

## Appendix 1B – Summary of Methods Used in the Early Help Evaluation

<b>Evaluation design</b>	Dr Adrian Nelson and Dr Alan Boyd, research fellows in Health Care and Public Sector Management from the Manchester Business School at the University of Manchester supported the design of the Early Help evaluation.
<b>Theory of Change and Theory of Action</b>	A key methodology incorporated in this evaluation is the use of Theory of Change and Theory of Action. The development of the Theory Of Change and Theory Of Action helped inform the design of surveys and interview questions to ensure the evaluation was focused around key components.
<b>Family Star Plus<sup>1</sup> (measuring progress)</b>	Family Star Plus is a practitioner-based tool which enables conversation and family plans to be developed whereby workers and families agree a reading of between 1 and 10 against ten key domains at regular intervals to determine where families' progress is being made. A total of 787 closed families have been included in this evaluation where progress has been measured.
<b>Identifying need</b>	Within six weeks an assessment of 57 high-level needs for all adults and children in the family is completed, including a Family Star Plus assessment (above).
<b>Cluster analysis (need)</b>	Cluster analysis is an exploratory statistical tool used to separate families into clusters of similar groups. A total of 1,118 families had sufficient data to be clustered in this evaluation. Families were clustered by the presence or absence of the 57 high-level needs. Nine clusters of families were identified.
<b>Cluster analysis (progress)</b>	Cluster analysis was used to group families Family Star Plus assessment readings for all ten key domains at both the start of the intervention period and then again at a later review. Start and end cluster groups were combined to identify nine categories of progress. The 787 closed families have been included in the cluster analysis of progress.
<b>CHAID<sup>2</sup> analysis (progress)</b>	CHAID analysis is an exploratory statistical tool used to explain the influence of different factors such as demographics, needs and other characteristics upon the likelihood of families to make progress. The 787 closed families have been included in the CHAID analysis of progress.
<b>Parent voice (journey maps)</b>	In-depth semi-structured interviews with fourteen families were held which were translated into journey maps to enable a understanding of dependencies and experiences
<b>Parent voice (surveys)</b>	Parent voice was captured from adults who attended a 'pop up' event at Twycross Zoo and from adults who participated in some younger children's voice work for Children's Centres (see below). Of the 130 adults who attended

<sup>1</sup> Burns, S. & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

<sup>2</sup> Chi-Squared was used to determine Statistical Significance. For more detail see <http://www.statisticshowto.com/what-is-a-standardized-residuals/>

	the event, a total of 64 parents completed the Twycross survey and 66 families participated in the younger children's voice work.
<b>Child and young person's voice (pop up event)</b>	A 'pop up' event was held at Twycross Zoo. This was a whole day event and children and young people were invited to leave their views using a range of interactive techniques. Of the 190 children and young people who attended the event, 136 provided feedback in facilitated interviews and others participated in table top activities.
<b>Child voice (pre and non-verbal children)</b>	Workers collected child voice through observation and recordings at families' regular settings with 66 families.
<b>Staff survey<sup>3</sup></b>	A staff survey based on the Theory of Change and Theory of Action was developed using a self-efficacy methodology. The scaling tool looks at the extent or strength of an individual's belief in their own ability to complete tasks and reach goals. A total of 97 staff contributed to this survey.
<b>Most Significant Change (staff)<sup>4</sup></b>	All frontline staff were invited to complete a survey identifying a family or an individual person in a family that they had been working with where they felt they had seen the Most Significant Change (MSC). A total of 227 cases were received.
<b>Most Significant Change (partners)</b>	All identified partners where we had an email address at that time were invited to complete a survey identifying where they had seen MSC generically as a result of the Early Help service or specifically for a family or family member they also worked with. Partners were also asked questions around their expectation and perception of the Early Help service and what could be done to better meet their expectations. Of the 300 individuals identified, 36 provided feedback.
<b>Case Studies</b>	The Early Help service regularly collect case studies for various purposes. Where case studies could be assigned to one of the nine groups of families clustered by need, 18 have been included in this evaluation.
<b>Other</b>	Further qualitative work was undertaken on families who were 'stuck', i.e. families open longer than the target maximum period of 12 months who had made relatively no or negative progress.
<b>Stakeholder analysis</b>	The initial stage of the evaluation identified key stakeholders involved in delivering Early Help services across Leicestershire and the evaluation aimed to engage them in the evaluation. At a high level, the key stakeholders identified were families, staff and partners.
<b>Participation</b>	During the evaluation period, key stakeholders were involved in validating theory and findings throughout.

<sup>3</sup> Bandura (1997)

<sup>4</sup> Davies R and Dart J (2005) The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. Available at: <http://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>.