**Leeds Beckett University**
Dr. Emma Geddes

| **Pilot Evaluation Summary** | |
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| Intervention Developer | Leeds City Council |
| Delivery Organisations | Leeds City Council |
| Evaluator | Leeds Beckett University |
| Principal Investigator | Emma Geddes |
| Protocol Author(s) | Emma Geddes |
| Pilot Intervention Recipients | Families who are in receipt of services provided by one Cluster in Leeds |
| Pilot Evaluation Participants | Families receiving support from the Cluster-<br>Surveys to 50 households and semi-structured group interviews with 5-10 families.<br>Practitioners working in the Cluster- 2 focus groups of 6-8 practitioners. |
| Number of Pilot Sites | 1 |
| Protocol Date | November 2021 |
| Version | 1 |

## Summary

This document outlines the pilot evaluation of Leeds City Council's Cluster Collaborative model, which provides early help services to local families in need of support. Leeds is divided into 23 "Clusters", or groups of schools and key partners based in small geographical areas, who have pooled funding to provide holistic early help services to children and families. Clusters are staffed by multi-agency teams of professionals and the model operates under the Council's "Right Conversations, Right People, Right Time" strategy for the delivery of early help in the city (Leeds City Council, 2020). The Cluster Collaborative model was recognised by Ofsted as Outstanding in 2018. The sample for this project is one Cluster, operating in a deprived area of the city.

This pilot evaluation aims to understand evidence of feasibility and promise relating to the Cluster model, exploring the mechanisms for change, contextual factors and potential unintended consequences associated with receipt of services provided by the Cluster. Descriptive analysis of administrative data relating to referral routes and outcomes for families open to the Cluster between January and June 2021 will answer research questions relating to the referral routes, presenting difficulties and outcomes at case closure for families receiving help from the Cluster. Quantitative analysis will be combined with data from surveys, interviews and focus groups with parents, carers and practitioners about their experiences of receiving and delivering Cluster services, providing answers to research questions relating to the perceived effectiveness of Cluster services, whether support from the Cluster is delivered as intended and whether there are any negative consequences associated with receiving Cluster support. The evaluation will run from September 2021 to August 2022.

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## Background and Problem Statement

In recent decades, early intervention has consistently been acknowledged as being important in supporting children and families who experience difficulties which may bring them to the attention of statutory services (Department for Education, 2018; Munro, 2011). The importance of intervening early in the life of a problem was a key driver behind the roll-out of New Labour's influential SureStart initiative (Driver and Martell, 2006; Moss, 2004), which saw the opening of more than 3,000 Children's Centres, delivering a programme of early years education, family support and employment advice to families with children aged 4 and under living in the 20% most disadvantaged communities in England, but open to all (Moss, 2004). Such an emphasis on early intervention was not without controversy, with critics stating that the provision of targeted services within disadvantaged communities signalled the emergence of a "preventive surveillance state" (Frost and Parton, 2009:53). The propensity for family support services to focus on problems with individual parenting without attention being paid to structural factors impacting upon the lives of families living in poverty has long been the subject of concern (Edwards and Gillies, 2016; Featherstone, 2019; Gillies et. al., 2017; Morris et. al., 2018).

Since 2010, cuts to Local Authority funding have seen early intervention services progressively diminished in many parts of England (Kelly et. al., 2018).d. Financial entitlements available to parents via the welfare benefits system have also been progressively curtailed and dramatic reductions have been made to the practical help in place for families (Bamford, 2020; Bywaters et. al., 2020; Cooper and Whyte, 2017; Featherstone et. al., 2018a; Lavalette, 2019). Within this context, it has been identified that child protection investigations increased by 79.4% between 2009/10 and 2014/15 (Bilson and Martin, 2017), with one in five children in England born in 2009-10 being the subject of a referral to Children's Services before their 5th birthday. The numbers of looked-after children have also increased every year since 2010 (Thomas, 2018), with 78,150 children being looked-after in England on 31st March 2019 (Department for Education, 2019), while the number of children receiving support under the auspices of a child in need plan is currently at its lowest level since 2013 (Department for Education, 2021). Increases in child poverty have been argued to be linked to the escalation of demands placed upon Children's Services (Thomas, 2018). Within this context, Local Authority spending has been found to

have increased in relation to statutory functions associated with child protection and looked-after children and reduced in relation to preventive and discretionary services (Bywaters et. al., 2017; Kelly et. al., 2018; Parton, 2014; Webb and Bywaters, 2018). Such a shift raises significant ethical concerns about the quality of preventive help offered to families experiencing complex needs to keep children in their care (Featherstone et. al., 2014a and b).

This research takes place in a local context within which the city of Leeds has become relatively more deprived over time (Leeds City Council, 2020), with 24% of the city's 482 small areas or neighbourhoods known as Lower-layer Super Output Areas (LSOAs) and ranked as among the most deprived 10% nationally in 2019 (Leeds City Council, 2019). Contextual factors such as welfare reform, the disproportionate impact of Covid-19 on disadvantaged families and growing unemployment all impact on parents' capacity to meet their children's needs in this context (Kong and Noone, 2021). Children's Services in Leeds have seen consistently rising demand at a time when funding for public services has been progressively reduced; for example in one Cluster, an average of 2 pupils in each school class have an allocated social worker (Leeds City Council, 2020). Other contextual factors such as growth in the child population and increased diversity also impact upon the challenges faced by local services. There has been a 10.7% growth in the child population in Leeds in the decade to 2016 and the proportion of children from ethnic minorities in Leeds schools doubled from 17% in 2005 to 33% in 2017 (Leeds City Council, 2020). Societal attitudes and the proliferation of "poverty propaganda" in recent decades means that receipt of welfare and intervention from services can be associated with high levels of stigmatisation and shame for families (Shildrick, 2018:1), adding a further layer of complexity to families' experiences of receiving early help services.

Existing work has identified that there exist significant deficits and complexities in the evidence base relating to the impact of early intervention and support on outcomes for children and their families (Early Intervention Foundation, 2018; Edwards et. al., 2021; The Independent Review of Children's Social Care, 2021). Lack of evidence about what constitutes effective early help for families experiencing specific issues, such as domestic violence and parental substance misuse (Early Intervention Foundation, 2018), as well as lack of central or locally based research into effective outcomes in early help has been identified as a concern (Edwards et. al., 2021; The Independent Review of Children's Social Care, 2021). There is also contradictory evidence as to the relationship between the

provision of effective early intervention services and cost savings within Children's Services Departments (Chowdry and Oppenheim, 2015; National Audit Office, 2019; The Independent Review of Children's Social Care, 2021). Language surrounding this area of practice can contribute to confusion, with terms such as "early intervention", "early help" and "family support" being used interchangeably across geographic areas and services (The Independent Review of Children's Social Care, 2021). There is a pressing need for further research into the benefits associated with the provision of effective early help services and factors which have been found to contribute to useful service delivery.

## Intervention

Social work with children in Leeds takes place according to the Leeds Practice Model (Harris et. al., 2020; Leeds City Council, 2020) which has a systemic and collaborative approach to working with families experiencing difficulties. The Leeds Practice Model is made up of three key elements:

Rethink Formulation: Rethink formulation is an approach to assessment which identifies and analyses problems with families. After receiving a referral, families and a practitioner meet to identify the issues, which are organised under six headings (referred to as the 6 P's): Presenting, Predisposing, Protective, Precipitating, Perpetuating and Predictive factors. This is known as "formulation", after which families and practitioners jointly devise a plan together, known as "Next Steps". Formulations can also take place during group or individual supervision and can be used as a tool for assessing referrals, as well as in multi-agency meetings.

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

- Collaboration with families
- Taking a relationship-based approach
- Supporting the utility of the family
- Identifying problems early
- Having one lead worker and one plan
- Adopting a systemic approach which is evidence-based and driven by the formulation

- Transparency
- Focus on strengths
- Recognising engagement in education as a protective factor for children
- Accountable, evaluated and sustainable provision.

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

The council's strategy for early help, "Right people, right conversations, right time" embeds this approach (Leeds City Council, 2020). Early help is understood as a way of working between agencies and not a discrete service provision. The Cluster Collaborative model for the provision of early help to families is situated within this context.

## Cluster Collaborative Model

*The following headings have been adapted from the TIDieR checklist for intervention description and intervention (Hoffman et. al., 2014).*

### Why: Rationale/Theory/Goals:

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

The Cluster which will be the subject of this pilot evaluation is made up of 13 primary schools and one secondary school and is the most deprived Cluster in the city, receiving the highest level of funding due to the complexity of local need. The area in which the Cluster is located has a transient population and accommodation is mainly provided via the private rental

sector. There is a large Roma community in the area and many families speak English as a second language. The Cluster work in collaboration with a well-established network of local support services in providing early help to families in this context.

Clusters aim to support children and young people to achieve positive educational outcomes in line with the early help strategy's focus on the "3 A's": Attendance (attending school/education setting regularly), attainment (reaching academic potential) and achievement (achieving friendships, having a good relationship with at least one trusted adult, participating in extra-curricular activities). The core purpose of Clusters is to identify support for families who are most in need of help and to ensure that they are offered the right intervention at the right time, by the right person as early as possible in the life of a problem.

The goals of the Cluster model are to:

- Help to reduce re-referrals and repeated or unnecessary assessments.
- Help to divert families away from statutory interventions.
- Support the aim of safely reducing the numbers of children needing to become looked-after.

### What (Materials):

Staff are trained in the Leeds Practice Principles. Outcome-focused group and individual supervision and case discussion are a central component of the model.

### What (Procedures):

Practitioners agree goals with each family, which forms their family plan. Progress towards achieving the goals is reviewed intensively (often weekly) by the lead worker, using scaling questions. Each family plan is discussed in group supervision, which is an integral feature of how the teams work (Harris et. al., 2020). There is a focus on relational working, with families who are in receipt of family support having contact with their lead worker outside of weekly meetings.

### Who provides:

The arrangements for staffing, as well as the structure and range of services available differ between Clusters depending on local need. Each Cluster has a small workforce which they

employ, commission or manage, with support from an assigned Targeted Service Leader or Cluster Manager (Leeds City Council, 2021b).

The Cluster which is the subject of this evaluation is staffed by:

- A Cluster Leader
- 2 Targeted Services Workers
- 3 Child and Family Practitioners (Family support roles)
- 4 Children and Young People's therapists
- An adult counsellor
- 2 Attendance Officers

Clusters' core teams are principally funded by schools working collaboratively, with further investment from health services and the Local Authority.

### Who receives (Target population):

Support is offered to families experiencing difficulties at the level of early help who are living within the community in which the Cluster is based. Referrals are typically made by a child's school, from Children's Services or from local GPs/health professionals via the city's Single Point of Access (SPA). Families can also refer themselves for support. Cluster services are only available to families where the child attends a school which is part of the local Cluster partnership. Some schools are not part of Cluster partnerships- these schools have responsibility to deliver their own early help, mostly done via in-house pastoral teams/specialist staff. Typical issues experienced by families accessing help from the Cluster include child and parental mental health difficulties, poor housing conditions and overcrowding, parental conflict, parenting difficulties, domestic abuse and substance misuse.

### How (Model of delivery):

Decisions relating to case allocation are made within weekly screening meetings and monthly "Guidance and Support" panels, depending on the difficulties being experienced within the family. Some families may receive therapeutic intervention from a counsellor only, while other families may receive therapy at the same time as family support and intervention intended to address issues with school attendance. Families in need of specialist support can also be referred to one of the city's 6 Restorative Early Support (RES) Teams for intensive support, or to one of 3 Early Help Hubs for short-term intervention (for example,

around domestic violence), before the case is returned to the Cluster for ongoing support. This Cluster can refer families to either the local RES Team or the Early Help Hub.

### Where:

Services are provided to families living in the local community within the community, typically in families' own homes or within local community-based settings.

### When and how much:

The typical length of intervention varies depending on the difficulties the family is experiencing. Families receive family support from the Cluster for a maximum of 6 months and are seen once per week during this time, with contact with their lead worker in between meetings. Families receiving support from an Attendance Officer receive intensive and more time-limited support and may be seen daily. Adults having counselling within the Cluster are offered 1-2 assessment sessions followed by up to 18 hour-long counselling sessions. Children receiving therapy are offered 3 assessment sessions followed by up to 12 50-minute-long therapy sessions.

## Theory of change

Intervention from the Cluster is delivered as outlined above. Families receive timely help at their point of need and are allocated one lead worker. Families set a maximum of 3 goals and help is delivered in accordance with the Leeds practice principles, which emphasise relationship as the vehicle for change in a context of high support and high challenge, with families being asked to score their progress towards their goals during each interaction with the lead worker. Help is delivered according to a relationship-focused and strengths-based model, which is intended to result in increased parental self-efficacy and confidence. Families requiring specialised support can be referred for short-term work to a local RES Hub, with the case being transferred back to the Cluster on completion of the work. This model is intended to reduce the need for repetitive/unnecessary social care assessment, minimising the number of workers involved with the family. The Cluster model is intended to lead to improved links between schools, Children's Services and local communities and to divert families away from statutory interventions where appropriate, resulting in increased parental self-efficacy, family stability and long-term cost benefits to services.

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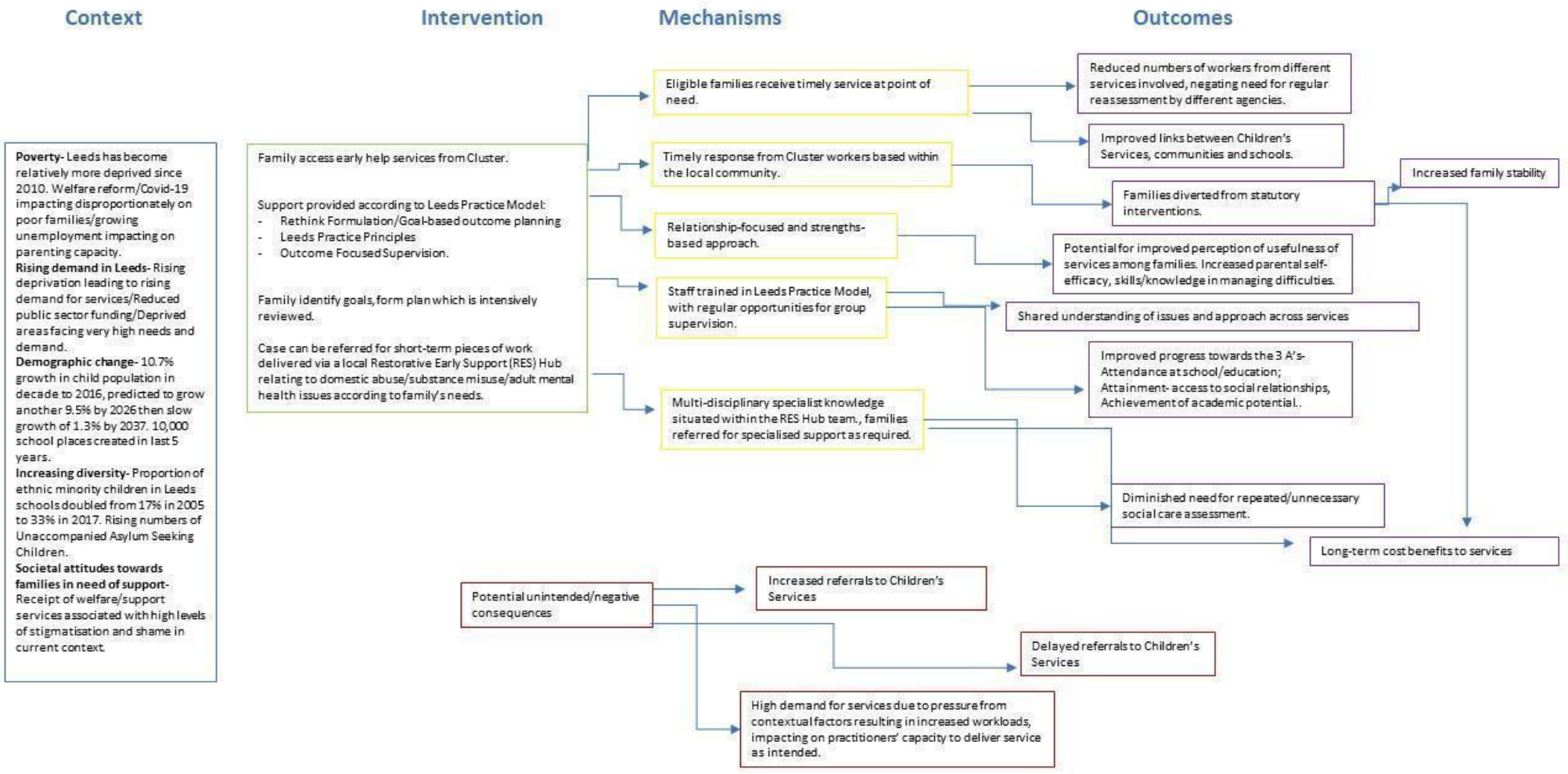

## Research questions

The pilot aims to address the following research questions:

1. **Evidence of feasibility –**

a) What were the referral routes and outcomes at case closure for families receiving help from the Cluster between January and June 2021?
b) Under what circumstances do families receive short-term intervention from a RES Hub while open to the Cluster and what are the outcomes associated with this?
c) To what extent is support from the Cluster delivered as intended and what do practitioners identify as the potential barriers and facilitators for this?

2. **Evidence of promise –**

a) Is there evidence to support or extend understanding of how and under what circumstances support from the Cluster works?
b) What do families and practitioners perceive to be the impacts of receiving support from the Cluster?
c) Are there any unintended consequences or negative effects of receiving support from the Cluster?

## Outcomes

| Research question | Indicator | Method |
|---|---|---|
| Evidence of feasibility<br><br>*What were the referral routes and outcomes at case closure for families receiving help from the Cluster between* | Indicator of uptake and outcome at case closure- numbers of families reached (including demographic information, reason for intervention), proportion of families being referred to Cluster services from schools/GPs/Children's Services. Proportion of families being referred to safeguarding/ other services during or following Cluster intervention. | Review of administrative data. |

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| *January and June 2021?*<br><br>*Is support from the Cluster delivered as intended?*<br><br>*What do practitioners identify as the potential barriers and facilitators for this?* | Perceptions of acceptability, appropriateness, and fidelity to the core concepts of the Cluster model (staff perceptions of the support delivered by the Cluster). | Focus groups with practitioners. |
| | Practitioner perceptions of:<br>Barriers and facilitators to effective service delivery.<br>Support and supervision provided to staff.<br><br>Time spent with families.<br><br>Family engagement. | Focus groups with practitioners. |
| Evidence of promise<br><br>*Is there evidence to support or extend understanding of how and under what circumstances support from the Cluster works?*<br><br>*What do families and practitioners perceive to be the impacts of receiving support from the Cluster?*<br><br>*Are there any unintended consequences or negative effects of receiving support from the Cluster?* | Indicative evidence of change and impact- change in family members' self-reported wellbeing (measured using the ONS4 subjective wellbeing questions) and the reported wellbeing of their children.<br>Survey respondent's answers to scaling questions relating to impact of receiving Cluster services, e.g. impact on parental self-efficacy. | Surveys. |
| | Families' qualitative reflections on the perceived impact of receiving services from the Cluster on their wellbeing, the wellbeing of their children and the difficulties which they were experiencing at the time of referral. | Interviews. |
| | Practitioner perspectives relating to change and impact for families they have worked with. | Surveys, interviews, focus groups. |

## Methods

### Sample selection and recruitment

Administrative data

Whole population descriptive analysis of data relating to families receiving support from the Cluster between January and June 2021.

Fieldwork

Survey distributed to a stratified random sample of families receiving support from the Cluster between January and June 2021, sampling criteria based on findings of desk-based research (for example, it may be possible to sample on the basis of difficulties which led to families accessing the service). Random sub-sample of 5-10 families will be selected to take part in a family group interview, conducted with adult members of families and mirroring Leeds' emphasis on Family Group Conferencing. Potential respondents will be contacted by a Research Assistant in early 2022 to ask whether they would like to take part in the project. Interviews will take place in February/March 2022.

Families and practitioners taking part in interviews will be provided with an information sheet presented in accessible language about the project in advance and will be required to sign an informed consent form, as well as being made aware that they can withdraw their consent at any time.

### Data Collection

Administrative data

Descriptive data will be collected at individual level and will include: demographic data about the family including; age, ethnicity, socioeconomic status, employment, referral route, information relating to presenting issues, any data held relating to the family's identified goals including copies of early help plans and progress towards these, outcomes at case closure.

Surveys

Surveys which aim to explore families' self-reported wellbeing and scaling questions relating to their experience of using Cluster services will be distributed to 50 random households who were receiving support between January and June 2021. Surveys will be comprised of no more than 10 questions and will incorporate the ONS4 subjective wellbeing measure, four survey questions used to measure adults' personal wellbeing, chosen as a succinct and well-established means of capturing data relating to self-reported wellbeing. Measuring adult wellbeing will provide a benchmark which could be revisited in a future evaluation. Surveys will be distributed to households via the family's preferred method of communication (email or post) in January/February 2022 by a Research Assistant. In the event of a low response rate, households will be contacted by a Research Assistant to encourage completion. Further rounds of sampling could take place with the aim of bolstering the sample size.

Family group interviews

Group interviews will be conducted in-person with a sub-sample of 5-10 families in February/March 2022 and will include adult members of the extended family as appropriate in line with Leeds' emphasis on restorative practice and Family Group Conferencing. Interviews will go on for no longer than an hour, will be conducted by a qualified social worker and will be audio-recorded for transcription. Interviews will be semi-structured and guided by a topic guide which will be devised in collaboration with Leeds Beckett University's service user and carer (ABEL) advisory group. Interviews will take place at the family home or another venue where the family feel comfortable. All family members will be provided with a voucher in exchange for their participation as well as further opportunities for involvement in dissemination of the pilot findings.

Focus groups

Two focus groups made up of 6-8 practitioners each will be completed with staff working in the Cluster in February/March 2022, with the aim of including all practitioners within the team. Focus groups will be facilitated by a qualified social worker and will be audio recorded for transcription.

In summary, pilot data will be captured through:

| Data Collection Method | Sample Size | Collection Timeline |
|---|---|---|
| Survey | 50 | January-March 2022 |
| Family group interviews | 5-10 | February-March 2022. |
| Focus groups with practitioners | 2 groups of 6-8 practitioners. | February-March 2022. |

## Analysis

Quantitative data

Descriptive administrative data and quantitative data from surveys will be analysed using Microsoft Excel, with findings will be presented in tables and graphs. Analysis will explore:

- The number of referrals received, and the proportion of referrals received from particular referral routes.
- Description of families' demographic data including ethnicity, socioeconomic status, number of people in the household, employment.
- The proportion of families experiencing particular difficulties upon referral and the service offered to them.
- The average length of time families receive support from the service.
- The proportion of families being referred to safeguarding services and further support at case closure.

Qualitative data

Audio recordings of interviews and focus groups and qualitative data arising from surveys will be transcribed, anonymised and analysed using the Framework approach to qualitative thematic analysis (Hackett and Strickland, 2019; Spencer et. al., 2014; Strivastava and

Thomson, 2009). Framework analysis is a matrix-based flexible analytic tool (Spencer et. al., 2014); the distinctive feature of the approach is that a matrix is compiled for each theme, in which each respondent is allocated a row and each column denotes a subtheme. The process of analysis involves familiarisation with the data and development of a list of initial emergent ideas which are arranged with reference to the project's research questions (Hackett and Stickland, 2019). The list will form the basis for an initial index of themes and subthemes, which are drawn upon to code data. Each of the transcripts is then worked through by hand, indexing data to generate codes and arranging codes into themes and subthemes. A framework (matrix) is then compiled for each of the subthemes. Microsoft Excel will be used to create initial charts and matrices (Spencer et. al., 2014). Transcripts are reviewed a final time to ensure that any outstanding data which is felt to be significant is incorporated.

Throughout the process, matrices remain tentative and are continually reviewed, amended and added to (Strivastava and Thomson, 2009). The matrices form the basis for the writing-up process When initial themes and subthemes arising from the data have been established, N-Vivo, a package for computer-assisted qualitative data analysis will be used (Gilbert and Stoneman, 2016). This software enables datasets to be quickly searched and facilitates visualisation and theoretical development (Braun and Clarke, 2013; Joffe, 2012).The initial coding will be completed by Dr. Emma Geddes, Lead Researcher, and Dr. Darren Hill, Supervisor. The research team will then work together through the iterative process of analysis described above to identify and refine commonly occurring themes, with regular opportunities for group discussion and supervision. It is important to acknowledge that the Primary Investigator's position as a lecturer in social work and registered social worker could lead to previous practice experiences or implicit biases influencing the research process. This will be addressed with methodological transparency as outlined above and regular opportunities for group discussion and supervision within the research team. The Primary Investigator will also keep a reflexive journal, with the aim of identifying and challenging existing assumptions, recording the rationale behind decisions made and documenting the evolution of the research process.

Evidence arising from family interviews will be triangulated with survey data and focus groups with practitioners to arrive at answers to the project's research questions. The process of analysing findings will be recorded and reported in detail to ensure transparency and to enable the process to be replicated in future.

## Ethics

Ethical approval has been granted by Leeds Beckett University's School of Health Departmental Ethics committee.

| Ethical Consideration | Mitigation |
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| Consent | Respondents asked to sign an informed consent form at the beginning of interviews/focus groups and will be informed of their right to withdraw (see below). Detailed information about the project will be provided via an information sheet which will also be discussed with respondents to ensure that they have access to full information and the opportunity to ask questions. |
| Right to withdraw | The consent form will include information about respondents' right to withdraw from the project at any time before, during or after their interview without giving a reason. This will also be emphasised by the researcher at the beginning of interviews. It will be made clear that a decision to withdraw would not impact upon any services the family are receiving. |
| Confidentiality | The specific location of the Cluster will not be identified in research outputs and respondents will not be identifiable. Family members taking part in group interviews will be asked to choose a pseudonym for themselves to be included any research outputs. Respondents' confidentiality would only be breached in the event of a safeguarding concern (see below). |

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| Data security | A data management plan has been completed in order to ensure that data is stored and accessed appropriately for the duration of the project (see Appendix). |
| Protecting respondents from emotional harm | Respondents will be provided with an information sheet giving details of the broad topic areas which interviews will cover before deciding whether to take part. Interviews will be undertaken by a qualified social worker with an attitude of thoughtfulness and respect for respondents' experiences. Respondents will be encouraged to take a break if required and topics which respondents appear to be in any way uncomfortable with will not be pursued. Respondents will be made aware that they can choose not to answer any of the questions posed to them. Respondents will be signposted to local services should they require any ongoing support following the interview. Researchers conducting fieldwork will be subject to DBS checks and trained in safeguarding procedures. |
| Respecting the contribution made by respondents. | Respondents will be provided with a voucher in exchange for their participation and informed that if they choose to withdraw from the study they will keep the voucher. Respondents will be offered the opportunity to be involved in dissemination of the project's findings and future opportunities for participation via the Leeds Beckett University service user and carer (ABEL) group. |
| Safeguarding concerns arising during interviews. | At the beginning of each interview, the researcher will explain that it may be necessary for information to be shared with the relevant agency if, for example, a respondent disclosed information during the interview which led the researcher to believe that they were at |

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| | risk of harming themselves or anyone else. It will be made clear that the researcher would always seek to discuss this with the respondent in advance if safe to do so. Researchers will work in accordance with the University's Research Ethics Policy (Leeds Beckett University, 2017). |

## Registration

This project was registered with the Open Science Framework (OSF) on 28/01/2022. Registration link: https://osf.io/mz8fw/ .

## Data Protection

Leeds Beckett University will act as a data controller for the study. All data will be handled in accordance with GDPR regulations, the Data Protection Act 2018 and Leeds Beckett University's Research Ethics Policy (Leeds Beckett University, 2017). Case data relating to families accessing support from the Cluster between January and June 2021 will be processed in completing this pilot. The lawful basis for processing administrative data about families accessing support from the Cluster is GDPR Article 6 (1) Legitimate Interests- "processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party except where such interest are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of the personal data".

Personal details such as contact details and demographic characteristics will be held in respect of respondents taking part in interviews and focus groups, along with recordings and transcripts of focus groups and interviews. The lawful basis for processing survey, interview, focus group and survey data is consent. Data will be anonymised and held confidentially in encrypted files. Egress or another secure platform will be used to securely transfer data. Egress meets FIPS 140-2 standard and the UK Government CPA Foundation Grade as a certified email encryption product suitable for sharing OFFICIAL and OFFICIAL-SENSITIVE information. Data will only be used for the purpose of the pilot evaluation and will only be accessed by members of the research team. Data will be deleted within 24 months of publication of the final report.

No information about individual children and families will be made available to anyone outside of the research team. Service user and practitioner names and the specific location of the Cluster will not be disclosed in the writing-up of the research. Qualitative data will not identify participants and any contextual information which could potentially identify a respondent will be removed. Family members involved in interviews will be asked to choose a pseudonym to be included in the writing-up of the project. See Appendix for Data Management Plan.

What Works for Children's Social Care (WWCSC) will not be a data controller or processor for any data in relation to this project.

## Personnel

Dr. Emma Geddes, Senior Lecturer in Social Work, Leeds Beckett University- Lead Researcher.

Dr. Darren Hill, Reader in Social Work, Leeds Beckett University. Supervisor.

Rebecca O'Keefe, Lecturer in Social Work, Leeds Beckett University.

3 x part-time Research Assistants to be recruited to support with the project delivery.

## Risks

| Risk | Mitigation |
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| Low response rate to surveys.<br>Likelihood and impact- High. | Begin sampling and survey distribution early to allow time for further waves if required. |
| Difficulties recruiting families for interview<br>Likelihood and impact- Medium. | As above. |
| Risk of transmission of Covid-19.<br>Likelihood and impact- Medium. | During fieldwork, researchers will adhere to local restrictions, maintain 2 metres social distancing |

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| | and take additional precautions such as the wearing of facemasks when moving around buildings and regular hand-sanitising. In the event of a lockdown or significant change to restrictions which would impact on the delivery of the research, the project would be likely to be delayed and the extension of evaluation timelines would be discussed with WWCSC. |
| Risk of emotional harm to respondents.<br>Likelihood and Impact- Low. | See “Ethics” section above. |
| Health and safety considerations associated with lone working.<br>Likelihood and Impact- Low. | Researchers will work according to a “buddy” system when lone working, informing another member of the team of their location and “checking-in” by text message following interviews. |
| Overrunning timescales.<br>Likelihood and Impact- Low. | Interim deadlines and targets will be set throughout the duration of the project, with regular review meetings built in throughout the year. Any issues with timely delivery of the project will be discussed as they arise in a transparent manner. |

## Timeline

| Phase | Timing | Lead |
|---|---|---|
| Refine evaluation design.<br>Agreement of contracts and discussions with gatekeepers.<br>Ethics approval.<br>Appointment of Research Assistant. | October 2021 | EG with support from WWCSC and Darren Hill. |

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| Knowledge sharing event | | |
| Literature Review alongside collection of administrative data- data request, data cleaning, quantitative analysis. | November 2021-February 2022 | EG |
| Meeting with service user and carer group to refine survey questions and topic guide for interviews. Design of surveys and topic guides. | November 2021 | EG |
| Surveys distributed to families.<br>Recruitment of families for interview. | January 2022 | EG |
| In event of low response rate, repeat sampling until sample size is reached. | February 2022 | EG |
| Interviews with families and focus groups with professionals. Transcription. | February-March 2022 | EG |
| Analysis of survey data. | March-May 2022 | EG. |
| Qualitative analysis of focus group and interview data. | April-June 2022. | EG. |
| Writing up. | June-August 2022. | EG. |
| Final reporting | August 2022. | EG |
| Establishment of dissemination plans, | From August 2022. | EG. |

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| including design of a training package for RES staff based on project findings, with involvement from service users and carers. | | |

## Reference List


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

Bilson, A. and Martin, K. E. C. (2017). Referrals and Child Protection in England: One in five children referred to Children's Services and one in nineteen investigated before the age of five. *British Journal of Social Work*, 47 (3), 793-811.

Braun, V. and Clarke, V. (2013). *Successful Qualitative Research.* London: Sage Publications Limited.

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

Bywaters, P. Brady, G., Bunting, L., Daniel, B., Davidson, G., Elliot, M., Featherstone, B., Hooper, J., Jones, C., Kwhali, J., Mason, W., McCartan, C., McGhee, J., Mirza, N., Morris, K., Scourfield, J., Shapira, M., Slater, T., Sparks, T., Steils, N., Webb, C. (2020). The Child Welfare Inequalities Project: Final Report. [Online]. Available at *https://www.coventry.ac.uk/globalassets/media/global/08-new-research-section/cih/cwip-overview-final-v4.pdf.* [Accessed 15th September 2021].

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

Department for Education (2018). Working Together to Safeguard Children. [Online]. Available at *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_dat*

*a/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf*, [Accessed 22nd June 2021].

Department for Education. (2019). Children looked after in England (including adoption), year ending 31st March 2019. [Online]. Available at https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020. [Accessed 15th September 2021].

Department for Education. (2021). Characteristics of Children in Need. [Online]. *Available at* https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need. [Accessed 24th November 2021][.

Driver, S. and Martell, L. (2006). *New Labour: Second Edition.* Cambridge: Polity Press.

Early Intervention Foundation. (2018). Realising the Potential of Early Intervention. [Online]. Available at *https://www.eif.org.uk/report/realising-the-potential-of-early-intervention*, [Accessed 23rd June 2021].

Edwards, R. and Gillies, V. (2016). Family Policy: The Mods and Rockers. In H. Bochel and M. Powell [Eds]. *The Coalition Government and Social Policy: Restructuring the Welfare State*. Bristol: Policy Press.

Edwards, A., Gharbi, R., Berry, A. and Duschinsky, R. (2021). Supporting and strengthening families through provision of early help. A rapid review of the evidence. [Online]. Available at *https://www.ncb.org.uk/sites/default/files/uploads/attachments/20210513_Rapid%20Review_Full%20Report%20-%20FINAL.pdf*. [Accessed 24th November 2021][.

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

Featherstone, B., Morris, K. and White, S. (2014b). A Marriage Made in Hell: Early Intervention Meets Child Protection. *British Journal of Social Work*, 44(7), 1735-1749.

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

Featherstone, B. (2019). Contemporary developments in child protection in England. Reform or reaction? In M. Lavalette [Ed]. *What is the Future of Social Work?* Bristol: Policy Press.

Frost, N. and Parton, N. (2009). *Understanding Children's Social Care: Politics, Policy and Practice.* London: Sage Publications Limited.

Gilbert, N. and Stoneman, P. (2016). *Researching Social Life: Fourth Edition.* London: Sage Publications Limited.

Gillies, V., Edwards, R. and Horsley, N. (2017). *Challenging the Politics of Early Intervention" Who's "saving" children and why?* Bristol: Policy Press.

Hackett, A. and Strickland, K. (2019). Using the Framework Approach to Analyse Qualitative Data: A Worked Example. *Nurse Researcher*, 26 (2), 8- 13.

Hoffman, T.C., Glasziou, P., Boutron, I., Milne, R., Perara, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S. E., Dixon-Woods, M., McCulloch, P, Wyatt, J. C., Chan, A and Michie, S. (2014). Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *British Medical Journal*, 348, doi *https://doi.org/10.1136/bmj.g1687.*

Joffe, H. (2012). Thematic Analysis. In D. Harper and A. R. Thompson. [Eds.] *Qualitative Research Methods in Mental Health and Psychotherapy*. Chichester: John Wiley and Sons, pp. 209-225.

Kelly, E., Lee, T., Sibieta, L. and Waters, T. (2018). Public Spending on Children in England: 2000 to 2020. [Online]. Available at *https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf*. [Accessed 4th December 2020].

Kong, S.T. and Noone, C. (2021). Social work during Covid-19: Learning from the future. [Online]. Available at *https://www.basw.co.uk/system/files/resources/social-work-during-covid-19.pdf*. [Accessed 8th October 2021].

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

Leeds Beckett University. (2017). Research Ethics Policy. [Online]. Available at *https://www.leedsbeckett.ac.uk/-/media/files/policies/research-and-enterprise/upre_research_ethics_policy.pdf*. [Accessed 14th September 2021].

Leeds City Council. (2019). Leeds Index of Multiple Deprivation 2019. [Online]. Available at *https://observatory.leeds.gov.uk/wp-content/uploads/2019/10/IMD2019KeyFindings.pdf*. [Accessed on 8th October 2021].

Leeds City Council. (2020). Right conversations, right people, right time. [Online]. Available at *https://www.leedsscp.org.uk/LSCB/media/Images/pdfs/Early-Help-Approach-and-Strategy-2020-2023-FINAL.pdf*. [Accessed 2nd August 2021].

Leeds City Council. (2021a). One Minute Guide: Cluster Working. [Online]. Available at *https://www.leeds.gov.uk/docs/One%20minute%20guides/One%20Minute%20Guide%20-%20Cluster%20Working.pdf*. [Accessed 7th October 2021].

Leeds City Council. (2021b). Leeds Clusters: Good Governance Pack. [Online]. Available at *https://www.leedsforlearning.co.uk/Pages/Download/b3d7fc8f-4868-48a1-b443-a49e72330709/PageSectionDocuments*. [Accessed 7th October 2021].

Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting L., Hooper, J., Mirza, N., Scourfield, J. and Webb, C. (2018). Social 321 Work, Poverty and Child Welfare Interventions. *Child and Family Social Work*, 23 (3), 264-372.

Moss, P. (2004). SureStart. *Journal of Education Policy*, 19(5), 631-634

Munro, E. (2011). The Munro Review of Child Protection: Final Report. [Online]. Available at *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf*. [Accessed 22nd June 2021].

National Audit Office. (2019). Pressures on Children' Social Care. [Online]. Available at *https://www.nao.org.uk/report/pressures-on-childrens-social-care/*. [Accessed 15th

September 2021].

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

Shildrick, T. (2018). *Poverty Propaganda: Exploring the Myths.* Bristol: Policy Press.

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

Srivastava, A. and Thomson, S. B. (2009). Framework Analysis: A Qualitative Methodology for Applied Policy Research. *JOAAG*, 4 (2), 72-79.

The Independent Review of Children's Social Care. (2021). [Online]. Available at *https://childrenssocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf*. [Accessed 23rd June 2021].

Thomas, C. (2018). *The Care Crisis Review: Factors contributing to national increases in numbers of looked after children and applications for care orders*. London: Family Rights Group.

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