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ORIGINAL ARTICLE

The role of the voluntary, community and social enterprise sector in Early Help: Critical reflections from embedded social care research

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Abstract

The independent review of children's social care (2022) has proposed a radical reset of England's children's services, shifting a remote, assessment heavy system towards one that works alongside communities to help prevent statutory interventions. However, notions around the harnessing of community resources to deliver Early Help are often underpinned by assumptions regarding the voluntary, community and social enterprise (VCSE) sector and the ease with which such organizations can be integrated into preventative strategies. This paper reports findings from embedded research within a unitary authority in Southwest England during remodelling of its Early Help service to work more collaboratively with local VCSE organizations. The study generated data from ethnographic observations, semi-structured interviews and focus groups with 95 participants, including local parents, service providers, VCSE organizations and Council leaders. The findings illustrate that families value the compassionate, responsive and flexible support available within many VCSE settings. However, differences in practice cultures, regulatory pressures on statutory providers, the need to (re)build trust in communities and sensitivities around power-sharing and resourcing meant negotiating VCSE sector integration was fraught with complexities. Few studies have gained such privileged access to a Local Authority's remodelling of Early Help services, and this paper has significant insights for the debates surrounding the independent review of children's social care (2022) and its recommendation to bring services 'closer to communities'.

KEYWORDS
child protection, Early Help, embedded research, prevention, social work, voluntary, community and social enterpise sector

1 | INTRODUCTION

1.1 | The role of the voluntary, community and social enterprise (VCSE) in children's services?

Policy-makers have long championed cross-sector collaboration between the statutory and VCSE sector as a means of pooling knowledge, resources and skills to address deep-rooted social problems (Southby & Gamsu, 2018). Although integrated models of working are increasingly common within the health sector (Westlake et al., 2022), only more recently have they become a policy priority within children's social care with key government reports on childhood vulnerability (e.g., House of Lords Public Services Committee, 2021), improving family support (Department for Education (DfE), 2022) and enhancing early years of development (HM Government, 2021) emphasizing VCSE collaboration in delivering effective local strategies.

This shift has been prompted in part by increases in child protection investigations and children entering care in England over the last decade (Hood, Goldacre, Gorin, Bywaters, & Webb, 2020). To break the negative cycle of rising rates and associated costs of children in care, there are calls for more investment in preventative services that support parents when difficulties first emerge (House of Lords Public Services Committee, 2021). Yet, it has long been acknowledged that parents are reluctant to request early support due to fears about judgement from professionals (Burgess et al., 2014; Murphy et al., 2021). Studies mapping families' journeys to the edge of care also show that as well as specialist services (e.g., around mental health and addiction); parents/carers also value more informal types of practical support from trusted and reassuring people (Percy-Smith & Dalrymple, 2018). Recent government reports identify the VCSE sector as uniquely positioned to establish these trusting relationships with families and argue that local preventative strategies would benefit from improved reach and impact by collaborating with the sector (HM Government, 2021; House of Lords Public Services Committee, 2021).

This push for greater VCSE sector integration has also arisen from recognition of its potential role in addressing the social determinants driving child welfare interventions. Evidence shows that children living in poverty are more likely to be subject to a child protection plan or in care and that this 'social gradient' becomes steeper in areas with greater social and economic inequality (Bywaters, 2020; Webb et al., 2020). The VCSE's most common areas of activity involve physical/mental health, community and economic development, and individual and family social services[1] (National Council for Voluntary Organisations (NCVO), 2022), with their vital role in supporting vulnerable families brought starkly into relief during the Covid-19 pandemic (South et al., 2020; Thiery et al., 2021). VCSE organizations are also therefore seen as an important component in the complex ecology that helps sustain family life (Webb, 2021).

1.2 | Early Help: A new direction?

Following the Munro review (2011), all Local Authorities in England are expected to work with other organizations and agencies in their locality to deliver a joined-up Early Help offer for children, young people and their parents with the aim of preventing emerging familial difficulties escalating towards more costly and intrusive child protection interventions. Early Help is a pre-statutory threshold for services, meaning families voluntarily engage with the help and support being offered (Department for Education (DfE), 2018). The most common Early Help practice model to have emerged in England involves a single holistic family assessment and multi-agency response often called a Team Around the Child/Family (Lucas & Archard, 2021).

When a multi-agency response is managed effectively by lead professionals who have strong relationships with the family, clear and beneficial support plans can be implemented (Holmes & McDermid, 2016). However, some have argued that Early Help systems have added additional layers of assessments, thresholds and gate-keeping, which act as barriers to families accessing support (Devaney, 2019; Hood, Goldacre, Gorin, & Bywaters, 2020). Parents/carers can find Early Help highly bureaucratic and overly centred on assessing their individual deficits, which can feel judgmental and stigmatizing (Daniel, 2015; Featherstone et al., 2018; Gupta, 2017). Multi-agency support can also be fragmented, with several overlapping professionals involved in a family's life that are not flexible or responsive enough to changing needs (Morris, Featherstone, et al., 2018).

Against this backdrop, the independent review of children's social care (2022) (henceforth the MacAlister Review) has called for a 'radical reset' of Early Help in England. Underpinning this step change, the MacAlister Review (2022) has suggested a simplified 'Family Help' offer delivered by multidisciplinary teams[2] with the skills and resources to build trusting and supportive relationships. This, which is argued, should be accompanied by a cultural shift within children's social care away from seeing communities as sites of potential risk to vital sources of organic and responsive help. The MacAlister Review (2022) encourages children's social care to forge new local partnerships and integration with the VCSE as well as embedding and co-locating professionals in community settings. However, what this means in reality is currently far from clear.

Many of the concepts surrounding the MacAlister Review's (2022) recommendations have their roots in 'relational welfare' and 'asset-based community development' movements. Relational welfare authors argue that public services, with their centralized bureaucracy and professionalized models of delivery, are overly transactional and miss the human relationships essential to achieving positive change and addressing entrenched socio-economic challenges (Cottam, 2018; Studdert & Lent, 2021). The asset-based community development movement has pushed to break government and professional's tendency to view low-income communities exclusively through a prism of needs and problems, and instead nurture communities'

existing skills and resources (Kretzmann & McKnight, 1993). However, harnessing community assets to address the challenges in children's social care is often discussed under normative assumptions regarding the nature of a homogenous 'VCSE', their responsibilities to families and the potential for them to be incorporated into a formalized prevention role alongside child and family welfare services.

Drawing on embedded research undertaken within one Local Authority, this paper examines the barriers and enablers that were encountered in attempting to remodel Early Help services to have greater integration of local VCSE support.

1.3 | Case study of a Local Authority's remodelling of Early Help

The following local context was formed from publicly available data and documents detailing the Local Authority's children's services performance, strategies and programmes. To protect privacy and anonymity, we have not referenced these directly.

The Local Authority this paper examines is situated in the Southwest of England, in a region with significant health, education and socio-economic disparities (Sim & Major, 2022). The Local Authority has high levels of socio-economic deprivation and one of the country's weakest economies (Ministry of Housing, Communities, & Local Government (MHCLG), 2019). Over the last decade, the Local Authority's rates of child protection investigations, plans and numbers of children in care have been significantly and consistently higher than both England and South-West averages (Department for Education (DfE), 2021a, 2021b).

In 2018, a core strategic aim of the Local Authority was to decrease the number of children entering the more costly and high intensity part of the system by increasing Early Help support for families. Children's services managers recognized that there was already a significant amount of voluntary and community-based support strengthening families and communities but that more work was needed to bring these under one local framework. The Local Authority therefore proposed a new Early Help partnership model, which was hoped to bring closer collaboration between the Early Help system and a wider breadth of local VCSE organizations.

To foster this partnership model, new cross-sector forums and networks were proposed that would help build coordination around local need and community voice. There were also proposals to launch new Early Help hubs that would provide accessible advice and support for families. It was hoped many of these hubs would be situated in existing VCSE spaces and venues, where professionals could co-locate.

This paper critically reflects on the period between September 2021 and August 2022, when discussions with prospective VCSE organizations began and the partnership model was first developed and operationalized. It draws upon the perspectives of Local Authority decision makers and frontline professionals, VCSE organizations, and families regarding the locality's high numbers of children in care, families' access to and experience of early support and the barriers and enablers to closer integration of VCSE organizations and the Early Help system.

2 | METHODS

2.1 | Embedded research

The data reported for this study were generated through embedded research within the Local Authority using a Researcher in Residence (RiR) model. Embedded research has multiple definitions, however, it typically involves an organization hosting a researcher affiliated to an academic institution (McGinity & Salokangas, 2014). This is an innovative research method in children's social care, and we plan to publish a full reflective methodological paper. However, in the space afforded here, we focus on outlining the data that were generated and analysed during the RiR post.

The RiR was embedded in the Local Authority for 18 months. During this time, they attended various cross-departmental strategic boards related to the Local Authority's remodelling of Early Help. These meetings were attended by service managers and commissioners from children's services, public health, education and housing; a consultancy on service improvement; and service managers from organizations contracted to deliver early years, special educational needs and disabilities, and youth services in the local area. The research team also observed naturally occurring events including negotiations and co-production forums involving local VCSE organizations and families, as well as Early Help panels where multi-agency decision-making took place.

This provided the research team with unique, privileged access to observe negotiations between staff/volunteers from VCSE organizations and Local Authority decision makers unfold in real time and view the mechanisms behind strategic change in children's social care. During this period, the RiR recorded events and observations in an ethnographic diary and the core team held weekly meetings to reflect upon and develop emerging findings. A community connector who was part of the research team also played a vital role ensuring that the perspectives and priorities of VCSE partners continuously fed into the project.

2.2 | Qualitative data collection

The research team also simultaneously carried out qualitative data collection during the period of embedded research. The research aims were to better understand the underlying factors driving the locality's high rates of cared for children and identify how communities and service providers can more effectively work together to support families. The research team utilized a purposive sampling technique, focusing on recruiting participants with personal knowledge or experience that could address these aims. A wide cross-section of families were sampled to include parents/carers with varying levels of interactions with children's services, from never receiving support to formal Early

TABLE 1 Sample summary.

Sector	Organization/family	Individuals	Description
Early Help	Family intervention team (FIT)	Service manager × 1 Department for work and pensions advisor × 1 Housing officer × 1 Team member × 4	
	Multi-agency safe guarding hub	Manager × 1	
	Subtotal	8	
Voluntary and community sector	Youth & Community Centre 1	Manager × 1 Youth worker × 1	
	Youth & Community Centre 2	Manager × 1 Housing officer × 1	
	Church & Youth Centre	Manager × 1 Youth worker × 1	
	Community Centre 1	Manager × 1 Youth worker × 1	
	Community Centre 2	Volunteers × 4	
	Community Café 1	Member × 1	
	Community Café 2	Owner ×2	
	Local children's charity	Family worker × 1	
	Parent support group (peer-to-peer)	Founders × 3	
	Youth project	Project leader × 1 Staff × 1	
	Care leavers charity	Staff × 2	
	Subtotal	23	
Families	Family 1	Wendy (mother, 47)	Undergoing care proceedings
	Family 2	Jay (father, 37)	Experience of child protection plans
	Family 3	Tommie (father, 48) Alana (partner, age not disclosed)	Father with SEN; experience of child removal
	Family 4	Bernie (mother, 37)	Received Early Help when leaving abusive relationship
	Family 5	Lesley (father, 54)	Parent of child with SEN; domestic abuse survivor; experience of Early Help
	Family 6	Melyssa (mother, 40)	Children with mental health difficulties; experience of Early Help; multiple child protection plans
	Family 7	Lara (mother, 48)	Children with SEN; experience of Early Help
	Family 8	Jodie (mother, 51)	Child with SEN; no interaction with children's services.
	Family 9	Kinslee (mother, 46)	Multiple children in care; experience of Early Help
	Family 10	Mollie (mother, 42) Davina (grandmother, 70)	Parent of child with SEN; experience of Early Help
	Family 11	Cristen (mother, 44)	Parent of child with SEN
	Family 12	Stacee (mother, 42)	Parent of children with SEN
	Family 13	Abi (mother, 36)	Domestic abuse survivor; mental health issues; no interaction with children's services
	Family 14	Mae (mother, 43)	Parent of children with SEN; experience of child in need plans; Early Help services

(Continues)

TABLE 1 (Continued)

Sector	Organization/family	Individuals	Description
	Family 15	Dani (mother, 29)	Parent that regularly attends local children's centre groups and activities; no interaction with children's services.
	Family 16	Jessy (mother, 52)	Parent of children with SEN; no interaction with children's services.
	Family 17	Ashlyn (mother, 39)	Domestic abuse survivor; experience of Early Help
	Family 18	Tegan (mother, 38)	Experienced repeat child removal
	Family 19	Steph (grandmother, 51)	Kinship carer; experience of Early Help
	Family 20	Jadyn (father, 47)	Experience of child protection plan
	Family 21	Bill (father, 50) Martha (mother, 28)	Experienced repeat child removal
	Family 22	Laurene (mother, 42)	Parent of child with SEN; no interaction with children's services
	Focus group with families—1	14 parents	Varied experiences of services and thresholds
	Focus group with families—2	17 parents	Varied experiences of services and thresholds
	Subtotal	56	
Other	Council	Elected member	
	Care leaver	Female (21)	
	Housing association	Neighbourhoods team member × 2	
	Children's Centre 1	Family support workers × 4	
	Subtotal	8	
Total		95	

Help, up to child protection plans and repeat child removals. Many parents had experienced multiple episodes of children's services involvement in their lives across these thresholds. The study also used a snowball sampling approach, initially building connections in local communities with trusted VCSE organizations and then through these partnerships, connecting with families that wanted to share their experiences of living in the area, raising children and interacting with local services.

The research team's community connector spent significant time on the ground throughout the project networking with over 35 local charities, community centres, youth centres, peer-to-peer groups, churches, food banks and community cafes. Eleven of these organizations took part in formal semi-structured interviews, involving 23 participants (see Table 1). Organizations varied widely in terms of scale, remit and resourcing—some being part of larger funding streams and having professionally trained work forces delivering youth and family support services, whereas others were largely reliant on volunteers and sporadic funding. VCSE sector interviews explored how these organizations supported families, what staff/volunteers perceived were driving the areas high rates of cared for children and their views on closer collaboration with the Local Authority's Early Help system.

Semi-structured interviews ($n = 25$) and two separate focus groups ($n = 31$) were also held with parents/carers with varying levels of interactions with children's services. Of the total number of parent/carer research participants, Local Authority social workers connected the research team with 3/56 of these families. The remaining 53 parent/carer participants were met through introductions from VCSE staff, people we connected with by spending time in VCSE venues or people recommended by participants that had already taken part in the research. The team feel that working in partnership with trusted VCSE organizations in communities and the significant investment of time from the team's community connector helped in recruiting participants who may have otherwise been apprehensive in taking part. We also ensured that all parents/carers were offered support with childcare and travel costs and thanked people for their time with high-street shopping vouchers. The interviews and focus group explored parents' experiences of raising and supporting their children and the socio-cultural, economic and systemic factors that enabled or constrained this; their experiences of engaging with services; and how early support could best be delivered.

The research team also carried out interviews with the Early Help team and an elected member of the Council. These interviews focused

on frontline decision-making, views on the pressures facing Early Help services and the procedural, financial and political challenges the Council faced in remodelling its services and working more closely with VCSE groups. In total, 95 individuals participated in the study, enabling a robust cross-section of views and experiences.

2.3 | Thematic analysis (TA)

Although this paper is focused on the analysis of our qualitative data, observational data and notes from meetings have assisted as a historic record of timelines and helped frame and contextualize the analysis.

Interviews and focus groups were transcribed verbatim and analysed using TA (Braun & Clarke, 2006). An inductive form of TA meant that rather than applying preconceived coding frameworks driven by existing concepts or theories, the analysis was data-driven, with interpretation of concepts and patterns wedded closely to participants' expressed views and experiences (Braun & Clarke, 2006). This method of TA required six analytic phases. First, immersion by repeatedly reading transcripts. Second, generating initial 'codes' that stayed close to the raw data but helped distil transcripts; coding was aided by NVivo. Third, establishing themes by tracing repetition across the data, distinct features within and between interviews and stake-holders, locating key words, meanings, perceptions or experiences, and reflecting upon how this related to the research question. Fourth, review of the initial themes, making repeated adjustments and clarifi-cations. Then the fifth and sixth phase involved titling the themes and confirming the findings, respectively. In the reporting of findings, all participants have been provided pseudonyms and any identifying information has been excluded.

Each of the researchers performed the TA and then cross-checked one another's coding and the overall theme generation. To enhance the validity of the findings, we all also carried out respondent validation with 10 participants from 6 VCSE partners, who confirmed the accuracy of the themes.

2.4 | Ethics

This study received ethical approval from the College of Medicine and Health Research Ethics Committee at the University of Exeter (ref: Aug21/B/294).

3 | FINDINGS

3.1 | VCSE informality, relationality and strength-based support

One of the significant themes to emerge from interviews with VCSE organizations, particularly the smaller grassroots groups, was how staff/volunteers compared their approach to supporting families with that of formal child and family welfare services. Interviewees

described how, by being less restricted, they could place greater emphasis on informality and relationality in building trust with the communities they worked with;

> '[Social Workers] really want to be out there helping people, but that industry, they can't... They've got so much paperwork to complete, they can never ever engage with those people. And I think that's what's great about this being about coffee, I get the time to engage with those people all the time through conversation and it's through conversation that really makes a difference'. (Owner, Community Café 2)

Some interviewees explained that they actively avoided symbols of formality or authority (badging, lanyards, assessments, receptions, etc.) to create open and relaxed environments. Staff/volunteers across VCSE organizations explained how many parents in the communities they worked in feared opening-up about financial, mental health, addiction or other concerns out of worry this might expose them to professional judgement and potential allegations of neglectful parenting;

> 'We had one [parent] that wanted support and she was just so terrified, because she's dealt with the police before, and social services, so she didn't bother asking for any help... It's the low-level support that they're talking to us about, that they're too scared to go forward with, and that shouldn't be the case. That's what's so upsetting'. (Founder, Parent Support Group)

It was the slow and sustained building of relationships that many from local VCSE groups felt was the unique strength of the sector. Interviewees described current statutory systems of help and support for vulnerable families as short-term, episodic and programme-focused, which missed the need for long-term and responsive support for families through the ups and downs of their life. For staff/volunteers particularly those from community centres, cafes and smaller peer support groups, successful Early Help meant having open spaces, activities and venues where people from the community could connect and form trusting relationships over many years, help not necessarily being the driving factor but an option should people feel they need it.

Many VCSE staff/volunteers also described how being part of the community themselves, knowing the local culture and being a familiar figure was also central to their perceived authenticity and ability to hold approachable and trusting spaces. Many parents who had engaged with VCSE organizations and groups described the compas-sion and time that people had dedicated to them. This was particularly the case where parents had opportunities to meet and interact with others sharing similar personal experiences. For example, at a Special Educational Needs and Disabilities (SEND) group, parents discussed how being able to share with others that 'understood' or 'get it' was of significant value;

'There's no judgement. If you come in and you're absolutely stressed and you're like 'Oh, we've had a really bad day', they'll go 'Have a cup of coffee. Breathe, she's safe', and that is massive; that is what you need'. (Tegan)

Tegan was a mother who had experienced numerous care proceedings and described how she had struggled to form trusting and supportive relationships with the various professionals involved in her life.

Staff/volunteers at many VCSE organizations also described the support they offered families as being more centred around people's strengths and capabilities, than boxing people into categories of need or risk. Many of the participants also described purposefully avoiding narratives of 'fixing people' in a transactional sense;

'Not looking always on the negative—what's gone wrong with things and what's wrong with people—but looking at what strengths they've got and encourage them to use those strengths for each other and for their own wellbeing'. (Housing Officer, Youth & Community Centre 2)

As the above quote illustrates, staff/volunteers at many of the VCSE spaces and venues interviewed described an ethos of breaking down potentially stigmatizing dynamics of 'us' and 'them' with the people who attended. Instead, many VCSE spaces felt they promoted a shared value in people offering their time and skills to improve both individual and community health and wellbeing. Many VCSE staff/ volunteers simply saw their organizations as opening opportunities for people to meet, volunteer, gain skills/self-confidence and generally feel heard and valued.

3.2 | Aligning practice cultures

During the early phases of discussions between the Local Authority and VCSE organizations, both discussed the sets of norms, values and methods each inhabited, and recognized the work needed to align these under a single integrated model. From within the local VCSE sector, interviewees often described a children's service culture that had traditionally been risk-averse and less open to collaboration with them;

'What comes to mind when I say children's services or early help? Fort Knox. (Laughs) Children's services are a very closed book, they're a lot more risk averse, which is, it's dealing with children, so I expect that. But it just seems a bit overkill sometimes'. (Manager, Community Centre 1)

As this quote illustrates, participants often described how the culture of children's services was driven towards case-based practice

and heightened anxiety around safeguarding. This contrasted quite significantly with many VCSE organizations' emphasis on informality, relationality and flexibility. Interviewees from the frontline of the Early Help team described how the pressures from high caseloads and rising complexity of needs had made it difficult to find the time to build relationships and networks with the VCSE sector.

During initial meetings, the Council stressed that the proposed partnership model symbolized a new commitment to working more collaboratively with VCSE groups, the idea being to encourage connections and co-learning between sectors. From the outset, many VCSE organizations stressed that a partnership model would only work if there was mutual value given to the knowledge, ideas and expertise of all partners involved. For some VCSE organizations, this meant the Local Authority needed to redress a perceived undervaluing of the sector's contribution to the welfare and wellbeing of communities;

'Well, I think that people have to understand that we are here, we can help. Okay. But we don't get an awful lot of recognition for what we are doing, or people even come and visit to see what we are doing... there has to be more of a recognition'. (Manager, Youth & Community Centre 2)

The above quote also touches on the visibility of professionals from the Local Authority within the community. Some VCSE staff/ volunteers felt that too often local strategies attempting to engage with communities were heavily 'top-down', driven by the needs and priorities of statutory services. VCSE staff/volunteers all expressed concern that the Local Authority's latest proposal for integration needed to be accompanied by a long-term commitment to make services and professionals less detached from the communities they served.

After the initial rounds of conversations, the board of Local Authority service managers, commissioners and consultants steering the Early Help remodelling proposed 'co-producing' a unifying vision with prospective VCSE partners. However, this board had concerns that some quality assurances regarding practice and safeguarding standards among the network of partners would need to be in place. The Local Authority decided upon a 'Kitemarking' approach, which identified partners within the network as having met certain minimum quality criteria, including accessibility, staff safeguarding training, a child protection policy and Early Help assessment and referral training. Concerns that branding VCSE community settings as members of a Local Authority Early Help initiative might discourage people attending those venues in the future meant kitemarking would only be subtly promoted. From the perspective of service managers steering the initiative, statutory duties dictated the need for minimum standard assurances and the kitemarking standards proposed were considered an acknowledgement of the assets within local communities rather than an onerous and potentially value-laden task. However, the idea of quality-assurance became a point of contention in subsequent negotiations, as the below quote exemplifies;

'As much as we have to earn trust with you, you've got to earn trust with us. Like, you're not better than us. Don't act like it'. (Laughs) (Manager, Community Centre 1)

Kitemarking did not deter all the intended groups and organizations from participating further; however, it did prompt reflection on whether the proposed model embodied a genuine shift in recognition of the skills and capabilities within the area's VCSE sector and for some, undermined trust in the intended collaboration.

3.3 | VCSE funding, competition and participation

Due to the broad objective of Early Help (i.e., to promote the welfare of families and strengthen communities), there was a vast range of VCSE groups the Local Authority could have approached as potential partners in its new local strategy. Importantly, all these organizations and groups had contrasting historic relationships, buy-in and trust with the Local Authority and public services more broadly. Often, these relationships revolved around commissioning, funding and the fabric of individual, personal connections. It also related to the internal politics of such organizations and the enabling and critical role of trustees and their skillsets. Interestingly, one of the main areas of contention during initial rounds of discussions between the Local Authority and prospective VCSE partners regarding closer integration was the investment structure for the sector;

'The majority of my job is bid writing and scrambling to actually keep a job and stay in a job and pay for the staff... But it's all the big players that get the money and it gets shared out. There's a lot of politics when it comes to funding. It doesn't get filtered down to the little people. So, you've got to be friends with the right person to have a shot'. (Member, Community Café 1)

National cutbacks to core funding and the increasing climate of competitive bid-writing was felt to have brought unhelpful pressures and undermined collaboration between local groups and organizations. Some described VCSE commissioning as a game, business or industry, susceptible to changing fads or trends within national and local government and large funding bodies who "often require something new despite successful programmes at every funding round" (family worker, Local Children's Charity). Several VCSE staff/volunteers felt that larger organizations with highly educated workforces and the networks and technical capabilities to 'play the game' were more adept at gaining funding, whereas smaller, more organic and community-sprung organizations struggled to compete.

For these reasons, many VCSE staff/volunteers discussed integration with Early Help as needing to be accompanied by greater devolution of power over funding decisions, more equitable distribution of resources and direct participation in local strategy design. From the outset, Local Authority decision makers recognized that

operationalizing an EH partnership model hinged on creating the conditions for more meaningful participation of VCSE groups. Following initial rounds of conversations with potential partners, the Local Authority board steering the initiative proposed establishing a Commissioning Sub-Group, with direct and rotating membership of VCSE organizations to shape decisions around local investment. However, a change in direction from central government regarding funding meant the Early Help model was later revised and these participatory mechanisms scaled-back. This was a point of significant frustration for many of the VCSE organizations involved in conversations to that point. Nevertheless, the overarching insight was that the local economy of the VCSE sector and distribution of power and control over funding and participation were points of *significant* sensitivity in negotiating any closer collaboration between sectors.

3.4 | (Re)building trust

VCSE staff/volunteers and parents emphasized the urgent need for the Local Authority and associated professionals to (re)build trust in communities. Participants frequently discussed how the area's high socio-economic inequalities had harmed their confidence in local politics and services;

'The community look at the people above as something completely different. So they're not going to get involved. They speak a different language. They speak a completely different language... there's just a massive gulf between them'. (Youth Worker, Youth & Community Centre 1)

Many participants described a social and political culture where the priorities of wealthier residents to maintain the area's prestige as a holiday resort outweighed the attention given to deep-rooted socio-economic challenges, including poverty, limited job prospects and housing shortages. Although seemingly less relevant concerns to discussions around the establishment of an Early Help partnership, these long-standing frustrations regarding investment in disadvantaged communities were a very real initial obstacle to the Local Authority brokering new working relationships with some VCSE organizations working in these communities.

Many parents and VCSE staff/volunteers living and working in disadvantaged communities also felt the high rates of child protection investigations and removals in these neighbourhoods had left a strong legacy of mistrust. VCSE staff/volunteers frequently explained that for any new local Early Help strategy to effectively engage families, an essential process of (re)building trust was needed;

'So the word gets around and parents talk, so when you hear that and think 'oh god, I don't want to ask for help'. And you don't know who to ask, because you're too worried that if you do ask, or you ask the school, or you mention it to your neighbour, that they could

report you and then you're worried of the fear of the backlash'. (Mother, Parent Support Group)

The need for children's services to address its image as a remote and primarily investigative force delivered by decision makers and professionals with little proximity to and understanding of the every-day difficulties families faced was commonly raised. Parents and VCSE staff/volunteers explained that unless distrust was addressed, the likelihood that the local Early Help system could move from being seen as part of a punitive and reactive system to a compassionate and supportive service would be difficult.

The service managers and the frontline Early Help team were aware of the need to (re)build trust locally, and this was a motivating factor behind the Early Help partnership model. One of the vehicles for accomplishing this was the proposal for services and professionals to co-locate within VCSE settings to build new connections and bring support closer to communities. In early rounds of discussions, it became apparent that larger VCSE organizations, which had previous experiences of working with statutory services, were more open to co-locating;

'Even if it were a statutory organization, you piggyback off our trust and respect, we're happy for that as long as you do it well, and in the right way... Like someone from housing occasionally. Oh, that would be incredible, or benefits, to sit down with people and be able to help them'. (Manager, Church & Youth Centre)

For some VCSE staff/volunteers, co-location was seen as a mutually beneficial proposal as Early Help teams could offer families services and resources whereas VCSE groups could help the frontline professionals be less removed from the community. However, VCSE staff/volunteers stressed that successful co-location would require Early Help professionals having the time, interpersonal skills and openness to allow meaningful relationships with the residents that accessed their spaces and venues to develop.

On the other hand, some VCSE organizations held deep reservations around co-location within their venues as well as cross-sector collaboration in general. These VCSE groups tended to be smaller and less experienced at working with the Local Authority and public services. For them, their identity as independent, separate or impartial from 'systems', 'safeguarding' and 'authority' enabled them to build trust within the community, and this hard-won confidence was fiercely guarded. There was an apprehension that any perceived integration with children's services could jeopardize this;

'F: I can tell you now if you were to have something here and say it was run by social services or anyone like that nobody would turn up.
F: I wouldn't let my kids come if it was run by social services, on a personal level'. (Volunteers, Community Centre 2)

The volunteers who ran Community Centre 2 had all themselves experienced some level of interaction with social workers and worked in a community that had experienced high levels of children entering care. All expressed unwillingness to work alongside Early Help because of their negative personal experiences and the worry that any potential collaboration would harm the trust they had built with local families.

There were also those that had worked alongside and invested in the area's VCSE over a number of years who were sceptical about the ability of children's services to radically transform its public image, feeling that at base fundamental power dynamics would always remain;

'You think about [children's services] are supposed to be helpful and supportive and making lives better but over here they have got this enforcement role where they are hovering and there is a threat of action being taken against you. You can't wear two different hats'. (Neighbourhoods Team Member, Housing Association)

Many parents that attended VCSE spaces shared these apprehensions, feeling that the VCSE organizations that supported them had provided trusting respite from the professional gaze and statutory authorities. Some parents, particularly those who had previous interactions with children's services, concretely stated that the presence of Early Help teams at the VCSE settings they already engaged with would deter them from attending in the future;

'So that would prevent me from then accessing those services, because I'd feel like I've got to watch what I say. I'm always going to be on edge because I know they're part of Children's Services, and Children's Services for me has been a very negative experience. I've actually been told I have post traumatic local authority disorder'. (Mae)

'Trust' was therefore discussed across the interviews as a highly valued currency, something that the VCSE felt they had gathered through hard-won gains, and something that statutory services recognized they needed to (re)build.

3.5 | The VCSE's role in the context of a national crisis

The final theme highlights the contrasting opinions regarding the role VCSE staff/volunteers felt the sector should play in the context of what was often described as a mounting economic and social crisis in England. Many VCSE staff/volunteers described being at the frontline of England's rising poverty and cost of living emergency and felt they were plugging gaps in faltering public services;

'So, 10, 15 years ago the services that were there are just not there anymore; they've disappeared. So before where there would be quite a lot of interventions for families in the earlier stages, now you've really got to be at crisis point, which means children's services are coming in and assessing whether those families are staying together'. (Youth Worker, Church & Youth Centre)

VCSE staff/volunteers felt they were already a crucial point of contact for families in crises. However, participants explained that the VCSE sector had limits to what it could be expected to cope with and that at times the complexity and risk they were holding, particularly around mental health and addiction, fell beyond their remit.

The service managers and frontline staff wanted the Early Help partnership model to symbolize a shared responsibility for children and families that would evolve as a self-driven and self-organizing network, rather than a Local Authority determined initiative. VCSE staff/volunteers involved in early negotiations to a certain extent welcomed this, as it represented a shift away from a top-down, overly paternalistic approach to developing a local strategy. However, potential partners also held some reservations around the principle of self-organization;

'It's investment. It sounds like they've already got this idea that they want to do. Are they just going to dump this on us because they're struggling? Do we just chuck it out to the voluntary sector and let them deal with it? They have to help us because that's what they're there for, but with no investment into ours, I don't know'. (Youth Worker, Community Centre 1)

Staff/volunteers uniformly asserted that although the VCSE was a vital and often underutilized local asset, it was not a free or cheap resource. They did not want the proposed Early Help model to become a means of transferring responsibility and risk 'down', without commitment to investing in the VCSE sector and transforming public services so they themselves were more responsive to local need and addressed the underlying causes of adverse socio-economic conditions in the local area.

4 | DISCUSSION

This study utilized an innovative embedded research approach, which allowed the team to elicit a range of perspectives in real-time during a Local Authority's remodelling of its Early Help services. The findings generated from this study provide rare insight into the complexities of negotiating VCSE participation in Early Help and offer important lessons for cross-sector collaboration in children's social care.

As discussed, recent national reviews and strategies encourage Local Authorities to form stronger partnerships with the VCSE sector due to its knowledge of local strengths and needs and its engagement with vulnerable families. Akin to other research, this study found

parents/carers described VCSE organizations and groups as trusted settings where they gained valued social connection, often felt confident sharing concerns, and could access non-judgemental support (Artaraz et al., 2007; Jack & Gill, 2010; Naylor & Wellings, 2019). However, we also found that many VCSE organizations themselves objected to being seen as, or expected to become, a 'service provider' whose primary purpose is to monitor, diagnose and treat need and risk. Indeed, many VCSE participants considered transactional power relations between professionals and clients/patients as the reason why statutory services faced difficulties building relationships with families. Instead, many VCSE groups and organizations described their raison d'être as being a focal point for community connection, encouraging reciprocal care and support between residents through volunteerism and building upon community strengths and resilience.

Despite sometimes contrasting perspectives and ways of working, we found some VCSE organizations, particularly those with existing ties and relationships to the Local Authority, were willing to join the integrated Early Help strategy. However, we also found concern that the local VCSE sector was increasingly seen as a convenient resource to address overstretched and/or underperforming public services. Here, there was scepticism that current national initiatives to involve communities are simply a means of shifting responsibility on to communities to relieve pressures created by fiscal austerity and economic instability (Friedli, 2013). Perceived inequalities in political voice, status and control in the location meant many of the VCSE organizations wanted the Early Help partnership model to be accompanied by meaningful participation in decision-making and local investment. This echoes the findings of studies examining cross-sector collaboration in public health, where a 'flattening' of hierarchies and commitment to power-sharing were decisive in forging new cross-sector collaboration (Rippon et al., 2021; Southby & Gamsu, 2018; Thiery et al., 2021).

Yet, trying to flatten hierarchies and devolve power is extremely challenging. We argue that within children's social care this is perhaps even more complicated to achieve. As other authors have highlighted, children's services come under a unique level of public, media and political scrutiny (Gilbert et al., 2011), which stems from the outrage and calls for recrimination following high-profile cases where children have died or been severely abused (Biesel et al., 2020). The resulting system of Ofsted monitoring and naming of 'failing' departments has led to highly defensive practices centred around cyclical preparation for inspections and complex administrative processes carefully apportioning accountabilities and performance outcomes (Featherstone et al., 2018; Murphy, 2022; White et al., 2014). As the MacAlister Review (2022) highlights, this means that developing the type of integrated systems and local place-based partnerships that would bring services 'closer to communities', requires a significant reconstitution of 'risk-management' and working culture. This is at a time when children's services departments face financial constraints and staffing pressures, which are driving increasingly targeted and short-term casework, assessment and care planning (Hood, Goldacre, Gorin, & Bywaters, 2020).

In trying to establish cross-sector collaboration, the Local Authority (considering the aforementioned pressures) asked prospective contributors to abide by certain quality assurances and safeguarding practices. VCSE groups therefore needed to explicitly or tacitly accept aspects of children's services underlying structure, including assessment, risk thresholds and reporting of families to statutory pathways. Herein lies a concern that processes of 'integration' result in favouring venues, groups and modalities of 'help' that can, or are more willing to, conform to values and techniques of monitoring familial risk. Although this was unlikely the conscious aim of the Local Authority, it is important that groups or voices do not become marginalized and that consultation across Local Authority, VCSE groups and local communities is facilitated to enable potentially divergent understandings of risk and family support to be recognized and encompassed within co-created local strategies.

There are also other potentially unintended consequences surrounding the national push to increase cross-sector collaboration. Government reports have for some time highlighted that preventing child welfare concerns often requires parents/carers confidently self-seeking early support (Bullock et al., 1995; HM Government, 2003; Munro, 2011). In many VCSE settings, we found trusting conversations were happening often precisely because the language and behaviour of staff/volunteers appears distinct from 'authority'. However, unless actions such as staff co-location are undertaken in a sensitive, sustained and open manner that facilitates the development of trusting relationships with families, closer integration of VCSE spaces with formal Early Help systems and professionals could in fact lead to families finding these spaces less approachable. Care therefore needs to be taken that Local Authorities do not unintentionally extend 'downwards' the procedural, assessment-based and risk-averse practices that currently stand as barriers to some families engaging with formal early intervention services (Morris, Featherstone, et al., 2018; Morris, Mason, et al., 2018). In this respect, Local Authorities need to be equipped with the discretion, time and resources to form trusted and ongoing networks within their locality that do not compel potential partners to jeopardize their existing ethos or unique strengths. This would allow both sectors to move towards a more constructive space of learning from each other.

We support the calls for a 'reset' in children's services, including greater appreciation of the role the VCSE sector might play. However, given the diverse array and remit of VCSE groups that exist across and within areas, as well as the varying composition of children's services teams, clearly any one-size-fits-all approach to closer cross-sector collaboration is not possible. Instead, what is urgently needed is for service managers and frontline professionals to have the ring-fenced time and resources to realign risk-management practises and make clear, sensitive and sustained efforts to work with local communities.

It is also important that the diverse VCSE sector does not become expected to assuage inequality and community vulnerability. In this study, all the VCSE participants and many of the families interviewed emphasized how the deteriorating socio-economic circumstances of communities they worked or lived in, combined with shrinking public services, were major contributing factors to the area's elevated levels of children in care. Researchers have recommended that preventing child abuse and neglect requires a national strategy, similar to that proposed in public health (Marmot et al., 2020), to reduce inequalities affecting children across education, health and social care services (Bywaters et al., 2022). Greater integration and local partnerships may play a role in improving understanding of local challenges and establishing trusting settings for families. However, it is important that these efforts do not overshadow or depoliticise the essential need to address the inequality that drives child welfare interventions. The VCSE sector itself, much like statutory children's services, also faces significant shortfalls in funding and associated resource pressures, which need to be urgently addressed.

CONFLICT OF INTEREST STATEMENT

There is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author, Thomas El-Hoss. The data are not publicly available due to their containing sensitive information that could compromise the privacy of research participants.

ETHICS APPROVAL STATEMENT

Ethical approval for the study was granted by the University of Exeter Research Ethics Committee on the 23rd of June 2021. Records Reference CMH 2107294.

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ENDNOTES

[1] Defined by the NCVO as Family services, services for the elderly, temporary shelters, refugee assistance, income support and maintenance.

[2] including family support workers, domestic abuse workers and mental health practitioners

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