Mdn_{male} = 1.00, U (N_{female} = 594, N_{male} = 664)= 198565, z = -0.217, *p* >.001.

A Mann-Whitney U test was conducted to ascertain whether males and females significantly differed in terms of the cumulative number of days between their referral(s) into the service and the start of the Family Service assessment; there was no significant differences, $Mdn_{females}$ = 46.00, Mdn_{male} = 48.00, U (N_{female} = 594, N_{male} = 664)= 192226, z = -0.775, *p* >.001.

A18.3 Gender and contact with Family Service

A Mann-Whitney U test was performed to determine if males and females significantly differed in terms of the number of different times they were seen by a Family Service worker; there was no significant differences, $Mdn_{females}$ = 1.00, Mdn_{male} = 1.00, U (N_{female} = 594, N_{male} = 664)= 194544, z = -0.521, *p* >.001. There was also no significant differences between gender and the number of different workers they were seen by, $Mdn_{females}$ = 2.00, Mdn_{male} = 2.00, U (N_{female} = 594, N_{male} = 664)= 190640, z = -1.094, *p* >.001. Nor between gender and the cumulative number of times they were seen, $Mdn_{females}$ = 7.00, Mdn_{male} = 6.50, U (N_{female} = 594, N_{male} = 664)= 201170, z = 0.617, *p* >.001

A18.4 Gender and interventions

A chi-square test of independence was carried out to establish if there was an association between gender and whether or not service users were referred for an intervention; there was no significant association (χ^2 (1, n=1258) = 0.013, *p* >.001). There was also no significant association between gender and the proportion of interventions received (χ^2 (2, n=1258) = 0.947, *p* >.001, Cramer's V = 0.027).

A Mann-Whitney U test was conducted to determine if males and females significantly differed in terms of the number of referrals for interventions they had; there was no significant differences, $Mdn_{females}$ = 1.00, Mdn_{male} = 1.00, U (N_{female} = 594, N_{male} = 664)= 198358, z = 0.191, *p* >.001. There was also no significant differences between gender and the number of interventions received, $Mdn_{females}$ = 0.00, Mdn_{male} = 0.00, U (N_{female} = 594, N_{male} = 664)= 196075, z = -0.193, *p* >.001.

A18.5 Gender and number of Family Service action plan reviews

A Mann-Whitney U test was carried out to establish whether males and females differed in terms of the cumulative number of Family Service action plan reviews they have received whilst in the Family Service; there was no significant differences, $Mdn_{females} = 0.00$, $Mdn_{male} = 0.00$, U ($N_{female} = 594$, $N_{male} = 664$)= 201441, z = 0.900, *p* >.001.

A18.6 Gender and access into the Family Service

A Mann-Whitney U test was carried out to determine if males and females significantly differed in terms of the number of referrals they have had into the service; there was no significant differences, $Mdn_{females} = 1.00$, $Mdn_{male} = 1.00$, U ($N_{female} = 594$, $N_{male} = 664$)= 195383, z = -0.356, *p* >.001. There was also no significant differences in the number of accepted cases by gender, $Mdn_{females} = 1.00$, $Mdn_{male} = 1.00$, U ($N_{female} = 594$, $N_{male} = 664$)= 195650, z = -0.336, *p* >.001.

A chi-square test of independence was performed to assess the relationship between gender and the first referral source of participants into the service; there was no significant association (χ^2 (1, n=1258) = 0.036, *p* >.001). There was also no significant association between gender and the proportion of accepted cases (χ^2 (2, n=1258) = 2.100, *p* >.001, Cramer's V = 0.041).

A18.7 Gender and success

A chi-square test of independence was performed to determine if there was a significant association between gender and the proportion of closed successful interventions; there was no significant association (χ^2 (1, n=1258) = 0.107, *p* >.001, Phi = -0.011). There was also no significant association between gender and the proportion of successful case closures (χ^2 (1, n=1258) = 1.319, *p* >.001, Phi = -0.034).

Appendix 19

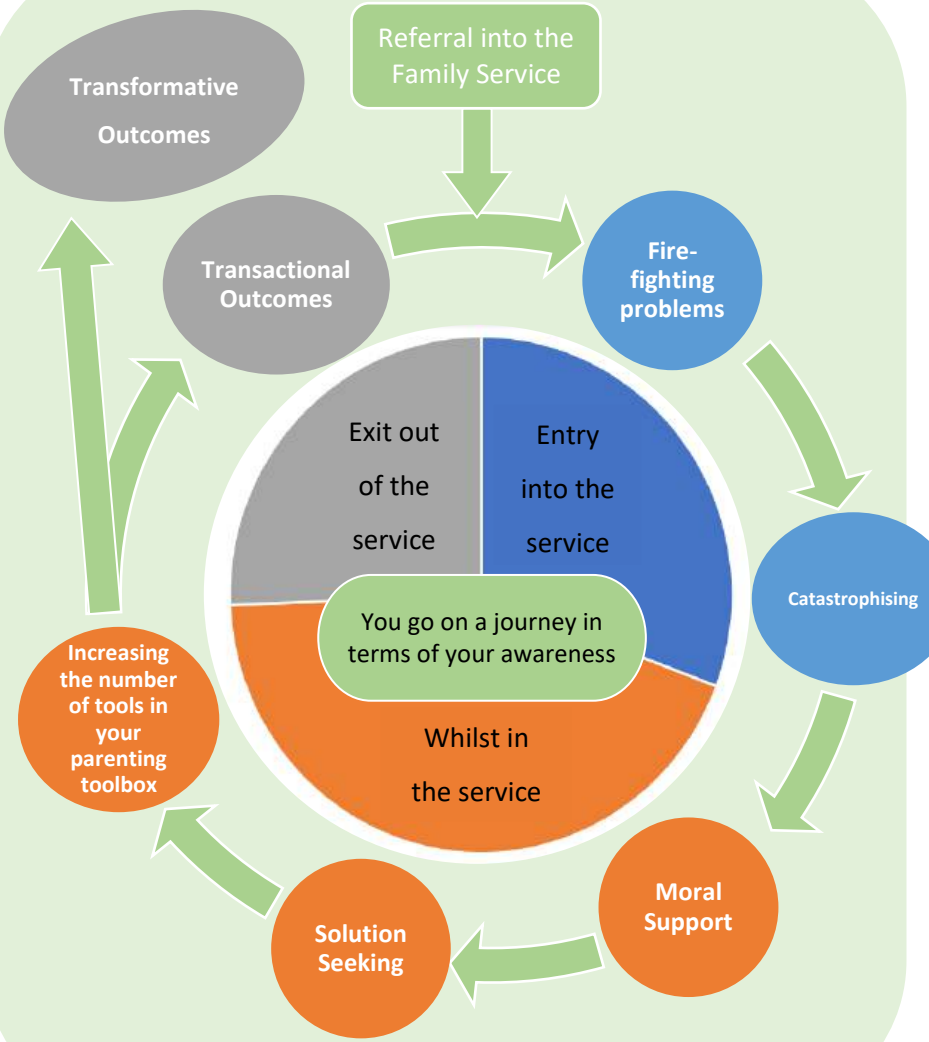
Mixed methods model of the targeted early help journey for parenting ability (for service users)

A journey of parenting awareness experienced by those referred into the Family Service for parenting ability concerns.

Outcomes

Transformative outcomes are ideal long lasting strategies and tools that transfer to different parenting situations and issues

Transactional outcomes are short term strategies or tools that do not transfer to different parenting situations and issues



- Attending parenting programmes more than once
- Open and honest relationships with staff
- Strengths based working to achieve 'good enough' progress
- Personalised plans and plan reviews
- A successful intervention is associated with a successful case
- Improving families support networks

Supports to transformative outcomes

- Stigma
- Having to retell your story
- A lack of early help funding and services
- Waiting lists
- Timescales
- Late help not early help
- Longer term support needed

Barriers to transformative outcomes

Appendix 20

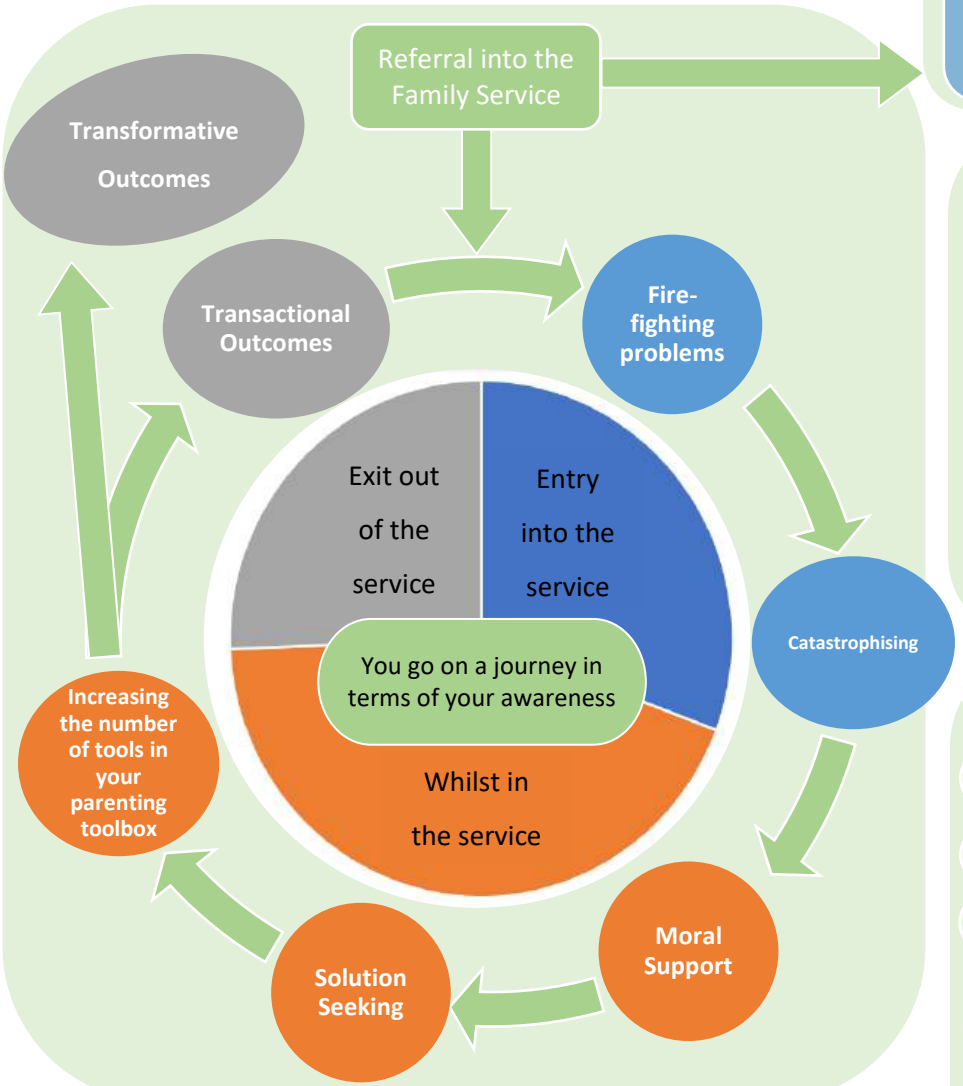
Mixed methods model of the targeted early help journey for parenting ability (for service providers and stakeholders)

Additional things to remember

- Being refused entry into the service once or more is associated with transactional outcomes
- Those with more complex needs are likely to receive more interventions
- Having more complex needs is associated with transactional outcomes
- Transformative outcomes are ideal long lasting strategies/tools that transfer to different parenting situations
- Transactional outcomes are short term stratgies that can not be personalised, adapted or maintained in further parenting situations

Supports and barriers for staff

Personalised plans and plan reviews	An increasing level of service user need
Open and honest relationships with service users	A lack of funding and services
Qualities and approaches of staff	Waiting lists
	Timescales
Strengths based working to achieve 'good enough' progress	A change in professional(s)
Peer supervision from collegues	The emtonal impact/toll of the job



A journey of parenting awareness experienced by service users referred into the Family Service for parenting ability concerns.

Referrals into the Family Service

Accepted referrals are most likely from the microsystem (schools GPs)	Microsystem referrals are more likely to be seen and by more workers	Exosystem referrals are more likely to be successful at closure

Timings of targeted help

- The optimal number of days between the referral and the start of the assessment is 99 days or less
- The optimal cumulative number of times to be is 7 or less
- The optimal number of different workers seen by is 1 - 3
- The optimal time in the service is 111 – 190 cumulative working days

Supports and barriers for service users

Attending parenting programmes more than once	Stigma
Open and honest relationships with staff	Late help not early help
Strengths based approaches	A lack of funding and services
Personalised reviewed plans	Waiting lists
Successful interventions are strongly associated with overalll success	Having to retell your story
Improving families support networks	Longer term support needed